

DOYLESTOWN HEALTH

Community Health Improvement Plan



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The goal is to promote optimal health and enhance overall outcomes and quality of life.

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There are two goals for this priority. The first goal is to increase community knowledge on resources on substance use disorders. The second goal is to continue to offer evidence-based treatment options for patients.

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There are two goals for this priority. The first goal is to help offer expanded behavioral health care in the region. The second goal is to raise awareness in the community on mental health issues and reduce the stigma of seeking help.

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Overview

Although the Community Health Improvement Plan (CHIP) was produced as part of a joint collaborative, this plan addresses only those priorities specific to the service area of Doylestown Health. The goals and strategies represent what is affecting a significant portion of the population served by this hospital and are feasible to address.

The list of identified priorities to be addressed are as follows:

- Chronic disease prevention and management
- Substance use and related disorders
- Mental Health Access
- Healthy Aging
- Trust and Communication
- Racism and Discrimination in Healthcare

The following are plans to address these needs in the Bucks County Community.

The complete list of community health needs for the broader SEPA region are as follows:

- Chronic Disease Prevention and Management
- Trust and Communication
- Housing
- Substance Use and Related Disorders
- Racism and Discrimination in Healthcare
- Neighborhood Conditions (blight, greenspace, air, water)
- Healthy Aging
- Access to Care (primary and specialty)
- Food Access
- Healthcare and Health Resource Navigation (including transportation)
- Mental Health Access
- Culturally and Linguistically Appropriate Services



PRIORITY 1: Chronic Disease Prevention and Management

GOAL: Promote optimal health and enhance overall outcomes and quality of life

- Heighten community awareness on hospital services, particularly as it pertains to the top 5 contributors of death
- Continue to provide free chronic disease prevention education and events including:
 - » Walk With A Doc
 - » Educational programs
 - » Diabetes education
 - » Physical Therapy education
 - » Oncology education
 - » Leverage community partners to create events for larger engagement and expanded resources
 - » Blood pressure screenings
 - » Biometric screenings
 - » Educational events
- Increase health education and screenings to number of community events including wellness fairs, public events, community partners
- Continue to provide free or low cost screenings and navigation programs
 - » Including screenings from cancer: skin, breast, lung, colorectal
 - » Navigation programs
 - » Biometric screenings
- Increase the advancement of health literacy by identifying and replicating model programs to foster healthy living and health care access, teaching staff on teach back
- Continue to offer free community education to raise cancer awareness
- Continue to host smoking cessation classes onsite to address chronic diseases and lung cancer
- Continue to offer rides to cancer screenings
- Work with local supermarket to provide education and tour for cancer patients
- Continue to offer LSVT BIG and LSVT Loud programs for patients with Parkinson's
- Partner with the YMCA to help with kids programming as it pertains to healthy eating and exercise
 - » Kids tri event, Summer camp events, etc
- Work with groups in the community to host events to build awareness and reach to families to address childhood obesity
- Continue community education outreach efforts to senior centers, libraries, places of worship
- Continue to meet American College of Cardiology Community Outreach requirements for Chest Pain Center Accreditation
- Continue to provide support programs for those living with chronic diseases
- Offer unused space to community groups for support group meetings
- Promote Findhelp and 211 websites for free or reduced cost services
- Collaborate with the Village Improvement Association to provide food bags for food insecure patients leaving the emergency department and in-patient stays

PRIORITY 2: Substance Use and Related Disorders

GOAL 1: Increase community knowledge on resources on substance use disorders

- Increase efforts to train community on Narcan Use and Fentanyl Testing
- Yearly education
- Participate in drug take back days with Bucks Co Drug and Alcohol Commission
- Increase access to prevention and treatment
- Expand knowledge of Doylestown Health's of CRS and MAT program
- Bring awareness to community organizations and families on binge drinking, vaping and marijuana use in youth
- Provide behavioral health community education programs to educate and raise awareness of mental health services available to community
- Continue to raise awareness of MAT program in the ED

GOAL 2: Continue to offer evidence-based treatment options for patients

- Promote PA's first stand-alone crisis intervention unit
- Continue screening patients being admitted for drug and alcohol use and provide warm hand off recommendations
- Continue new program of Narcan distribution at discharge for LDRP and ED and work on ways to expand in other departments
- Continue to provide support via certified recovery specialists (CRS), including a warm handoff for continued follow-up in the community
- Work closely with Bucks Co Drug and Alcohol to train employees on new and emerging drug trends and best practices

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PRIORITY 3: Mental Health Access

GOAL 1: Offer expanded behavioral health care in the region

- Contribute to building BrightPaths, PA's first stand-alone crisis intervention unit

GOAL 2: Raise awareness in the community on mental health issues and reduce stigma of seeking help

- Contribute to building BrightPaths, PA's first stand-alone crisis intervention unit
- Provide behavioral health community education programs to educate and raise awareness of mental health, substance use and medication safety services available to the community
- Promote the use of 988 vs 911 in community
 - » Work through BCHIP to collaboratively have similar messaging across health systems to spread continuous message about new number
- Grow partnerships for pediatric mental health by strengthening programming given to pediatric populations
- Collaborate with CHOP-led Safe Kids Southeastern PA coalition
- Provide mental health first aid training to employees
- Continue work with community partners like Bucks Co Behavioral Health to provide QPR trainings
 - » Question Persuade Refer
- Collaborate with other health systems to increase visibility of mental health resources
- Provide training to hospital staff in non-violent crisis intervention through the Crisis Prevention Institute
- Collaborate with behavioral health organizations to improve access to better mental health treatment

PRIORITY 4: Healthy Aging

GOAL: Give Resources and tools to enable healthy aging and aging in place

- Provide training to hospital staff in non-violent crisis intervention through the Crisis Prevention Institute
 - » Continue and expand education efforts to community groups covering topics related to senior health and safety
 - » Senior centers, libraries, places of worship, YMCA, etc.
- Education including memory, diabetes, falls, medication safety stroke and palliative care, cancer
- Internally work to develop and implement the 4 M's of aging – What matters, Medication, Mentation, Mobility
- Bring risk falls programming to community partners including senior centers
- Work with community partners like BCHIP for onsite Advanced Care Planning paperwork
- Work with community partners to expand online classes for seniors
- Continue Memory Café and work on expanding awareness and impact
- Provide education to families and patients on end-of-life care, including palliative and hospice care
- Continue to offer grandparenting classes for healthy aging
- Train staff on dementia capable care training

PRIORITY 5: Trust and Communication

GOAL: Increase trust in the healthcare system and providers

- Continue to utilize and provide the use of Globo to better help patients whose native language is not English
- Change language on patient forms to reflect patient population
- Verbiage changes in patient enrollment to be more inclusive of all patients
- Increasing knowledge about free events and screenings provided by PMDH to increase trust in health system
- Continue teaching providers about teach back method for better communication with patients
- Continue working and refining same-day surgery phone call program where surgery patients get called within 48 hours of surgery to determine if they're having complications or any questions can be answered

PRIORITY 6: Racism and Discrimination in Healthcare

GOAL: Advance workplace culture and community health in a way that avoids disparities and provides equal treatment regardless of background

- Continue work with E&I committee to identify areas of need internally
- Continue work on removing race in health calculators where appropriate
- Survey physicians and patients on barriers to care for LGBTQ population to give better access
- Increase visibility of LGBTQ affirming physicians
- Require new staff to complete non-discrimination training
- Continue to address and expand pain management in patients with substance use disorder
- Continue to refine and address preferred pronoun use for patients

Needs not addressing

Needs were prioritized using a modified Hanlon ranking method and PEARL test that scored several criteria. Things like feasibility, economics, acceptability, and local resources were taken into consideration. Health needs that Doylestown is not prioritizing include:

Access to Care (Primary and Specialty)

This need was addressed in the 2022 CHNA and there will be continuous work on it, however, this ranked low on the community priority need and low for feasibility to solve.

Healthcare and Health Resources Navigation (Including Transportation)

Doylestown Health does not have the capacity to address a need for resource navigation beyond the support provided now.

Culturally and Linguistically Appropriate Services

Doylestown Health utilizes language services when interpretation is needed. Per our population, additional resources are not needed.

Food Access

This issue was not as prevalent in the Doylestown community. However, we are currently addressing the issue by proving food bags in the ED and at patient discharge if patients indicate they are food insecure.

Housing

Doylestown Health does not have the capacity to address needs for affordable housing. Patients are referred to correct local government bodies to help address homelessness.

Neighborhood Conditions (e.g., Blight, Greenspace, Air and Water Quality, etc.)

This issue was not as prevalent in the Doylestown community as it was in others for the regional assessment. Findings from other assessments indicate that Bucks County has good greenspace, water and air quality.