Advocate Health Care

Community Health Needs Assessment Implementation Plan 2017-2019

Advocate Illinois Masonic Medical Center

Date Created: May 2017 Date Reviewed/Updated:

PRIORITY AREA: Chronic Disease Prevention and Management
GOALS: 1. Reduce childhood obesity in Illinois Masonic Medical Center's Primary Service Area (PSA). 2. Improve post-hospital management of chronic diseases in Illinois Masonic Medical Center's PSA.

LONG TERM INDICATORS OF IMPACT		
	Baseline Value, Date and Source	**Frequency**
1. Reduce obesity rate in a targeted Chicago Public School (CPS)	Baseline to be determined (TBD)/ body mass index (BMI) measurements of program participants; First measurements will be taken at beginning of program.	Annual
2. Reduce the percentage of hospital readmissions for patients with chronic diseases and high rates of readmissions	Baseline TBD/Hospital Data	Annual

STRATEGY #1: Create a multi-component, sustainable school-based obesity prevention program in a school within Illinois Masonic Medical Center's PSA with identified high childhood obesity rates. This strategy will include working with the school to achieve the Healthy CPS designation.	**TYPE: Changing the Context**
PARTNERS: Chicago Public Schools' health team; teachers, school administration and parents of identified school; Consortium to Lower Obesity in Chicago Children (CLOCC); nutrition education programs; physical activity programs; hospital nurses; local community health centers; Advocate Children's Hospital; Healthy Chicago Hospital Collaborative	
BACKGROUND ON STRATEGY **Evidence of effectiveness:** There is strong evidence that multi-component school-based obesity prevention programs increase physical activity (Nixon, 2012; Cochrane-Dobbins, 2013; Demetriou, 2012), improve weight status (Khambalia, 2012; Cochrane-Waters, 2011; Katz, 2008), and improve dietary habits (Kropski, 2008; Van Cauwenberghe, 2012; Cawley, 2011). However, there is significant variability in program design and effect (Brown, 2009; Harris, 2009, CG-Obesity). Additional evidence is needed to confirm effects on BMI and characteristics of successful programs. In general, multi-component school-based obesity prevention programs are more successful than single component programs (Cochrane-Waters, 2011; Katz, 2008; Khambalia, 2012; Van Cauwenberghe, 2012; Dunton, 2010; Townsend, 2011).	

SHORT TERM INDICATORS			
	Annual Targets by December 31		
Process Indicators	**2017**	**2018**	**2019**
1. Create a wellness team within the identified school	Establish	Complete	Continuing
2. Physical activity and nutrition education components in place	Establish partners/ contracts	1st year of implementation	2nd year of implementation
3. Number of children participating	N/A	TBD	TBD
4. Full "Healthy CPS" status achieved for school	N/A	"Learnwell" symbol achieved	¾ symbols achieved
Impact Indicators	**2017**	**2018**	**2019**
1. Change in behaviors: Fruit and vegetable consumption and physical activity	N/A	Baseline: post and pretest surveys will be provided	15% improvement

STRATEGY #2: Pilot a volunteer-based follow-up program for discharged patients experiencing chronic diseases and with frequent readmission histories (readmitted within 30 days after discharge for all causes). Work will concentrate on keeping follow-up appointments after discharge as a first step in chronic disease management.	**TYPE: Clinical Intervention**

PARTNERS: Case Management, Volunteer Services, Medical Education, Area Universities, Planning and Medication Assistance

BACKGROUND ON STRATEGY

Evidence of effectiveness: A 2011 *Population Health Management* article indicated "that timely discharge follow-up by telephone to supplement standard care is effective at reducing near-term hospital readmissions." (Population Health Management, Volume 14, Number 1, 2011, *The Impact of Post-Discharge Telephonic Follow-Up on Hospital Readmissions*, Patricia L. Harrison, MPH; Pamela A. Hara, BSN, MBA; James E. Pope, MD; Michelle C. Young, BS; and Elizabeth Y. Rula, PhD.)

SHORT TERM INDICATORS			
	Annual Targets by December 31		
Process Indicators	**2017**	**2018**	**2019**
1. Number of volunteers trained	5 volunteers	10 volunteers	10 volunteers
2. Number of patients receiving calls	240 patients	480 patients	480 patients
3. Number of individuals receiving support for transportation needs	10 individuals	15 individuals	15 individuals
Impact Indicators	**2017**	**2018**	**2019**
1. Percentage of kept appointments after intervention	Baseline TBD/ self-report data will be used after intervention, collected via a follow-up call	Increase by 11.5% in patients with intervention	Increase by 23% in patients with intervention
2. Reduction in percentage of monthly hospital readmissions	Baseline TBD/Hospital data	1% reduction	2% reduction

ALIGNMENT WITH COUNTY/STATE/NATIONAL PRIORITIES			
Strategy	**Healthy Chicago 2.0**	**SHIP (State Health Improvement Plan)**	**Healthy People 2020**
1	5 percent decrease in Chicago Public School kindergartners who are obese	Chronic Disease Goals: a. Increase opportunities for active living; b. Increase opportunities for healthy eating	**NWS-2** Increase the proportion of schools that offer nutritious foods and beverages outside of school meals **NWS-10** Reduce the proportion of children and adolescents who are considered obese
2	5 percent decrease in the age-adjusted rate of potentially preventable hospitalizations had these conditions been managed successfully by primary care providers in outpatient settings	Chronic Disease Goal: Increase community-clinical linkages to reduce chronic disease	Improve access to comprehensive, quality health care services; defined as timely use of personal health services to achieve the best health outcomes

Advocate Illinois Masonic Medical Center has developed this implementation plan to meet a prioritized need identified through a community health needs assessment process. The medical center may refocus resources if necessary to best address the needs of its community.

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