



# COMMUNITY HEALTH NEEDS ASSESSMENT



**MARCH 2013**

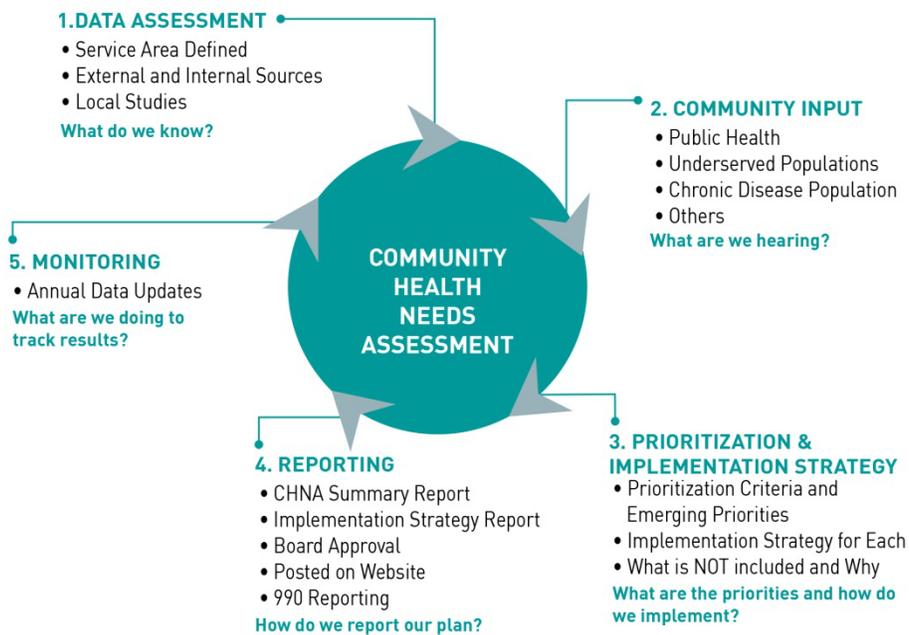
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## I. Executive Summary

Rappahannock General Hospital (RGH) conducted a community health needs assessment (CHNA) and developed an implementation strategy to address the health needs identified in the CHNA. RGH directed the assessment process, gathering data for Lancaster, Middlesex, and Northumberland County, the three targeted counties in their community. Data was collected from residents through surveys administered throughout the three counties, and interviews were conducted with key community leaders. This dual set of primary data was strengthened with secondary data from the Virginia Department of Health and County Health Rankings to provide a clear picture of the health issues affecting RGH’s community. RGH identified six health issues (cancer, heart disease/stroke, mental health, access to healthcare, aging problems, and diabetes/obesity) to address based upon their ability to make an impact and the significance of the health issue to the community. Afterwards, RGH developed an implementation strategy to take action and establish realizable goals in order to measure RGH’s progress on addressing these health issues.

The CHNA consists of 5 steps pictured below:



## II. Community Profile <sup>1</sup>

Rappahannock General Hospital is an independent community based hospital that serves a population of approximately 35,000 (based on 3 counties of focus- actual community served is over 40,000) people in eastern Virginia in the Northern Neck and Middle Peninsula area contiguous to the Chesapeake Bay. RGH’s service area is mostly a rural coastal community and includes Lancaster, Northumberland, and Middlesex Counties. The hospital’s community is based on the population from these three counties. Approximately 88% of RGH’s patient population is residents of Lancaster, Northumberland, and Middlesex Counties. For purposes of the CHNA process, RGH defined these three counties as the community. A majority of RGH’s patient origin is encompassed within this geographical area. Using county definition as the service area is crucial for our analysis as many of our secondary data sources are county specific and serve as a comparison tool to the state of Virginia, and the United States. The population served is distributed evenly between the three counties.

The community’s population is approximately 73% white, 24% African American, 2% Hispanic, .5% Asian, and .5% American Indian and Alaskan Natives. The age distribution consists of 16% of the population under the age of 18, 54% between the ages of 18-65, and 30% above the age of 65. Both ethnicity and age statistics are similar when compared to Virginia’s statewide percentages. The most notable difference is that the age group above the age of 65 is 17% higher than the state average and 16% above the national average. Rappahannock General Hospital’s service area mean household income is \$50,499 which is \$12,803 lower than the state average and \$2,263 below the national average. RGH and the surrounding community have been partners in health care since the hospital opened its doors in 1977. There are geographic reasons for combining the three counties into a single community. Lancaster County is centrally located between Northumberland and Middlesex County. The hospital is located in the eastern central section of Lancaster County which decreases the traveling distance for patients in neighboring counties and allows all three counties to benefit from RGH’s central location.



### **III. Assessment Process and Community Input**

The assessment process consisted mainly of gathering data at the county level from primary sources within the community and secondary online resources. Each county utilized a survey to obtain direct input from their residents. Interviews were conducted with medical professionals from the community. Discussions were held with public health representatives including leaders from the county health department and the free health clinic. The secondary online data included statistics for the county, community, state, and national level. All data was compiled and assessed at an individual county level and also at a community level, pointing to the overall health needs for all three of the counties. A detailed description of the assessment process is provided to indicate the approach taken to assess the community's health.

#### **A. Primary Data**

##### *Surveys Conducted of Community Members*

Joanna Marchetti, the marketing and public relations coordinator for RGH, and a team of registered nurses went to various locations in the community in January and February of 2013, to give out surveys for the community health needs assessment. Surveys were also given out by nurses at family practice offices in the three counties. In addition, the same survey RGH conducted throughout the counties was given to their staff and practice groups, resulting in 86 responses from employees that live throughout the three counties.

Lancaster County's survey was administered at the front desk of Rappahannock General Hospital, the Chesapeake Medical Group (CMG) Obstetrics/Gynecology Office, the Northern Neck Family YMCA, the Lancaster Chamber of Commerce, and the Wal-Mart in Kilmarnock, Virginia in Lancaster County. The survey was completed by 84 residents of Lancaster County. Northumberland County's survey was administered at CMG Heathsville Family Practice and CMG Reedville Family Practice, and was completed by 32 residents of Northumberland County. Middlesex County's survey was administered at CMG Hartfield Family Practice and was completed by 22 residents of Middlesex County.

The survey was administered with the method of convenience sampling where survey respondents are based on the convenience of getting the surveys completed. The sampling population was people ages 18 and older and represents the demographic profile of the three counties. The survey was divided into four general sections designed to gather a comprehensive picture of community health. The first section

focused on factors that improve the quality of life in the community and included a ranking of the three most important factors for a healthy community. The second section focused on the problems which have the greatest impact on overall community health and included a ranking of the three most important health problems. The third section focused on the behaviors that have the greatest impact on overall community health and included a ranking of the three most important risky behaviors. The fourth section gathered general demographic data on the survey respondents.

#### *Interviews Conducted with Healthcare Professionals*

Lauren Hogge, the hospital's EMS liaison, conducted interviews during February 2013 with five healthcare professionals. Interviews were conducted of persons with special knowledge and expertise in public health, who provided valuable input about the health needs in the community. The interview questions asked for a description of what they saw as the three major health issues in their community. Follow up questions were then asked about community resources available to address the identified health issue, reasonableness of access to the resources, programs that could help address the need, and how the healthcare community can make an impact on the issue.

The five healthcare professional interviewees were: Lavenia Alexander RN, Emergency Department RN and Board of Directors Member for Peninsulas Emergency Medical Services Region; Patricia Newsome, Tri-County Emergency Services Provider, Paramedic and Emergency Department Patient Care Technician; Dr. Paul Sutherland, RGH Emergency Department Medical Director and Lancaster County EMS; Dr. June Daffeh, Internal Hospitalist at RGH and Spinning Instructor at YMCA. All interviews were conducted one-on-one by the same individual to prevent bias.

#### *Discussions with Other Public Health Representatives*

RGH held meetings via telephone call to obtain input for the CHNA from county health officials and other representatives at the county health department, the free health clinic, and a community services board. The following are a list of individuals who provided input.

- Linda Lee, Nurse Manager for Three Rivers Health District, the county health department for the Northern Neck & Middle Peninsula Area. Linda Lee provided valuable input as a representative of the local health department. (Linda has been with TRHD for 1 year)
- Jeanne Nelson, Director - Northern Neck Free Health Clinic. (Jeanne has been with NNFHC 20 years)

- Jessica Cutler, Medical Assistant - Northern Neck Free Health Clinic. Jessica Cutler provided valuable input as a representative of the medically underserved, low income, and minority populations of the RGH community. (Jessica has been with NNFHC for 1 year)
- Charles Walsh Jr., Executive Director - Middle Peninsula Northern Neck Community Services Board (Charles has been with MPNNCSB for 30 years)
- Joanne Brown, Director of Clinical Services and Quality Assurance Director - Middle Peninsula Northern Neck Community Services Board (Joanne has been with MPNNCSB for 15 years)

## **B. Secondary Data:**

Information from the surveys and interviews were analyzed in conjunction with secondary health data for each of the three counties and the community as a whole. The secondary statistical data was gathered at the county, community, state, and national level from the following online resources: The Virginia Department of Health, Division of Health Statistics, County Health Rankings, Health Indicators Warehouse, State Cancer Profiles, and Benchmarks and Targets from Healthy People 2020. Each set of data was utilized to identify the community needs and prioritize the health issues for the RGH community.

## **IV. Community Health Needs Identified in Assessment**

### **A. Needs Identified**

The survey results gathered by each county were counted and compiled to make a list of the health needs the community believed were the most important. Based on the number of responses, eleven health needs represented the most significant of all the needs included in the surveys. Secondary statistical data supported the identification of these eleven health needs. Once a list was compiled, data from all primary and secondary sources was assessed in preparation for prioritization of the needs. The following are the eleven health needs that were the most significant in the RGH community.

<b>Community Health Needs Identified</b>			
Cancer	Heart Disease & Stroke	Mental Health	Access to Healthcare
Aging Problems	Diabetes & Obesity	Teen Pregnancy	STD
Alcohol Abuse	Tobacco Use	Drug Use	

**B. Process for Prioritization**

The management of RGH reviewed all primary data including survey results from community residents, findings from interviews with healthcare professionals, and notes from discussions with leaders at the health department and free health clinic. The management also reviewed secondary data gathered from Virginia Department of Health, County Health Rankings, Health Indicators Warehouse, State Cancer Profiles, and national benchmarks and targets from Healthy People 2020. After assessing the data and analyzing the resources available, six of the eleven community health needs were given priority based upon the following criteria:

1. number of people affected,
2. severity of the problem,
3. RGH’s ability to impact, and
4. extent to which other organizations are more poised to meet the need.

**C. Prioritized Needs**

The CHNA process clearly identified specific health needs in the community. Primary and secondary data analysis resulted in six health needs of the community for which the hospital has prioritized. These six prioritized needs include:

<b>Priority Health Needs</b>		
Cancer	Heart Disease & Stroke	Mental Health
Access to Healthcare	Aging Problems	Diabetes & Obesity

Below is a more detailed analysis including core data for each of the six prioritized needs that RGH has chosen to address. RGH utilized various online resources to compile the data included (Virginia Department of Health, County Health Rankings, Health Indicators Warehouse, State Cancer Profiles, and national benchmarks and targets from Healthy People 2020). RGH chose to address these needs because of the significance of the statistical data, input from the community, and the hospital’s ability to address the needs. The other five health needs the hospital has chosen not to prioritize and specifically address will be discussed in further detail in the implementation strategy.

## 1. CANCER

Cancer incidence at the age adjusted rate per 100,000 for 2012 were as follows: Lancaster County reported 428.8, Northumberland County reported 442.2 and Middlesex County reported 501.6. The state of Virginia reported 451.5, and the national benchmark reported 465. The age adjusted rate per 100,000 is a measure of occurrences in a population of 100,000 adjusted for the population during the time frame surveyed.<sup>2</sup>

Cancer deaths at the age adjusted rate per 100,000 for 2012 were as follows: Lancaster County reported 202.7, Northumberland County reported 183.5 and Middlesex County reported 215.5. The state of Virginia reported 183.2, the national benchmark reported 178.7, and the Healthy People 2020 target rate is 160.6 deaths from cancer.<sup>3</sup>

## 2. HEART DISEASE, HIGH BLOOD PRESSURE/HIGH CHOLESTEROL, AND STROKE

Heart disease deaths at the age adjusted rate per 100,000 for 2010, the year most recently reported, were as follows: Lancaster County reported 146.8, Northumberland County reported 156.3 and Middlesex County reported 185.5. The state of Virginia reported 167.6,<sup>5</sup> the national benchmark was 180.1 and the Healthy People 2020 target rate is 100.8.<sup>7</sup> Note that heart disease deaths accounted for 22.4% of the total deaths in Lancaster County, 23.13% of the total deaths in Northumberland County, 24.67% of the total deaths in Middlesex County, and 22.66% of the deaths in the state of Virginia for 2010.<sup>5</sup>

36.41% of Lancaster County residents, 36.3% of Northumberland residents, and 34.9% of Middlesex residents over the age of 18 have high cholesterol. The state of Virginia rate is 30.39%. 38.5% of Lancaster County residents, 37.6% of Northumberland residents, and 34.9% of Middlesex residents over the age of 18



2. Data source is State Cancer Profiles: Virginia Counties “Cancer Death Rates”, <http://statecancerprofiles.cancer.gov/cgi-bin/deathrates/deathrates.html>

3. Data source is State Cancer Profiles: Virginia Counties “Cancer Incidents Rates”, <http://statecancerprofiles.cancer.gov/incidencerates/index.php>

5. Data source is Virginia Department of Health Division of Health Statistics: “Statistical Reports by County, 2010 Census Data”, <http://www.vdh.state.va.usHealthStatsstats.htm>

7. Data source is Healthy People.gov: “2020 Leading Health Indicators, National Percentages 2010”, <http://www.healthypeople.gov/2020/LHI/2020indicators.aspx>

have high blood pressure. The state of Virginia rate is 28.9%.<sup>5</sup>

Cerebrovascular (stroke) disease deaths at the age adjusted rate per 100,000 for 2010, the year most recently reported, were as follows: Lancaster County reported 68.1, Northumberland County reported 24.2 and Middlesex County reported 46.4. The state of Virginia reported 41.7<sup>5</sup>, the national benchmark was 38.9 and the Healthy People 2020 target rate is 33.8.<sup>7</sup> Note that cerebrovascular disease deaths accounted for 10.42% of the total deaths in Lancaster County, 3.13% of the total deaths in Northumberland County, 6% of the total deaths in Middlesex County, and 5.54% of the deaths in the state of Virginia for 2010.<sup>5</sup>

### **3. MENTAL HEALTH**

On an average of 30 days the RGH community ranked as follows for 2012 data for poor mental health days. Lancaster County reported 5.5 days or 18.33%, Northumberland reported 3.6 days or 12%, and Middlesex County reported 2.7 days or 9%. The state of Virginia reported 3.2 days or 10.67%, and the national benchmark reported 2.3 days or 7.67%. This data is representative of the total non-institutionalized population over 18 years of age.<sup>4</sup>

Looking at suicide deaths at the age adjusted rate per 100,000, Lancaster County reported 8.8, Northumberland County reported 46.4, and Middlesex County reported 17.1. The state of Virginia reported 11.9,<sup>5</sup> and the Healthy People.gov national benchmark was 10.2.<sup>7</sup>

### **4. ACCESS TO HEALTHCARE**

According to 2012 data, the percentage of the population under the age of 65 that is uninsured is as follows: 17% of Lancaster County, 17% of Northumberland County, and 18% of Middlesex County. The state of Virginia reported 14%, and the national benchmark is 11%. A lack of health insurance coverage is a significant barrier to accessing needed healthcare.<sup>5</sup>

Preventable hospital stays per 1,000 Medicare recipients for 2012 data were as follows: Lancaster County reported 36 occurrences, Northumberland reported 41 occurrences and Middlesex County reported 42 occurrences. The state of Virginia reported 60 occurrences and the national benchmark is 49 occurrences.<sup>4</sup> Preventable hospital stays are measured as the hospital discharge rate for ambulatory care-sensitive conditions per 1,000 Medicare enrollees. In comparison to the state and national benchmark, the RGH community rate of hospitalization for diagnoses amenable to outpatient services was relatively lower. This measure may suggest that the utilization of care provided in the outpatient

setting was ideal. The measure may also represent the population's propensity to appropriately utilize the hospital as a source of care.

A lack of maternity services in the RGH Community plays a large role in the Access to Healthcare need identified. Low birth weight percentages in the RGH Community from 2012 data were reported as follows: 11.9% in Lancaster County, 9.2% in Northumberland County, and 9.2% in Middlesex County. The state of Virginia reported 8.3% and the national benchmark reported 6%. Low birth weight is measured by the percent of live births for which the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). Low birth weight represents two factors: maternal exposure to health risks and an infant's current and future morbidity, as well as premature mortality risk. The health consequences of low birth weight are numerous.<sup>4</sup>

Teen births reported as the number of births per 1,000 female population ages 15-19 from 2012 data are as follows: Lancaster County reported 45 occurrences, Northumberland County reported 62 occurrences, and Middlesex County reported 33 occurrences. The state of Virginia reported 35 occurrences and the national benchmark reported 22 occurrences. Teen pregnancy is associated with poor prenatal care and pre-term delivery. Pregnant teens are more likely than older women to receive late or no prenatal care, have gestational hypertension and anemia, and achieve poor maternal weight gain. They are also more likely to have a pre-term delivery and low birth weight, increasing the risk of child developmental delay, illness, and mortality.<sup>4</sup>

## **5. AGING PROBLEMS**

The population of residents over the age of 65, according to 2012 data, was as follows: Lancaster County reported 31.5%, Northumberland County reported 30.3%, and Middlesex County reported 25.7%. Compared to the state of Virginia which reported 12%, the RGH community has a significant senior population which requires support and specialized care for the many health issues common with old age.<sup>4</sup>

## **6. DIABETES AND OBESITY**

11.7% of Lancaster County residents, 11.4% of Northumberland residents, and 10.5% of Middlesex residents over the age of 18 have diabetes. The state of Virginia rate is 8.45%.<sup>5</sup>

According to 2012 data, 30% of Lancaster County, 33% of Northumberland County, and 28% of Middlesex County were considered obese. In addition, 28% of the state of Virginia is considered obese.<sup>4</sup>

This statistic is a reflection of the percentage of adults aged 20 and older who are obese according to the body mass index (BMI) equal to or greater than 30. The obesity goal set by Healthy People 2020 is 25% of the population.<sup>7</sup>

The percentage of the population that is physically inactive, from 2012 data, is as follows: 32% of Lancaster County, 30% of Northumberland County, and 31% of Middlesex County. In the state of Virginia 24% of the population is physically inactive.<sup>4</sup> The physical inactivity goal set by Healthy People 2020 is 21% of the population.<sup>7</sup> Physical inactivity is the estimated percent of adults aged 20 and over reporting no leisure time physical activity. Decreased physical activity has been related to several disease conditions such as type 2 diabetes, cancer, stroke, hypertension, cardiovascular disease, and premature mortality, independent of obesity.<sup>4</sup>

## **V. Community Health Resources to Address Needs**

RGH's service area has many resources available to meet the eleven identified health needs. Chesapeake Medical Group (CMG), another member of the Rappahannock Health System family along with RGH, is dedicated to serving the health care needs of the area through family practices, urgent care centers, and specialty medical offices located throughout the Northern Neck and Middle Peninsula. Together, RGH and CMG are working to create a stronger, healthier community.

RGH plays a large role in the community by offering volunteer services, facilitating health fairs and screenings, and sponsoring support groups. The following is a detailed description of current programs and resources that are available internally at the hospital, as well as partnerships and other community resources to address the six health needs that were given priority by RGH. The implementation strategy will address the resources available to meet the other five health needs not given priority.

### **1. CANCER**

#### Rappahannock General Hospital Internal Resources

RGH has a Cancer Treatment and Education Center that opened in 1996, providing more than 4,000 treatments and procedures every year to patients living right here in the community. The in-depth program offered by the Cancer Center is designed to provide cancer patients and their families with the highest quality and most comprehensive treatment available - all in a comfortable setting, close to home.

Our Cancer Center staff includes 11 oncology RNs, oncology patient care technicians, and clerical support staff and is supplemented by our state-of-the-art Laboratory and Radiology Departments. Our cancer care team consistently ranks high in the satisfaction of our patients.

The Cancer Center houses a patient care area with four private exam rooms, a large treatment room where patients receive chemotherapy and other treatments, and an education room for private consultations.

RGH has partnered up the American Cancer Society to sponsor the “Look Good, Feel Better” program for patients in active treatment for cancer or still experiencing the appearance related side-effects. Participants learn to deal with loss of skin moisture, change in skin tone and hair loss.

RGH Cancer Center hosts a support group for cancer patients: An opportunity for individuals with cancer and their families to share experiences and concerns enhance coping through support and to gain information related to cancer and treatment. The group meets on the second and fourth Thursdays of each month from 3-4 pm.

#### *Partnerships and Other Community Collaborative Efforts*

For the convenience of our patients, we have relationships with award-winning cancer centers. Through the Cancer Center, RGH has a partnership with The Massey Cancer Center of Virginia Commonwealth University Health System of Richmond that brings an outreach program to the community, allowing the hospital to provide university level cancer care to our rural community. That contract has recently been renewed.

The VCU cancer specialists work with local patients’ primary care physicians, the hospital’s pharmacy, laboratory and other medical professionals at RGH to examine, evaluate and develop treatment plans for cancer patients with blood disorders. Patients requiring Radiation Therapy have access to a van for transportation to VCU.

## **2. HEART DISEASE, HIGH BLOOD PRESSURE/ HIGH CHOLESTEROL, STROKE:**

### **Rappahannock General Hospital Internal Resources**

#### A. Cardiac Care Initiatives at RGH

RGH assessed the need for cardiac care based on the following factors:

- In 2011, RGH encountered just over 700 cardiac related cases.
- As people age, their chances of heart disease increase. According to the Census Bureau, the median age in Lancaster is now 54, making it the oldest county in Virginia followed by its neighbor to the north, Northumberland County, which has a median age of 53.6. Across the Rappahannock River, Middlesex County and Mathews, at 51 and 50 respectively, are also among the top five oldest Counties in the state. By comparison, the median age statewide is 37.5.
- According to the Centers for Disease Control and Prevention, about 600,000 people die of heart disease in the United States every year—that's 1 in every 4 deaths.
- Most of RGH's service areas are located roughly an hour away from Cardiology services.

As a result of these needs, RGH utilized their affiliation with Bon Secours Health System to bring Dr. David Hughes, Cardiologist, to the area full time. Dr. Hughes now sees patients five days a week in Kilmarnock which is extremely beneficial to patients requiring follow up cardiac care. Having Dr. Hughes on site has allowed the imaging department to purchase new equipment to allow for more specialized echocardiograms. Additionally, RGH is currently working toward re-establishing Cardiac Rehabilitation and has taken steps in that direction by moving Dr. Hughes' office into RGH's Rehabilitation Center.

RGH provides educational resources to staff, such as information on invasive cardio procedures being handled in Richmond, and heart protocols in the emergency department.

## B. High Blood Pressure and Cholesterol Initiatives at RGH.

RGH promotes community awareness and education surrounding the dangers of high blood pressure and cholesterol through regular community wide screenings in a variety of places including Wal-Mart, the Northern Neck Family YMCA, church health fairs, and in the hospital. A registered nurse usually conducts the screenings and provides information and counsel to persons with at risk numbers, often times advising them to contact their provider for a follow up.

RGH continually strives to raise awareness in the community for health issues including hypertension and high cholesterol. Educational information is shared through press releases and flyers, especially during February- the American Heart Association's Heart Health Month- when the hospital conducts awareness promotions. In addition, Joanna Marchetti, the marketing and public relations coordinator for RGH writes, in collaboration with RGH/CMG medical professionals, a regular article titled "Healthline" in the local newspaper about various health issues.

RGH conducted Employee Health Screenings on a voluntary basis, to assess overall employee health. Tests that were performed include BMI (body mass index), blood pressure, glucose and cholesterol.

This campaign will be a start to employee wellness group meetings which will include fitness tips, sharing healthy recipes and group exercise and will focus educational efforts on health needs provided via risk stratified survey.

## C. Stroke Initiatives at RGH

Rappahannock General Hospital (RGH) can now provide a higher level of emergency stroke and critical neurology care, 24 hours a day, 365 days a year, as part of a tele-neurology medicine program that went live at the hospital on June 11, 2012. Through the health services management company, Specialists on Call (SOC), RGH can offer patients emergency neurological consults, particularly those suspected of stroke symptoms.

SOC, a Joint Commission certified Ambulatory Care Center, provides outsourced, cost effective specialty physician consultations to hospital emergency departments and in-patient units via state of the art telemedicine and videoconferencing system. The company focuses primarily on providing services to clients that typically have limited or no access to emergency neurological services, with a special emphasis on



emergency stroke care. SOC employs 45 board certified neurologists and currently offers tele-neurology in 17 states to over 140 clients. Their neurologists have provided services for over 30,000 patients to date.

When a potential stroke victim enters the emergency department, the staff will be connected to an on-call expert neurologist and establish a videoconferencing link using a mobile unit that can be brought to the patient's bedside. CT scan images are sent directly to the neurologists for review at the time of the consult. The consulting neurologist will then be able to view and discuss diagnostic test results, including CT scan results performed at RGH. During the consult, physicians, patients and family members will continue to have real-time discussions about diagnostic results, course of treatment and patient response.

This technology provides immediate care to patients suffering from stroke or any other neurologic emergency. The speed of the patient's access to care is critical in the treatment of these issues.

In the event of a suspected emergency stroke patient, SOC will have a board certified neurologist at the patient's bedside via videoconference within 15-30 minutes of initiating a consultation. Because of the startling fast and destructive effects of a stroke- the National Stroke Association reports that 1.9 million irreplaceable brain cells are lost every minute during a stroke – time is of the essence, and decreasing the need to transport patients to larger facilities is a tremendous accomplishment for the overall level of health care for the Northern Neck. Having this level of physician expertise locally available helps to save lives and brain function for many patients. Because of the shortage of experienced, trained neurologists in smaller communities, many stroke victims are forced to bypass their local hospitals, causing delay in receiving treatment. Now, RGH can treat them locally, saving lives and improving the chances for a better recovery.

RGH is working with Bon Secours to get neurologists on-site as needed to perform EEGs, and see at risk patients and provide follow up care. Office space has already been secured.

RGH provides educational resources to staff, such as information on invasive neurology procedures being handled in Richmond, and stroke protocols in the emergency department.

RGH has increased ambulance services in the area for quicker arrival and transport of emergency patients.

### **3. MENTAL HEALTH:**

#### Rappahannock General Hospital Internal Resources

RGH's Bridges Behavioral Health offers both inpatient and outpatient services and treatments. Inpatient services used to consist of a part time psychiatrist and mostly Medicare patients. Two years ago, RGH Bridges expanded to include full time inpatient services by bringing a full time psychiatrist to the staff that accepts most insurance plans including Medicaid and Medicare.

RGH Bridges inpatient services are provided to voluntary and involuntary patients on the secure inpatient unit. Physician services, including medication management, are provided through daily visits with the attending psychiatrist. Therapeutic interventions and structured group activities are provided each day by trained and licensed staff. Daily programming includes time for goal setting and reflection as well as meaningful recovery oriented activities. Family involvement is encouraged with daily visiting hours and family conferences, as needed.

The RGH Bridges outpatient program allows the opportunity for counseling and group psychotherapy by licensed therapists five days a week. The psychiatrist oversees the care of all patients. Program participants range from young adults to elderly patients, set in an environment focused on personal dignity, safety, self-reliance and quality of life.

Transportation is available for the Bridges Outpatient program.

Bridges Psychiatry Services offers psychiatric evaluations and medication management by a Board Certified Psychiatrist.

#### *Partnerships and Other Community Collaborative Efforts*

RGH Bridges works closely with area resources such as the Middle Peninsula/Northern Neck Community Services Board to handle patients coming through the Emergency Department.

RGH Bridges has partnered with programs in Richmond to get patients where they need to be for follow up care and get them spaces in programs with limited availability.

Grief support group sponsored by Bridges for Loss and Grief Support for those who have a loved one suffering or have lost a loved one to Alzheimer's or other Dementia related illnesses.

#### **4. ACCESS TO HEALTHCARE:**

##### Rappahannock General Hospital Internal Resources

RGH is a not for profit community hospital dedicated to the provision of quality, compassionate care to all patients, regardless of their ability to pay.

Physician Recruitment is an ongoing effort at RGH. RGH is working toward bringing on more specialists in addition to the primary care physicians already serving the community. Services being explored by RGH to bring to area include dialysis, dermatology, orthopedics, stress echoes, becoming a certified stroke center, re-establishing Cardiac Rehab, and being able to perform EEGs with a neurologist on site.

##### **Maternity Care and Infant Health**

RGH's labor and delivery department closed 10 years ago due to inability for physicians to get malpractice insurance. They were independent, and the hospital didn't have ICU neonatal unit.

RGH currently has three OB/GYN serving the area, with two of these providing prenatal care (Dr. Vogel and Dr. Stout). Dr. Vogel is employed by Chesapeake Medical Group; the other two ob/gyn doctors (Dr. Stout and Dr. Hamilton) are independent and have privileges at RGH. Dr. Vogel provides prenatal care and is partnered with Virginia Women's Center for delivery of patients.

Despite having closed the labor and delivery department at the hospital, RGH Emergency Department (ED) physicians are insured and are able to perform deliveries in absolute emergent situations when the patient is at risk and there isn't time to transfer to a delivering facility. In the event that this happens and it's a non-complicated delivery, medical transportation is arranged for mother and infant to be transported for examination at a delivering facility. In the event that an emergency delivery must take place in the RGH ED and there are complications such as a pre-mature labor or a high risk patient, a call is placed to MCV or a Bon Secours facility as soon as the situation arises so that transportation can be en route immediately. These facilities will send a neonatal transport unit complete with a team that often includes physician, nurse and techs. There's also the availability to transport labor patients via helicopter

to a delivering facility. RGH ED nurses are trained in neonatal resuscitation techniques in the event of an emergency.

RGH/CMG employs the only dedicated pediatrician, as well as pediatric nurse practitioner, in the tri-county area. Patients are seen at Chesapeake Medical Group Pediatrics five days a week. The pediatrician is also on call for RGH's emergency room. All patients are accepted and the majority of them are Medicaid patients.

### *Partnerships and Other Community Collaborative Efforts*

RGH's sister company, Chesapeake Medical Group (CMG) has significantly increased access to healthcare in the community with five family practice offices and 3 specialty medical practices across three counties.

- CMG Hartfield Family Practice and Urgent Care
- CMG Kilmarnock Family Practice and Urgent Care
- CMG Heathsville Family Practice
- CMG Lively Family Practice
- CMG Reedville Family Practice
- CMG Obstetrics & Gynecology
- CMG Pediatrics
- CMG Surgical Services

Within the past three years, two of these family practice offices, CMG Hartfield Family Practice and Urgent Care, and CMG Kilmarnock Family Practice and Urgent Care, expanded to include Urgent Care hours, Monday through Saturday, no appointment necessary. Before this expansion the only medical facility that was open to see patients after 5pm was the emergency department at RGH. These two locations are the only Urgent Care facilities among the three counties.

The Northern Neck Free Health Clinic is located next door to the hospital. The free health clinic offers a wide range of services including medical, dental, and pharmacy services. RGH allowed the clinic to be built on hospital owned property. Many hospital and CMG providers donate their time and talents to the clinic, and the hospital provides many services to the clinic free of charge, such as lab and radiology services.

Bay Transit is a non-profit community transit service which provides transportation to residents in the RGH community and surrounding counties.

Virginia Women's Center (VWC) has a location in Kilmarnock, Virginia very close to the hospital. This location has the resources to provide prenatal care services locally to patients, and conducts childbirth services in Richmond hospitals. CMG ob/gyn Dr. Matthew Vogel provides prenatal care and is partnered with Virginia Women's Center for delivery of patients.

Transportation services are available to these other locations including a special medical cab.

## **5. AGING PROBLEMS:**

### **Rappahannock General Hospital Internal Resources**

Due to the large Medicare population in the RGH community, almost all of RGH's hospital services are geared toward the senior population.

RGH sponsors an annual event, Senior University, a daylong seminar for seniors and caregivers which includes informative presentations by medical professionals, vendor information, free health screenings, etc. In years past the attendance maxed out due to space allowances. The event for 2013 is being moved to a new location to allow for over double the number of potential attendees. The event is open to the public, free of charge.

Presentations at RGH's 2012 Senior University included "Atrial Fibrillation" by Dr. David Hughes, Board Certified Cardiologist, Bon Secours Cardiology Associates of Virginia; "Senior Blues: Depression in the Elderly" by Dr. James Fox, Board Certified Psychiatrist, a segment by Dr. Benjamin Contreras, Board Certified and Fellowship Trained Anesthesiologist and RGH Pain Management Doctor; and "The ABCDE's of Melanoma," by Robert Duffer, PA, Chesapeake Medical Group.

RGH has a Home Healthcare department. The Home Healthcare service has a network of 35 health care providers including nurses who assist seniors with daily care, medication management and basic needs assistance. The Home Healthcare department is very important in the rural area of the community. It employs a full time social worker who identifies issues and provides solutions outside of the healthcare realm such as furnishings, basic needs, etc. There is also a physical therapist just for home health and an occupational and speech therapist split between RGH's Rehab Center and home health cases. RGH is

currently recruiting for a dedicated occupational therapist and speech therapist for the Home Healthcare department.

RGH Home Health Services is in the process of a restructuring to provide medication compliance understanding visits and a dedicated RN to function as Chronic Disease State Management Coordinator. She will focus on chronic respiratory illness, diabetes and heart disease to start.

RGH has a case management department that facilitates the appropriate level of care setting for patients, including transfers to senior living facilities. RGH maintains excellent relationships with the communities' skilled nursing facilities to promote easy transfers after a senior has been released from a hospital visit.

RGH uses the Lifeline Emergency Response system, coordinated by their volunteer auxiliary. Currently 88 seniors in the community are using this system as a protective measure in case of emergencies.

RGH also has a physician on campus that performs initial consults and dialysis maintenance visits for patients, including the elderly that are suffering from kidney failure

#### *Partnerships and Other Community Collaborative Efforts*

RGH has joined forces with Bay Aging as a part of the Eastern Virginia Care Transitions Partnership in an effort to provide more support to patients in their home and prevent costly readmissions. This initiative will focus on Medicare Fee for Service Beneficiaries with chronic disease to identify resources available to improve their health and quality of life, while reducing Medicare burden. They will also focus on compliance issues and provide educational support.

Bay Aging is the premier provider of programs and services for people of all ages. Formed in 1978, Bay Aging serves a predominately rural 2,600 square mile region that encompasses ten counties and two planning districts. As you will see, Bay Aging is extremely diverse in the programs it offers through three major divisions-Community Living, Bay Transit, and Bay Family Housing<sup>8</sup>.

Bay Aging presently owns and manages ten senior living apartment complexes. Nine out of ten of the complexes are located in the Middle Peninsula and Northern Neck region of Virginia. Bay Aging is committed to ensuring that their residents continue to live healthy independent lives. They provide

housekeeping, transportation, meal services, personal care, medication reminders, and recreational and social services to the senior residents living at their facilities<sup>8</sup>.

The Community Living Programs offered through Bay Aging are designed to meet short and long term health goals for seniors in the service area. Some of the programs for seniors include:

- Options Counselors, who provide care coordination, management options, and assessments for those who are 60 years and older through Service Outreach for seniors and Information and Assistance.
- Meals on Wheels, USDA approved meals, delivered by volunteers, Monday through Friday to home bound frail and seniors.
- Personal Care Assistants, provide assistance with daily living activities such as bathing, dressing, grooming, light housekeeping, meal preparation and bedfast care.
- Alzheimer's Disease Support Groups meet twice a month and offers respite care with reservation
- Active Lifestyle Centers, offer educational, social and supportive programs for anyone age 60 and older.
- MedCarry, Coordinates non-emergency medical transportation for people who lack transportation due to not having a vehicle, not being able to drive, elderly, or handicapped.

Senior living facilities in the area include:

Commonwealth Assisted Living, Kilmarnock, VA

Farnham Manor, Farnham, VA

The Lancashire Convalescent and Rehabilitation,  
Kilmarnock, VA

Rappahannock Westminster-Canterbury, Irvington, VA

Mizpah Health Care Nursing Center, Locust Hill, VA

Riverside Convalescent Center, Saluda, VA



## **6. DIABETES AND OBESITY:**

### **Rappahannock General Hospital Internal Resources**

#### **Diabetes**

RGH hosts a diabetes support group once a month, for Type 1 and Type 2 diabetics and their family members. A registered dietitian attends the group meetings to provide nutrition consultations and share healthy recipes and other advice for maintaining a healthy blood sugar level.

RGH has a registered dietitian that provides nutrition consultations within the hospital and also at community events such as health fairs.

RGH provides free health screenings, including glucose checks, with educational information and brochures. These health screenings are done monthly at the Northern Neck Family YMCA, and on request at health fairs.

RGH conducted Employee Health Screenings on a voluntary basis, to assess overall employee health. Tests that were performed include BMI (body mass index), blood pressure, glucose and cholesterol. This campaign will be a start to employee wellness group meetings which will include fitness tips, sharing healthy recipes and group exercise and will focus educational efforts on health needs provided via risk stratified survey.

RGH continually strives to raise awareness in the community for health issues including diabetes. Diabetes information is spread through press releases and flyers during diabetes awareness month. In addition, Joanna Marchetti, the marketing and public relations coordinator for RGH writes, in collaboration with RGH/CMG medical professionals, a regular article titled “Healthline” in the local newspaper about various health issues.

#### **Obesity**

The hospital financially supports many sports programs, especially for youth through the schools such as little league baseball organizations in 4 counties, a special needs bowling program, local 5/10k races , and other area walks and runs.

RGH provides \$5 junior varsity and varsity sports physicals each year to any student athlete through CMG practices in all three counties.

RGH has a registered dietitian that provides health screenings, education and nutrition consultations within the hospital and also at community events such as health fairs.

RGH promotes community awareness and education surrounding the dangers of high blood pressure and cholesterol through regular community wide screenings in a variety of places including Wal-Mart, the YMCA, church health fairs, and in the hospital. A registered nurse usually conducts the screenings and provides information and counsel to persons with at risk numbers, often times advising them to contact their provider for a follow up.

RGH is taking steps to improve the health of its employees. The registered dietitian provides “lunch and learn sessions” for RGH employees on nutrition topics like eating healthy and portion control.

The hospital recently provided internal health screenings including body mass index. RGH plans to share the results as a kickoff to their campaign on Employee Wellness. This campaign will be a start to employee wellness group meetings which will include fitness tips, sharing healthy recipes and group exercise.

Joanna Marchetti, the marketing and public relations coordinator for RGH writes, in collaboration with RGH/CMG medical professionals, a regular article titled “Healthline” in the local newspaper about various topics including healthy eating and lifestyle.

RGH is a community partner with the Northern Neck Family YMCA, and supports YMCA programs. RGH allowed the YMCA to be built on hospital owned property. The YMCA offers discounted gym memberships for employees of RGH and CMG.

#### Partnerships and Other Community Collaborative Efforts

Chesapeake Medical Group primary physicians are a valuable community resource for individuals with diabetes and those at risk for diabetes.

The Northern Neck Family YMCA is located in Kilmarnock, Virginia. They offer a wide range of programs for all ages including aquatics, youth sports, camps, teen programs, family programs, adult group exercise, health and wellness, and senior programs.

RGH has developed implementation strategies for each health priority identified above. This Implementation Plan will be rolled out over the next three years. RGH will work with community partners and health issue experts on the following for each of the approaches to addressing the health needs listed:

- Identify what other local organizations are doing to address the health priority
- Develop support and participation for these approaches to address health needs
- Develop specific and measurable goals so that the effectiveness of these approaches can be measured
- Develop detailed work plans
- Communicate with others involved to ensure appropriate coordination with other efforts to address the issue.

RGH will then develop a monitoring method at the conclusion of the Implementation Plan to provide status and results of these efforts to improve community health. RGH is committed to conducting another health needs assessment in three years.

In addition, Rappahannock General Hospital will continue to play a leading role in addressing the health needs of those within our community, with a special focus on the underserved. As such, community benefit planning will be integrated into our Hospital's annual planning and budgeting processes to ensure we continue to effectively support community benefits.