

## **BON SECOURS MARYVIEW MEDICAL CENTER FY2020 – FY2022 IMPLEMENTATION PLAN**

The Mission of Bon Secours Health System is to bring compassion to health care and to commit ourselves to help bring people and communities to health and wholeness as part of the healing ministry of Jesus Christ and the Catholic Church. Our mission leads us to create collaborative partnerships to address the health care needs of the underserved residents of Portsmouth, Suffolk, and Western Tidewater, Virginia. Through these partnerships, Bon Secours Maryview Medical Center is able to positively impact the health of the community in its service area.

Using the results from the Community Health Needs Assessment (CHNA) survey, community focus groups, and analysis of secondary data, Bon Secours Maryview Medical Center developed the implementation plan while also taking into account:

- Fit with the Bon Secours Health System Mission and Strategic Quality Plan
- High morbidity/mortality/negative outcome caused by need
- Service/Support for need is available within Bon Secours
- Service/Support for need is already available in the region, outside of Bon Secours
- Strong partners are available to address this need
- Need is present in more than one region in Hampton Roads

The CHNA process determined that the most significant health needs in our service area may be grouped into three broad categories:

- Alcohol and Substance Abuse
- Heart Conditions
- Chronic Health in Aging Adults
- Obesity/Diabetes
- Behavioral/Mental Health

While the CHNA Implementation Plan will focus on Alcohol and Substance Abuse, Heart Conditions, and Chronic Health in Aging Adults, Maryview Medical Center will also address Obesity/Diabetes and Behavioral/Mental Health through community education and partnerships with other organizations addressing the needs with specialized programs and services.

The following implementation plan has been developed as a result.

## **PRIORITY: Improve Community Health and Well-Being**

**GOAL:** Reduce risk of opioid dependency and addiction in community.

### **BACKGROUND ON STRATEGY**

Opioid addiction is a long-lasting (chronic) disease that can cause major health, social, and economic problems. Opioids are a class of drugs that act in the nervous system to produce feelings of pleasure and pain relief.

Opioid addiction is characterized by a powerful, compulsive urge to use opioid drugs, even when they are no longer required medically. Opioids have a high potential for causing addiction in some people, even when the medications are prescribed appropriately and taken as directed. Many prescription opioids are misused or diverted to others. Individuals who become addicted may prioritize getting and using these drugs over other activities in their lives, often negatively impacting their professional and personal relationships. It is unknown why some people are more likely to become addicted than others.

Opioids change the chemistry of the brain and lead to drug tolerance, which means that over time the dose needs to be increased to achieve the same effect. Taking opioids over a long period of time produces dependence, such that when people stop taking the drug, they have physical and psychological symptoms of withdrawal (such as muscle cramping, diarrhea, and anxiety). Dependence is not the same thing as addiction; although everyone who takes opioids for an extended period will become dependent, only a small percentage also experience the compulsive, continuing need for the drug that characterizes addiction.

Opioid addiction can cause life-threatening health problems, including the risk of overdose. Overdose occurs when high doses of opioids cause breathing to slow or stop, leading to unconsciousness and death if the overdose is not treated immediately. Both legal and illegal opioids carry a risk of overdose if a person takes too much of the drug, or if opioids are combined with other drugs (particularly tranquilizers called benzodiazepines).

-adapted from <https://qhr.nlm.nih.gov/condition/opioid-addiction>

**OBJECTIVE #1:** *Monitor opiate prescribing patterns within Maryview Medical Center.*

**ACTION PLAN**

Activity	Target Date	Anticipated Impact or Result
<ul style="list-style-type: none"> <li>Establish baseline opiate prescribing frequencies for emergency department, inpatient, and outpatient</li> </ul>	December 2020	<ul style="list-style-type: none"> <li>Understand scope of opiate use within facility in order to effectively work towards reducing incidences of substance abuse.</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the prescribing of opiates by 5% from established baseline in emergency department, inpatient, and outpatient</li> </ul>	December 2021	<ul style="list-style-type: none"> <li>Improve safe prescription practices throughout facility.</li> </ul>
<ul style="list-style-type: none"> <li>Reduce the prescribing of opiates by 10% from established baseline in emergency department, inpatient, and outpatient</li> </ul>	December 2022	<ul style="list-style-type: none"> <li>Improve safe prescription practices throughout facility.</li> </ul>
<b>Resources Committed:</b> <ul style="list-style-type: none"> <li>Staffing</li> </ul>		<b>Intended Partnerships:</b>

**OBJECTIVE #2:** *Increase awareness of opioid and substance abuse risks through school and community partnerships.*

**ACTION PLAN**

Activity	Target Date	Anticipated Impact or Result
<ul style="list-style-type: none"> <li>Partner with clinical staff and community partners to provide opioid and other resiliency training within middle and high schools within the market. Goal of 1 school interaction for the year. This may include children in ages other than listed in KPI.</li> </ul>	December 2020	<ul style="list-style-type: none"> <li>Reduce substance abuse-related injuries and deaths in youth.</li> <li>Increase awareness of harm from substance abuse and other negative health behaviors.</li> </ul>
<ul style="list-style-type: none"> <li>Partner with clinical staff and community partners to provide opioid and other resiliency training within middle and high schools within the market. Goal of 3 school interactions for the year.</li> </ul>	December 2021	<ul style="list-style-type: none"> <li>Reduce substance abuse-related injuries and deaths in youth.</li> <li>Increase awareness of harm from substance abuse and other negative health behaviors.</li> </ul>

<ul style="list-style-type: none"> <li>Partner with clinical staff and community partners to provide opioid and other resiliency training within middle and high schools within the market. Goal of 5 school interactions for the year.</li> </ul>	<p>December 2022</p>	<ul style="list-style-type: none"> <li>Reduce substance abuse-related injuries and deaths in youth.</li> <li>Increase awareness of harm from substance abuse and other negative health behaviors.</li> </ul>
<p><b>Resources Committed:</b></p> <ul style="list-style-type: none"> <li>Staffing</li> <li>Funding for presenters</li> </ul>	<p><b>Intended Partnerships:</b></p> <ul style="list-style-type: none"> <li>Local Middle and High Schools</li> <li>Portsmouth Community Service Board</li> <li>Portsmouth Sheriff Department</li> </ul>	

## **PRIORITY: Improve Community Health and Well-Being**

**GOAL:** Improve access to healthcare opportunity to treat and manage cardiovascular disease.

### **BACKGROUND ON STRATEGY**

Cardiovascular diseases are a group of disorders of the heart and blood vessels which include: coronary heart disease, cerebrovascular disease, peripheral arterial disease, rheumatic heart disease, congenital heart disease, and deep vein thrombosis and pulmonary embolism. Cardiovascular diseases includes numerous problems, many of which are related to a process called atherosclerosis.

Atherosclerosis is a condition that develops when a substance called plaque builds up in the walls of the arteries. This buildup narrows the arteries, making it harder for blood to flow through. If a blood clot forms, it can block the blood flow. This can cause a heart attack or stroke.

Heart disease remains the leading cause of death in the U.S. and stroke continues to rank fifth, according to the National Center for Health Statistics Mortality Data Report for 2017. Research shows people living with diabetes are at least two times more likely to develop and die from cardiovascular disease.

The most important behavioral risk factors of heart disease and stroke are unhealthy diet, physical inactivity, tobacco use and harmful use of alcohol. The effects of behavioral risk factors may show up in individuals as raised blood pressure, raised blood glucose, raised blood lipids, and overweight and obesity. These “intermediate risks factors” can be measured in primary care facilities and indicate an increased risk of developing a heart attack, stroke, heart failure and other complications.

Cessation of tobacco use, reduction of salt in the diet, consuming fruits and vegetables, regular physical activity and avoiding harmful use of alcohol have been shown to reduce the risk of cardiovascular disease. In addition, drug treatment of diabetes, hypertension and high blood lipids may be necessary to reduce cardiovascular risk and prevent heart attacks and strokes. Health policies that create conducive environments for making healthy choices affordable and available are essential for motivating people to adopt and sustain healthy behavior.

There are also a number of underlying determinants of CVDs or "the causes of the causes". These are a reflection of the major forces driving social, economic and cultural change – globalization, urbanization and population aging. Other determinants of CVDs include poverty, stress and hereditary factors.

-adapted from <https://newsroom.heart.org/news/addressing-heart-disease-brain-health-and-diabetes-is-critical-to-reducing-deaths-in-the-u-s>, <https://www.heart.org/en/health-topics/consumer-healthcare/what-is-cardiovascular-disease>, [https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-\(cvds\)](https://www.who.int/news-room/fact-sheets/detail/cardiovascular-diseases-(cvds))

<b>OBJECTIVE #1:</b> <i>Improve readmission conversion rates for STEMI and CHF patients.</i>		
<b>ACTION PLAN</b>		
<b>Activity</b>	<b>Target Date</b>	<b>Anticipated Impact or Result</b>
<ul style="list-style-type: none"> <li>Establish baseline for readmissions among STEMI and CHF patients</li> <li>Establish current conversion rates for cardiology practices and cardiac rehab.</li> <li>Develop strategic interventions through MMC Readmissions Committee</li> </ul>	December 2020	<ul style="list-style-type: none"> <li>Reduce hospitalizations among STEMI and CHF patients</li> </ul>
<ul style="list-style-type: none"> <li>Reduce STEMI and CHF readmission from baseline by improving conversion rates.</li> </ul>	December 2021	<ul style="list-style-type: none"> <li>Reduce hospitalizations among STEMI and CHF patients</li> </ul>
<ul style="list-style-type: none"> <li>Continue readmission reduction efforts by improving conversion rates.</li> </ul>	December 2022	<ul style="list-style-type: none"> <li>Reduce hospitalizations among STEMI and CHF patients</li> </ul>
<b>Resources Committed:</b>		<b>Intended Partnerships:</b>
<ul style="list-style-type: none"> <li>Staffing</li> </ul>		
<b>OBJECTIVE #2:</b> <i>Increase attendance at diabetes community education classes.</i>		
<b>ACTION PLAN</b>		
<b>Activity</b>	<b>Target Date</b>	<b>Anticipated Impact or Result</b>
<ul style="list-style-type: none"> <li>Establish baseline attendance and referral mechanism for diabetes classes. Identify and establish partner sites in community to offer diabetes</li> </ul>	December 2020	<ul style="list-style-type: none"> <li>Reduce hospitalizations among heart disease patients</li> </ul>
<ul style="list-style-type: none"> <li>Increase attendance by 5% over 2020 baseline. Offer community class at 1 church and 1 organization (Walmart)</li> </ul>	December 2021	<ul style="list-style-type: none"> <li>Reduce hospitalizations among heart disease patients</li> </ul>
<ul style="list-style-type: none"> <li>Increase attendance by 10% over 2020 baseline. Offer community class at 2 churches and 1 city site.</li> </ul>	December 2022	<ul style="list-style-type: none"> <li>Reduce hospitalizations among heart disease patients</li> </ul>

**Resources Committed:**

- Staffing

**Intended Partnerships:**

- Healthy Portsmouth Partner Agencies
- Churches
- Walmart
- Portsmouth Health Department

## **PRIORITY: Improve Community Health and Well-Being**

**GOAL:** Improve access to healthcare opportunity to treat and manage chronic conditions for aging population.

### **BACKGROUND ON STRATEGY**

One in four Americans has multiple chronic conditions, those that last a year or more and require ongoing medical attention or that limit activities of daily living. That number rises to three in four Americans aged 65 and older.

This high prevalence has several underlying causes: the rapidly growing population of older adults, the increasing life expectancy associated with advances in public health and clinical medicine, and the high prevalence of some risk factors, such as tobacco use and physical inactivity. In 2014, 14.5% (46.3 million) of the US population was aged 65 or older and is projected to reach 23.5% (98 million) by 2060.

As a person's number of chronic conditions increases, his or her risk for dying prematurely, being hospitalized, and even receiving conflicting advice from health care providers increases. People with multiple chronic conditions also are at greater risk of poor day-to-day functioning. Aging adults experience higher risk of chronic disease. In 2012, 60% of older adults managed 2 or more chronic conditions. Chronic conditions can lower quality of life for older adults and contribute to the leading causes of death among this population.

Having multiple chronic conditions is also associated with substantial health care costs. Approximately 71% of the total health care spending in the United States is associated with care for the Americans with more than one chronic condition.<sup>2</sup> Among Medicare fee-for-service beneficiaries, people with multiple chronic conditions account for 93% of total Medicare spending.<sup>3</sup> People with multiple chronic conditions face substantial out-of-pocket costs of their care, including higher costs for prescription drugs

-adapted from <https://www.healthypeople.gov/2020/topics-objectives/topic/older-adults/ebrs>,  
<https://www.cdc.gov/chronicdisease/about/multiple-chronic.htm>



<b>OBJECTIVE #1:</b> <i>Improve awareness of chronic health conditions and social determinants of health through community education.</i>		
<b>ACTION PLAN</b>		
<b>Activity</b>	<b>Target Date</b>	<b>Anticipated Impact or Result</b>
<ul style="list-style-type: none"> <li>Partner with medical providers and community groups to provide education at SeniorHealth Lunch &amp; Learns on five health topics from the CHNA survey. Speakers will provide a pre and post test to group to demonstrate knowledge gained.</li> </ul>	December 2020	<ul style="list-style-type: none"> <li>Increase patient awareness of top chronic health conditions for area.</li> <li>Reduce hospitalizations among aging population for chronic health conditions.</li> </ul>
<ul style="list-style-type: none"> <li>Partner with medical providers and community groups to provide education at SeniorHealth Lunch &amp; Learns on five health topics from the CHNA survey. Speakers will provide a pre and post test to group to demonstrate knowledge gained.</li> </ul>	December 2021	<ul style="list-style-type: none"> <li>Increase patient awareness of top chronic health conditions for area.</li> <li>Reduce hospitalizations among aging population for chronic health conditions.</li> </ul>
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<b>Resources Committed:</b> <ul style="list-style-type: none"> <li>Staffing</li> <li>Catering</li> <li>Facility Use</li> </ul>		<b>Intended Partnerships:</b> <ul style="list-style-type: none"> <li>Bon Secours Medical Group</li> <li>Community Agencies</li> <li>Portsmouth Sheriff Department</li> <li>Portsmouth Fire Department</li> <li>SeniorCorp</li> </ul>

## **OTHER IDENTIFIED COMMUNITY HEALTH NEEDS NOT ADDRESSED IN IMPLEMENTATION PLAN**

Although Bon Secours Maryview Medical Center recognizes the importance of all the needs identified by the community, resources are limited within the organization to prioritize all of these needs. There are other providers and organizations addressing these needs with specialized programs and services, many of whom serve on the regional Community Health Needs Assessment Coalition. Maryview Medical Center is prepared to collaborate or assist with these efforts beyond the current set of services we provide.

The list below provides names of some resources in the area that can help meet the identified needs of the community:

ACCESS	Lake Taylor Hospital
Catholic Charities of Eastern Virginia	Norfolk Department of Public Health
Chesapeake Free Clinic (Dental)	Old Dominion University
Chesapeake Regional Medical Center	Operation Blessing (Dental)
Children’s Hospital of The King’s Daughters	Response – Sexual Abuse Support Services
Eastern Virginia Medical School	Senior Services of Southeastern Virginia
Foodbank of Southeastern Virginia	Sentara Healthcare
Geriatrics Life Care	The Barry Robinson Center
Hampton Roads Community Health Center(s)	United Way of South Hampton Roads
Hampton Roads Community Foundation	Veterans Affairs Medical Center
Jewish Family Services	Virginia Supportive Housing

For a list of additional resources available to meet identified needs of the community, please review the Virginia Department of Health’s Community Services Resource Guide at <https://www.vdh.virginia.gov/Resources>.