



2020-2022

Fairfield County Community Health Implementation Strategy

Coordinated by the Fairfield County Health Partners: Fairfield Medical Center, Fairfield County Department of Health and Fairfield Community Health Center.

Updated March 10, 2022



Fairfield
Medical Center

Introduction

The following update has been prepared to show FMC's progress on its 2020-2022 Community Health Improvement Plan (CHIP), which was adopted by the Board of Directors on April 23, 2020.

FMC's CHIP is based on the findings of the 2019 Fairfield County Health Assessment conducted by Fairfield Department of Health, Fairfield Community Health Center Fairfield Medical Center and Fairfield Medical Center. From the health needs identified in this assessment, FMC selected the following priorities that most closely aligned with its mission, goals, resources and strategic initiatives:

- 1) Mental Health
- 2) Substance Use and Abuse
- 3) Cancer and Cancer Care
- 4) Cardiopulmonary Disease
- 5) Obesity
- 6) Access to Care

Progress on FMC's plan was monitored throughout 2021 and adjustments were made as appropriate based on shifting needs of the community largely due to the COVID-19 pandemic. In addition, actions were added to the CHIP as initiatives emerged or evolved over the year. Adjustments to the CHIP plan are indicated in this update by *blue italics*.

Summary of Progress in 2021

Progress was made on actions in the CHIP with the exception of the following, which were cancelled or significantly scaled back due to the COVID-19 pandemic:

- Mental health education and community outreach events [Mental Health]
- Cancer screenings and community education [Cancer Care]
- Cardiac community education events [Cardiopulmonary Disease]
- Fitness activities for the community [Obesity]

New actions that were added to the CHIP in 2020 as a result of COVID-19 pandemic and continued in 2021 are:

- COVID-19 care services: [Access to Care]
- Telephone and telehealth visits [Access to Care]
- Relocation of services off-campus: CHF Clinic, Arrhythmia Clinic, Outpatient Lab [Access to Care]

Actions that were added to the CHIP as a result of new or emerging initiatives in 2020 and remained in 2021:

- TAVR program, advanced EP program, STEMI program enhancements [Cardiopulmonary Disease]
- New linear accelerator [Cancer Care]
- Tobacco cessation program and community education [Cancer Care]
- Hospitalist programs for OB and pediatrics [Access to Care]
- Access to end-of-life services [Access to Care]
- Relocation of Residency Clinic [Access to Care]
- Free transportation for select patients [Access to Care]

FMC Priority #1 – Mental Health

2020-2022 Community Health Improvement Plan

Objectives:

- 1) Enhance mental health capabilities at FMC
- 2) Link patients to appropriate resources at FMC and in the community
- 3) Provide ongoing community education to raise awareness of mental health issues
- 4) Partner with others to address broader mental health issues within our community

Objectives & Action Steps	2021 Status
Objective #1: Enhance mental health capabilities at FMC	
1) Provide Emergency Services Counselors in the ED	2020-2021: Emergency Service Counselors available 20 hours/day
2) Complete Suicide Risk Assessments on all patients	2020-2021: 100% of patients given Columbia Suicide Risk Assessment
3) Grow outpatient behavioral health psychiatry visits	2020: 3,711 visits 2021: 4,234 visits
4) Provide liaison to round with Dr. Stergiou to address behavioral health needs of patients	2020: Hired Ph.D. (Kimberly Kohli) 2021: Ongoing
Objective #2: Link patients to appropriate mental health treatment options	
1) Refer patients needing inpatient care to Mount Carmel Behavioral Health or other provider, as appropriate	2020: 1,007 patients assessed, 537 admitted to inpatient facilities 2021: 1,124 patients assessed, 576 admitted to inpatient
2) Refer patients to outpatient or residential treatment providers	2020: 164 referrals for outpatient care 2021: 153 referrals for outpatient care
Objective #3: Provide ongoing community education on mental health	
1) <i>Provide annual mental health education day for healthcare workers and the community</i>	<i>2020-2021: Cancelled due to pandemic</i>
2) <i>Provide outreach event for people experiencing homelessness</i>	<i>2020-2021: Cancelled due to pandemic</i>
3) <i>Provide community education on various topics</i>	<i>2020: Monitor article on COVID-19 virtual grief support group 2021: FMC Wellness Challenge social media campaign (stress management, self-care, etc) and social media posts</i>
Objective #4: Partner with others to address mental health issues in the broader community	
1) Partner with Guardianship Service Board of Fairfield County to address growing needs for guardians	2020-2021: Partnership ongoing – Guardianship Board provided education session for FMC staff
2) Attend Innersystems monthly meeting to identify resources to address mental health and substance abuse needs of the community	2020-2021: Meetings ongoing
3) <i>Help with placement of homeless patients who were COVID-19 positive</i>	<i>2021: Worked with community partners to assist with placement of homeless patients who were COVID-19 positive:</i>

Notes:

- Mental Health is the #3 priority for Fairfield County

FMC Priority #2 – Substance Use and Abuse

2020-2022 Community Health Improvement Plan

Objectives:

- 1) Provide opioid overdose education and distribute Naloxone kits in the community
- 2) Link substance use/abuse patients in the ED to appropriate resources
- 3) Provide resources for medical/surgical inpatients with substance use issues
- 4) Provide community education and resources for tobacco addiction and vaping

Objectives & Action Steps	2021 Status
Objective #1: Provide opioid overdose education and distribute Naloxone kits in the community	
1) Continue partnership with Fairfield Health Department on Project DAWN (Deaths Avoided With Naloxone)	2020: 313 kits distributed, 6 reversals reported 2021: 266 kits distributed, 6 reported reversals
2) Conduct Project DAWN training with schools	2020: Training slowed due to pandemic - 335 people trained 2021: 291 people trained
Objective #2: Link substance use/abuse patients in the ED to appropriate treatment options	
1) Screen ED patients for substance use/abuse	2020: 136 patients screened 2021: 101 patients screened
2) Assess ED patients for withdrawal severity using the Clinical Institute Withdrawal Assessment (CIWA)	2020: 63 patients assessed 2021: 89 patients assessed
3) Refer ED patients to Diley Ridge Medical Center for inpatient care as appropriate	2020: 23 patients referred 2021: 12 referrals accepted
4) Provide medication-assisted treatment option for patients with opioid addictions	2020: 205 patients 2021: 241 patients
5) Refer patients to outpatient providers and support groups, as appropriate	2020: 83 patients referred 2021: 61 patients referred
Objective #3: Provide resources for medical and surgical patients with substance use issues	
1) Develop Substance Use Disorder Consult service for medical and surgical inpatients	2020: 30 consults in 2020 2021: CNP left FMC, currently assessing situation
2) Assess patient's level of sedation before and after administration of narcotics	2020-2021: Pasero Opioid-Induced Sedation Scale being used
3) Review ethical dilemmas related to substance use	2020-2021: Ongoing through Bioethics Committee
Objective #4: Provide community education and resources for tobacco addiction and vaping	
1) Implement tobacco cessation program	2020: 10 people completed the 6 week program with a 60% success rate, education to cardiac rehab staff 2021: Program offered in combination of in-person, virtual and telehealth, virtual session offered for Fairfield County employees
2) <i>Provide community education on smoking cessation</i>	<i>2020: Smoking cessation article in The Monitor (Spring edition), "Cold Turkey" smoking cessation promotion in Nov 2021: Two podcast interviews conducted, met one-on-one with patients who had a lung cancer screening, social media posts</i>
3) <i>Develop vaping education program for parents and students</i>	<i>2020: Program developed 2021: Presentations to Parents and Teachers Together at Lancaster Schools and to students at Stanberry campus, flier distributed to schools</i>

Notes: Substance Use and Abuse is the #2 priority for Fairfield County

FMC Priority #3 – Cancer and Cancer Care

2020-2022 Community Health Improvement Plan

Objectives:

- 1) Make financial investment in additional cancer care services and resources
- 2) Provide cancer support services for patients
- 3) Provide community education and screenings

Objectives & Action Steps	2021 Status
Objective #1: Make financial investment in cancer care	
1) Purchase new linear accelerator	2021: Varian TrueBeam linear accelerator operational in Nov 2021
2) <i>Develop expanded Cancer Care Center to consolidate cancer services at FMC</i>	<i>2020: On-hold due to pandemic and strategic plan refresh</i>
3) <i>Provide genetic testing services</i>	<i>2021: Program started</i>
Objective #2: Provide cancer support services for patients	
1) Provide Breast Cancer Support Group	2020: Support group met monthly until COVID-19 pandemic 2021: Referred patients to other community resources
2) Provide Prostate Cancer Support Group	2020: Support group met monthly until COVID-19 pandemic 2021: Referred patients to other community resources
3) Promote Cancer Resource Center	2020: Promoted via website, FaceBook, brochures, navigators
4) Provide exercise classes for cancer patients and survivors	2020: Exercise, Tai Chi and yoga classes offered but cancelled during COVID-19 pandemic 2021: Posted exercise videos on website
Objective #3: Provide community education and screenings	
1) <i>Host Shine A Light event for lung cancer</i>	<i>2020: Event replaced with video posted online due to pandemic</i> <i>2021: Hosted video event</i>
2) <i>Host Women's Health event</i>	<i>2020-2021: Cancelled due to COVID-10 pandemic</i>
3) <i>Offer lung cancer screenings</i>	<i>2020: 6 people participated in lung cancer screening</i> <i>2021: 11 screenings</i>
4) <i>Offer various screenings at annual HealthFest event</i>	<i>2020: Cancelled due to COVID-19 pandemic</i> <i>2021: Social Media Campaign, partnered with OU Community Health Programs to provide mobile breast and cervical screenings</i>
5) <i>Articles in The Monitor magazine</i>	<i>2020: Breast cancer article (Fall edition)</i> <i>2021: Breast cancer article (Fall edition)</i>
6) <i>Provide cancer education on website and social media</i>	<i>2020: Website content revised and expanded, social media posts</i> <i>2021: Ongoing social media posts on prevention and screening for various types of cancer, drive-up Cancer Survivor Day</i>

FMC Priority #4 – Cardiopulmonary Disease

2020-2022 Community Health Improvement Plan

Objectives:

- 1) Offer new heart care services to the community
- 2) Partner with community to improve heart attack care
- 3) Provide community education on cardiac risk factors, disease prevention and early detection

Objectives & Action Steps	2021 Status
Objective #1: Offer new heart care services in the community	
1) <i>Grow TAVR program</i>	2020: 35 TAVRs 2021: 28 TAVRs
2) <i>Recruit additional interventional cardiologist</i>	2020: Dr. Stiff started in Aug
3) <i>Expand cardiology clinics</i>	2020-2021: 10 clinics added (Lancaster, New Lexington, Logan)
4) <i>Develop advanced electrophysiology program</i>	2020: Physician recruited and hired 2021: New physician to start in Feb 2022, equipment selected
5) <i>Offer CardioMEMS remote tracking for heart failure</i>	2021: Technology Implemented in spring 2021
Objective #2: Improve heart attack care in the community	
1) <i>Improve heart attack care processes at FMC</i>	2020: Implemented quick registration/ED bypass and in-house Power Plan to streamline care, door-to-balloon time of 34 minutes 2021: Purchased Lucas compression device, door-to-balloon time of 44 minutes
2) <i>Expand STEMI program to Athens County/O'Bleness</i>	2021: Athens County/O'Bleness added to STEMI network in Jun, sent 11 STEMIs through Dec 2022: Protocols refined to improve door to balloon time, 23 transfer from O'Bleness
3) <i>Develop inventory of community-based AEDs in Fairfield, Hocking and Perry Counties</i>	2021: 568 AEDs registered into the PulsePoint AED inventory
4) <i>Place additional AEDs in the community via Community Heart Watch</i>	2020: On-hold due to pandemic 2021: Secured 2 grants (\$12,500) to place AEDs in the community, identified 32 used AEDs to be placed in the community, developed "Mobile AED" program for southern Perry County sheriff
5) <i>Reinvigorate "Heart Safe Business" accreditation via Community Heart Watch</i>	2020: On-hold due to COVID 2021: Accredited Fairfield County Job & Family Services, 2 accreditations underway -- Lancaster Fairfield Chamber of Commerce, Buckeye Honda
6) <i>Develop "Heart Safe Park" initiative via Community Heart Watch</i>	2021: Recruited Lancaster Parks and Rec, Buckeye Lake State Park and Alt Park and secured grant funding for 4 AEDs
7) <i>Upgrade modems for first responders to transmit EKGs to hospital during transport</i>	2021: FMC Foundation donated \$20,000 for purchase of modems
8) <i>Recognize first responders and community providers for improved response times</i>	2020: 29 awards distributed 2021: 29 awards distributed
9) <i>Provide CPR and AED training to schools, businesses and community members</i>	2020: 222 people trained in CPR, 2 coaches clinics with CPR 2021: 401 trained in classroom, 120 trained at community events, purchased mobile CPR-training trailer

Objective #3: Provide community education on cardiac risk factors, early detection and treatment	
1) <i>Articles in The Monitor</i>	2020: TAVR (Spring), Cardiac Arrest (Fall) 2021: Heart Attack (Spring), Heart Attack (Fall)
2) <i>Educational information in area papers on risk factors, symptoms and treatment</i>	2020: TAVR/Aortic Stenosis Jan-Dec (Logan, Lancaster, New Lexington) 2021: Sudden Cardiac Arrest (SCA) symptoms and care print ads, stories on great saves for SCA
3) <i>Content on social media</i>	2020-2021: Website content updated, Sudden Cardiac Arrest campaign on Facebook, Great Save posts on Facebook

FMC Priority #5 – Obesity

2020-2022 Community Health Improvement Plan

Objectives:

- 1) Provide community education on weight loss, fitness and nutrition
- 2) Provide fitness activities for the community
- 3) Invest in bariatric care

Objectives & Action Steps	2021 Status
Objective #1: Provide community education on weight loss, fitness and nutrition	
1) Offer diabetes self-management program	2020: 4 patients completed the course prior to COVID-19 pandemic 2021: 11 patients
2) Offer diabetes support group	2020: 40 patients attended groups prior to COVID-19 pandemic 2021: cancelled due to pandemic
3) Offer outpatient nutrition counseling	2020: 448 in group sessions, 88 in individual diabetic counseling 2021: 283 patients in group sessions, 145 in diabetic counseling, 222 in bariatric nutrition
4) Provide downloadable guides on website	2020: Understanding Obesity and Meal Planning Guides posted
5) Provide articles in The Monitor	2020: Article on bariatrics (Spring edition) 2021: Article on bariatrics (Spring edition), social media posts
Objective #2: Provide fitness activities for the community	
1) Sponsor annual bike race at Lancaster Festival	2020 – 2021: Cancelled due to COVID-19 pandemic
2) Sponsor Heart & Lung Run and Color Mile Fun Run	2020 - 2021: Cancelled due to COVID-19 pandemic
3) Sponsor Turkey Day 5K	2020 – 2021: Cancelled due to COVID-19 pandemic
4) Offer fitness center at River Valley via partnership with YMCA	2020 – 2021: Ongoing
Objective #3: Invest in bariatric care	
1) Secure Bariatric Center of Excellence accreditation through MBSAQIP	2020: Preparations ongoing 2021: Accreditation received in March
2) Enhance staff qualifications	2020: Kimberly Kohli, Ph.D., was board certified as bariatric counselor through American Association of Bariatric Counselors
3) Offer bariatric information sessions	2020: 134 participants in 2020, offered virtual session in Aug due to pandemic 2021: Transitioned from virtual to in-person sessions with 229 participants
4) Increase bariatric surgery volumes	2020: 100 surgeries (cases cancelled Apr- May due to pandemic) 2021: 107 surgeries
5) Community education and awareness	2020: Article in The Monitor, Website content updated 2021: Articles in The Monitor and Clinical Connections
6) Provide bariatrics support group	2020: Support group held in January, cancelled in March-October due to COVID-19 pandemic, virtual class offered in November 2021: Groups held monthly

Note: Obesity is the #1 priority for Fairfield County

FMC Priority #6 – Access to Care

2020-2022 Community Health Improvement Plan

Objectives:

- 1) *Improve access to care during COVID-19 pandemic*
- 2) *Improve access to more affordable care*
- 3) *Improve access to primary and specialty care in the community*
- 4) *Address other barriers to access*

Objectives & Action Steps	2021 Status
Objective #1: Improve access to care during COVID-19 pandemic	
1) <i>Develop capabilities to care for COVID-19 patients</i>	2020: observation unit converted to COVID unit, COVID Surge Plan implemented as needed, ED Side 2 converted to COVID unit 2021: Ongoing
2) <i>Offer testing capabilities for COVID-19</i>	2020: Drive-up COVID testing center processed 26,746 tests in 2020, partnership formed with LabCorp, Riverside, OSU and ODH, rapid test capability added at FMC 2021: 23,245 total tests, 12,846 in drive-up
3) <i>Offer vaccine clinics for COVID-19</i>	2021: 7,559 doses of vaccine were administered to the public
4) <i>Provide off-campus access to outpatient services during the COVID-19 pandemic as appropriate</i>	2020: Moved CHF Clinic, Arrhythmia Clinic and outpatient lab to off-campus locations
5) <i>Provide access to telephone and telemedicine visits to FHP providers as needed during COVID-19 pandemic</i>	2020: Telemedicine and telephone capabilities developed and offered to patients 2021: Continued to use telemedicine especially for psychiatry, sleep medicine and follow up appointments to review results.
6) <i>Provide grief support for people who have lost loved ones to COVID-19</i>	2021: Promoted virtual grief support sessions hosted by FAIRHOPE Hospice and Palliative Care
Objective #2: Improve access to more affordable care	
1) <i>Assist patients with more affordable medications through Script Assist Program</i>	2020: 192 patients in Script Assist, 273 patients assisted with Medicare open enrollment 2021: 318 patients in Script Assist, 423 patients assisted with Medicare open enrollment
2) <i>Relocate Residency Clinic to more accessible location</i>	2020: Residency Clinic moved to River View in Feb
3) <i>Offer free sports physicals to students</i>	2020: 400 physicals 2021: 300 physicals
4) <i>Offer scholarships to Cardiac Rehab</i>	2020: 68 patients were awarded \$11,675 in scholarships 2021: 27 patients were awarded \$9,527 in scholarships
Objective #3: Improve access to primary care and specialty providers in the community	
1) <i>Increase annual wellness visits to physicians participating in FMC's ACO (Accountable Care Organization)</i>	2020: 32.5% 2021 Jan – Sep: 33.1%
2) <i>Recruit additional primary care providers to FHP, as needed</i>	2020: 1 hospital medicine physician, 1 CNP (Logan), 3 CNPs (Urgent Care), 1 CNP (Diley Ridge/Carroll), 1 CNP (PAT Clinic and SASU), 1 CNP internal medicine, 3 CNP urgent care 2021: 4 hospital medicine physicians, 1 Family Medicine
3) <i>Provide recruitment assistance to independent primary care practices as needed</i>	2020: recruitment assistance to independent practices: 1 Family Medicine, 1 Pediatrician

	<i>2021: no outside recruitment requested</i>
<i>4) Recruit additional specialist providers to FHP as needed</i>	<i>2020: recruits to FHP: 1 physician and 1 CNP to cardiology, 1 PA to cardiothoracic surgery, 1 PhD to psychiatry, 2 physicians to orthopedics, 1 PA to general surgery, 1 physician to OB/GYN, 1 CNP to urology, 1 PA to vascular surgery, 1 MD to vascular surgery 2021: 1 psychiatry physicians, 2 GI physicians, 1 CT surgeon, 1 EP</i>
<i>5) Expand FHP specialists into additional geographic markets as needed</i>	<i>2020 expansions: Urology to Amanda (Aug), Orthopedics to Millersport (Aug) 2021: Rheumatology went to Diley Ridge in Canal Winchester</i>
<i>6) Provide recruitment assistance to independent specialist practices as needed</i>	<i>2020: recruitment assistance to independent practices: 1 nephrologist, 2 anesthesiologists 2021: 2 anesthesiologists</i>
<i>7) Improve access to primary care in New Lexington</i>	<i>2020: Dr. Haggenjos practice recruited 2021: Dr. Haggenjos practice on-boarded Jan, lab and imaging services added, new suite for primary care to be completed in 2022</i>
<i>8) Offer telehealth service for providers who cannot come to the hospital to see patients</i>	<i>2020: Telehealth unit available for use at FMC Case Management office 2021: Ongoing</i>
<i>9) Expand pediatric care through partnership with Nationwide Children's Hospital</i>	<i>2020: Partnership in place, 6 pediatric hospitalists on staff 2021: Pediatric care moved to new observation unit</i>
<i>10) Implement OB Hospital Medicine program</i>	<i>2020: 4 OB hospitalists hired and program underway 2021: Ongoing</i>
<i>11) Add "Request an Appointment" option on the website</i>	<i>2020: 844 requests for appointment (August–December) 2021: Ongoing</i>
Objective #4: Address other barriers to access	
<i>1) Provide interpreting services 24/7</i>	<i>2020-2021: Interpretation devices at FMC (4 devices) and River Valley Campus (4 devices)</i>
<i>2) Improve process for direct admissions from other facilities</i>	<i>2020: New work flow implemented for ABC coordinators to accept direct admissions 2021: Ongoing</i>
<i>3) Case Management to use Fairfield County Telelog to make referrals to appropriate community resources</i>	<i>2020-2021: Ongoing</i>
<i>4) Maintain patient representatives to facilitate communication between clinicians, patients and families</i>	<i>2020-2021: Ongoing</i>
<i>5) Partner with CHOICES to provide community outreach on advanced directives, palliative and hospice services</i>	<i>2020: Outreach offered Jan–Mar then cancelled due to pandemic 2021: Ongoing</i>
<i>6) Provide free/affordable transportation to select patients in need via Case Management/ED transportation fund</i>	<i>2020: 277 rides (\$1,900) and 31 gas cards (\$310) provided 2021: Partnered with Fun Bus and Lancaster-Fairfield Public Transit</i>
<i>7) Partner with Fairhope and Hospice of Central Ohio (HOCO) to improve access to end of life care services</i>	<i>2020-2021: Partnership in place</i>