Implementation Strategy Plan 2022

AHN ALLEGHENY VALLEY

Report

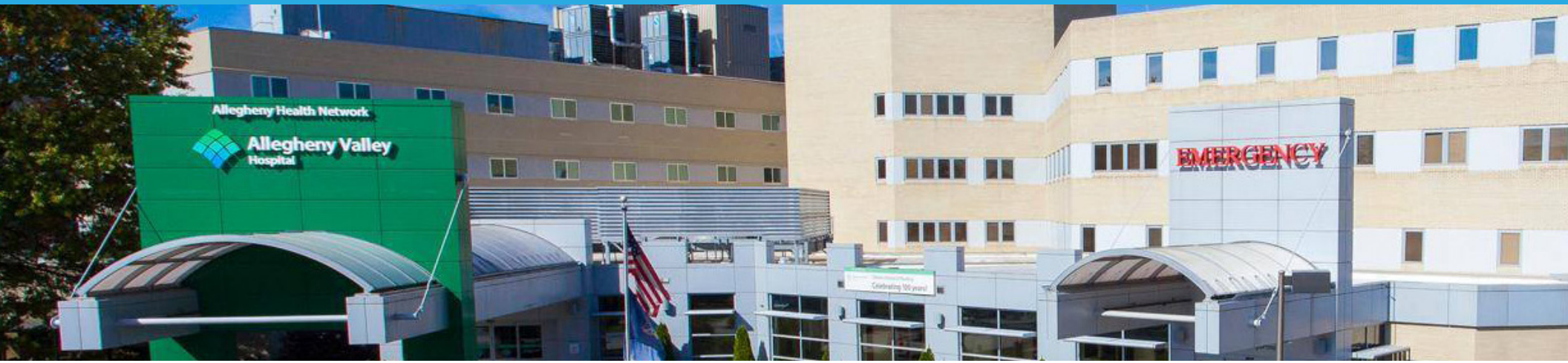
About Allegheny Health Network (AHN)

The hospitals of Allegheny Health Network, as they have for decades, provide exceptional health care to help people live healthy lives and continue to extend their reach, offering a broad spectrum of care and services. The tradition continues by using the latest medical innovations to treat patients. Gaining knowledge through research to constantly improve how to prevent, diagnose, and treat illness, AHN staffs each hospital with experienced, expert, and compassionate physicians, nurses, and other health care professionals dedicated to medicine, people, and healing.

AHN can extend its reach to more people as a health network by offering a broad spectrum of care and services. AHN has 14 hospitals and more than 200 primary- and specialty-care practices. AHN has approximately 2,400 physicians in every clinical specialty, 21,000 providers, and 2,000 volunteers. AHN provides world-class medicine to patients in their communities, across the country, and around the world.

AHN's physicians continually explore and develop new treatments that allow us to bring medical discoveries from the laboratory directly to patients. These breakthroughs help save lives and give patients access to the latest treatments for disease and medical conditions. Allegheny Health Network is also committed to educating and training the next generation of doctors by serving as the clinical campus for both Lewis Katz School of Medicine at Temple University and Drexel University College of Medicine.

Allegheny Health Network is an integrated health care system that serves patients from across a four-state region that includes Pennsylvania and portions of New York, Ohio, and West Virginia. AHN has more than 80 medical, surgical, and radiation oncology physician practices; one of the state's most extensive bone marrow transplant and cellular therapy programs; and the nation's largest – and western Pennsylvania's only – radiation oncology network accredited by both the American Society for Radiation Oncology and American College of Radiology. Allegheny Health Network's cancer program has more than 200 clinical trials offered throughout its network of hospitals and clinics.



About AHN Allegheny Valley

Since 1909, Allegheny Valley Hospital (AVH) has provided health care, education, and support to more than 160,000 residents in portions of Allegheny, Armstrong, Butler, and Westmoreland counties. Located northeast of Pittsburgh, Allegheny Valley Hospital consists of a hospital campus in Natrona Heights and outpatient care centers in New Kensington, Natrona Heights, and Vandergrift. As part of the Allegheny Health Network, AVH provides on-site access to specialists from Allegheny General Hospital and West Penn Hospital, reducing the need for patients and their families to travel to the city for care.

The 200-bed hospital serves as AHN AVH's inpatient facility and offers a broad spectrum of programs, including medical and surgical services, emergency and urgent care, inpatient adult and geriatric psychiatric care, cardiology, gynecology, oncology, and orthopedics. Virtually all outpatient services are available on the hospital campus.

To continue to invest in its future, in 2010 AVH embarked on a $15.6 million emergency and urgent care services expansion and renovation project, greatly enhancing the hospital's emergency medicine and urgent care capabilities. AVH also offers a very active gastroenterology program supported by a well-equipped, newly renovated endoscopy unit and a wide array of sophisticated cardiology services, including echocardiography, transesophageal, and Doppler ultrasound studies.

At AVH, patients have access to all of the specialties at Allegheny Valley and the full spectrum of care from Allegheny Health Network (AHN). AVH provides specialty services at the main hospital, and its outpatient care centers located throughout the community. The broad spectrum of specialty services includes primary care, cancer center, heart disease care, emergency medicine, geriatric health, orthopedic care, physical therapy and rehabilitation services, surgery, women's health, neurology, and stroke care.

Mission

To create a remarkable health experience, freeing people to be their best.

Vision

A world where everyone embraces health.

Values

People matter

Every person contributes to our success. We strive for an inclusive culture, regarding people as professionals, and respecting individual differences while focusing on the collective whole.

Stewardship

Working to improve the health of the communities we serve and wisely managing the assets that have been entrusted to our care.

Trust

Earning trust by delivering on our commitments and leading by example.

Integrity

Committing to the highest standards encompassing every aspect of our behavior including high moral character, respect, honesty, and personal responsibility.

Customer-focused collaboration

Because no one person has all the answers, we actively seek to collaborate with each other to achieve the right outcomes for our customers.

Courage

Empowering each other to act in a principled manner and to take appropriate risks to do what is right to fulfill our mission.

Innovation

Committing to continuous learning and exploring new, better, and creative ways to achieve our vision.

Excellence

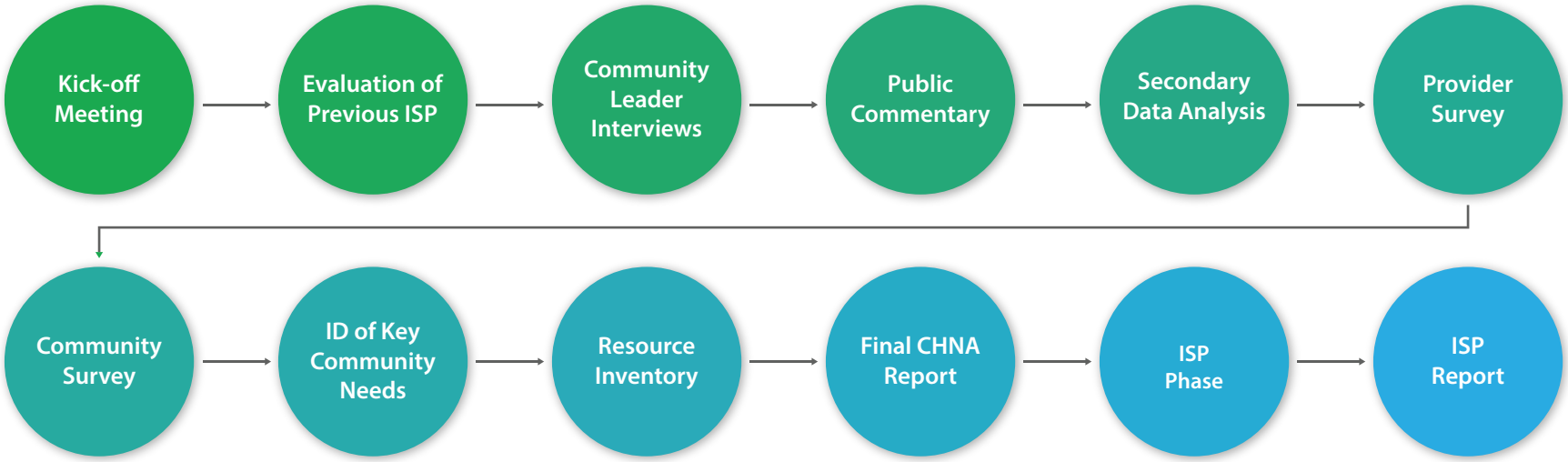
Being accountable for consistently exceeding the expectations of those we serve.

Introduction

Allegheny Valley Hospital has served the community since 1909 and has grown into a 200-bed hospital with 310 physicians, and over 900 employees. As a part of AHN, it offers a broad spectrum of programs, including medical and surgical services, inpatient psychiatric care and geriatric psychiatric care, cardiology, orthopedics and cancer care as well as seven outpatient care centers throughout the community providing a variety of diagnostic services.

In 2022, AHN partnered together with Tripp Umbach to conduct a comprehensive community health needs assessment (CHNA) for AHN AVH's service area of Allegheny, Armstrong, Butler, Westmoreland, and counties. The CHNA process included input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health issues and representatives of vulnerable populations. The overall CHNA involved multiple steps that are depicted in the below flow chart.

Figure 1: Overall CHNA and Implementation Strategy Plan (ISP) Process Flow Chart



The CHNA and implementation strategy plan meets the requirements of the Patient Protection and Affordable Care Act. The act has changed how individuals are obtaining care and promotes reduced healthcare costs, greater care coordination, and better care and services. Health care organizations and systems are striving to improve the health and social needs of the community they serve through collaboration with local, state and national partners. The implementation strategy plan outlines the needs identified in the CHNA and documents how AHN AVH will be addressing the needs over the next three years. All needs identified in the CHNA will be addressed by AHN AVH.

Allegheny Health Network (AHN)	2021 Prioritized Findings													
	Social Determinants of Health					Behavioral Health			Chronic Disease					Health Equity
	Transportation	Workforce Development	Cost of Care	Access to care*	Food Insecurity, Diet, and Nutrition	Substance Use Disorder	Mental Health Services	Postpartum Depression	Diabetes	Heart Disease	Cancer	COPD	Obesity	Diversity, Equity, and Inclusion**
Allegheny General Hospital	X	X			X	X			X	X	X			X
Allegheny Valley Hospital	X					X	X		X	X				X
Canonsburg Hospital	X			X		X			X	X				X
Forbes Hospital	X					X	X		X	X		X		X
Grove City Medical Center				X			X		X	X			X	X
Jefferson Hospital	X	X	X		X	X					X		X	X
Saint Vincent Hospital	X	X		X	X	X	X	X	X		X		X	X
West Penn Hospital		X			X			X	X		X		X	X
Westfield Memorial Hospital						X	X		X	X	X			X
Wexford Hospital					X	X	X	X		X				X
Brentwood Neighborhood Hospital			X	X										
Harmar Neighborhood Hospital			X	X										
Hempfield Neighborhood Hospital			X	X										
McCandless Neighborhood Hospital			X	X										

* Access to care includes primary care, specialty care, and access to general services.

**Diversity, Equity, & Inclusion includes LGBTQ+ and cultural competency.

A) Social Determinants of Health

The World Health Organization (WHO) defines social determinants of health as the economic and social conditions that influence individual and group differences in health status. These economic and social conditions under which people and groups live may increase or decrease the risk of health conditions or diseases among individuals and populations.

Social and economic factors contribute 40% to our health, health behaviors 30%, genetics 10%, the physical environment 10% and clinical care 10%, according to the Center for Health and Learning (CHL), an outgrowth of an initiative by the Center for Disease Control and Prevention's (CDC) Division of Adolescent and School Health. According to the CDC, poverty limits access to healthy foods and safe neighborhoods, while higher educational attainment is a predictor of better health. Differences in health and health outcomes are striking in communities with poor social determinants of health such as unstable housing, low-income levels, unsafe neighborhoods, or substandard education. Addressing SDOH is paramount to creating a healthier community.

Transportation

Access to health care services has a significant impact on health, including improved overall physical, social, and mental health status, prevention of disease and disability, and better quality of life. Transportation affects residents in rural and urban communities.

Having adequate transportation is often a barrier to accessing services and can significantly affect the quality of people's lives. The lack of vehicle access, cost, long distances, and lengthy times to reach needed services impact travel for residents.

SDOH: Transportation					
Goal: To develop an improved transportation system for AVH patients and families.					
Impact: (1) Increased awareness of available patient transportation resources; (2) increased patient transportation services; and (3) improved discharge process.					
Target Population	**Strategies**	**Action Steps**	**Measure**	**Partners**	**Misc.**
General population	Improve access to transportation services for patients and families.	• Assess current transportation services. • Collaborate with Prehospital Care Services to utilize a centralized coordination center. • Educate primary care physicians (PCPs) and patients on transportation services. • Implement transportation protocol with community partners • Continue to work to improve connectivity with One Call System. • Collaborate with discharge planning team.	• Amount of current known transportation services. • Percentage of increased community-based transportation provided. • Number of patients that utilize transportation resources. • Number of patients that have identified they need transportation during 2x daily discharge huddle.	• Social work/case management • Highlands Partnership Consortium • Physician Liaison Management • Discharge huddle team	• Review resources available via Social Work/Case Management services, publicly available sources and on ahncommunitysupports.com to procure a list of existing transportation (with criteria). • Utilize communication piece about the AHN Community Supports platform to educate PCP's. • Investigate educational opportunities with the Physician Relations Manager as a means of reaching the PCP and provider community. • Based on results of above tactics, work with case management & social work staff to devise a patient education plan. • Investigate the social needs screening tool used by social work team as a source of measurement. • Utilize data from discharge huddle team. Once daily rounds started 1/5/22 and 2x/day started 1/18/22 due to need identified.

B) Behavioral Health

Falling under the umbrella of behavioral health, substance use, and mental health impact the lives of families and individuals throughout the United States. The percentage of residents diagnosed with behavioral health problems has grown exponentially. Along with the growth, the need for mental health services and substance use programs has not diminished. Genetics and socioeconomic factors play vital roles in individuals diagnosed with a mental health problem, and frequently societal factors increase the likelihood of one engaging in unhealthy life choices such as alcohol and drug use. According to the American Hospital Association, behavioral health disorders affect nearly one in five Americans and have community-wide impacts. Hospitals and health systems provide essential behavioral health care services to millions of Americans every day.

Mental Health Services

The prevalence of mental illness in America is vast and continues to grow yearly. According to the National Alliance on Mental Health, one in five U.S. adults experiences a mental illness, one in 20 U.S. adults experience serious mental illness, and 17% of youth (6-17 years old) experience a mental health disorder.

Behavioral Health: Mental Health					
Goal: Transform the treatment and care continuum for mental health services at AHN AVH.					
Impact: (1) Improved quality outcomes for patients with mental health, (2) increased awareness of available resources; and (3) increased number of patients receiving treatment.					
Target Population	**Strategies**	**Action Steps**	**Measure**	**Partners**	**Misc.**
General Population struggling with mental health	Improve quality outcomes for mental health domain.	• Utilize needs assessment counselors/social services to monitor patient encounters in emergency department (ED).	• Number of patients referred to inpatient or outpatient facilities.	• Virtual Behavioral Health • 412-Doctors	• Virtual Behavioral Health program becomes available 3.14.22. Possibly for Highmark insured patients only. • 412-Doctors mental health key words initiative is possible source to increase awareness of available resources.
General Population	Collaborate with AHN Behavioral Health Consultants (BHC) in the primary care practices.	• Identify patents who may be in need of behavioral health support. • Utilize the BHC to provide support for patients with mental health issues.	• Number of patients referred to inpatient or outpatient facilities. • Number of trainings for staff. • Number of staff trained. • Number of BHC consultations.	• Center for Inclusion Health • Center for Recovery Medicine • Allegheny Clinic/ Psychiatry & Behavioral Health Institute (this is in addition to ED, social work and other internal staff as appropriate).	• Social work plan to educate providers on how to access the Behavior Health Consultant (BHC) consult and educate and refresh the Needs Assessment Coordinator (NAC) to reinforce and remind providers to use the process as appropriate.

Substance Use Disorder

Although progress has been made in lowering rates of substance use in the United States, the use of behavior-altering substances continues to take a major toll on the health of individuals, families, and communities nationwide.

Behavioral Health: Substance Use Disorders					
Goal: Increase knowledge and access to substance use disorder programs and services.					
Impact: (1) Increased awareness of treatment for overdose complications; and (2) increased services for overdose cases.					
Target Population	**Strategies**	**Action Steps**	**Measure**	**Partners**	**Misc.**
General Population dealing with substance abuse	To increase access to services in the ED for post overdose management.	• Consult with needs assessment counselors to discuss treatment options for ED patients. • Use ED pathway for initiation of MAT and warm hand off program. • Educate ED providers on substance use disorder and medication assisted therapy (MAT) as an effective treatment for post overdose management. • Provide warm hand-off to MAT treatment services.	• Number of trainings for hospital staff. • Number of patients screened for eligibility for MAT.	• Center for Inclusion Health • Center for Recover Medicine • Allegheny Clinic/ Psychiatry & Behavioral Health Institute (this is in addition to ED, social work, and other internal staff as appropriate.)	• Needs Assessment Coordinator (NAC) currently provides the warm hand off to agreeable patients and initiate MAT referral in collaboration with the provider. • Moving forward Social Work plans to develop education for NACs, providers & nurses to reinvigorate process. • Timeline for these efforts will be impacted by upcoming social work leadership transition.

C) Chronic Diseases

Chronic diseases are a significant cause of disability and death in Pennsylvania and the United States. The seven leading causes of death are heart disease, cancer, stroke, chronic lower respiratory disease (CLRD), unintentional injury, Alzheimer's disease, and diabetes. According to the Pennsylvania Department of Health, chronic disease accounts for about 70.0% of all deaths annually in Pennsylvania. With Pennsylvania's aging population and the advances in health care enabling people to live longer, the cost associated with chronic disease will increase significantly if no changes are made. Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing the effects of chronic disease and reducing death. Preventive services both prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs.

Chronic Diseases: Diabetes				
Goal: To improve quality outcomes associated with diabetes.				
Impact: (1) Improved awareness of diabetes and its management; (2) Increased community programs; (3) Improved outcomes for diabetes measures; (4) Improved quality of life for diabetic patients; (5) Improved quality measures.				
Target Population	**Strategies**	**Action Steps**	**Measure**	**Partners**
Diabetic patients	Educate community members on the prevention, diagnosis and treatment (management) of diabetes.	• Provide education program(s) at hospital and in community. • Collaborate with AHN service line to promote awareness of and participation in diabetes education classes (virtual and in-person)	• Number of participants. • Number of community events.	• Diabetes Navigator • Allegheny Clinic • Center for Diabetes and Endocrinology in New Kensington
	Offer blood sugar screenings to participants at local health fairs and community events.	• Identify opportunities to participate in community events and focus on diabetes awareness. • Participate in local state rep's community health day. • Link participants with appropriate care resources (PCP, etc.).	• Number of community events. • Number of participants.	• Diabetes Navigator • Allegheny Clinic • Center for Diabetes and Endocrinology in New Kensington
	Provide education and resources information on healthy eating as a tool to manage diabetes.	• Coordinate education opportunities with AVH's diabetes support group, the local Center for Endocrinology & Diabetes and the Diabetes Navigator assigned to AVH.	• Number of community programs. • Performance on diabetes measures. • Results of screenings for food insecurities.	• Diabetes Navigator

Chronic Diseases: Heart Disease

Goal: Improve quality outcomes associated with heart disease.

Impact: (1) Improved quality outcomes for congestive heart failure and stroke patients; (2) increased community education; (3) reduced hospital readmissions for Community Care Network (CCN) Congestive Heart Failure (CHF) patients; and (4) increased routine exercise for cardiac rehabilitation patients (5) Increased (CCN) (CHF) patients with a scale.

Target Population	Strategies	Action Steps	Measure	Partners	Misc.
Heart disease patients	Improve quality outcomes associated with heart disease.	• Collaborate with Stroke Team to provide stroke awareness community events. • Extend provision of current CHF at home scale for Community Care Network (CCN) patients. • Partner with local YMCA to provide exercise options for cardiac rehab patients. Replace with: Partner with CHF Navigation Team's 30 post discharge follow-up program.	• Number of community events. • Number of participants. • Number of CCN CHF patients that utilize a scale. • Readmissions for CHF patients. • Number of patients served via the navigation team 30-day follow-up.	• Case Management (STARRT & Quality CVI committees) • Community Care Network • CHF Nurse Navigator/ Navigation team.	• Maintenance programs not offered across the network due to space constraints. We try to partner with a fitness or multiple fitness facilities to encourage the patient to go to after completing program, but tracking has not been feasible. • Also consider: Pilot program on IV diuretics at home; Get with the Guidelines (CHF) measurements.

D) Health Equity

Diversity, Equity, & Inclusion (DEI)

In recent years, health systems, public and private agencies, and community-based organizations have increasingly focused on the concept of "health equity." Health equity is described as "both the absence of systematic obstacles and the creation of opportunities for all to be healthy." The American Medical Association (AMA) Center for Health Equity imagines health equity as "providing health care that values people equally and treats them equitably and a nation in which all people live in thriving communities where resources work well; systems are equitable and create no harm nor exacerbate existing harms; where everyone has the power, conditions, resources, and opportunities to achieve optimal health."

Significant effort is required to provide equitable and culturally/linguistically appropriate care to a variety of racial and ethnic communities, each with its own cultural traits, health beliefs, and barriers to health care access. Improving health equity extends well beyond the walls of the hospital, reaches deep into the community sectors, and involves both local and state governments where health policies and protocols are developed.

Health Equity: Diversity, Equity, and Inclusion (DEI)

Goal: Improve access to care towards underserved at-risk populations.

Impact: (1) at-risk populations improve health conditions and access to care.

Target Population	Strategies	Action Steps	Measure	Partners
Underserved at-risk population	Incorporate into each priority need actions.	• Evaluate each priority need for focus on reaching at-risk and underserved populations.	• Number of at-risk or underserved populations included.	• To be determined

E) Conclusion

AHN Allegheny Valley places a strong emphasis on providing exceptional care, ensuring access to equitable health care services, and programs for its surrounding communities. Its efforts to address challenges and complexities of care in serving vulnerable populations such as the homeless, elderly, unemployed/underemployed, ethnic, low-income and diverse populations are recognized at community, state, and national levels.

AHN Allegheny Valley aspires to improve health, well-being, and health equity for all and understands that "health is more than the absence of disease." Health is based not only on geographic factors- where people were born, live, work and play- but also on economic, cultural, educational, and social factors. By addressing barriers and identifying social and economic factors called social determinants of health that hinder access to equitable health care, AHN Allegheny Valley aims to heighten overall community health status and to improve quality of life for the diverse communities they serve. The health system may provide a plethora of recognized physicians, best practice services, noteworthy programs and services but if residents lack transportation and insurance, access to care can be difficult. There is a direct correlation between the ease of accessing health care and the overall health of a community.

AHN Allegheny Valley has addressed many obstacles and accomplished a measurable impact on the community, however, there are still many community health issues that need to be addressed to achieve health equity and anticipated health outcomes. With a focus on the top priorities mentioned above, major and meaningful health concerns for the AHN Allegheny Valley communities will be addressed.

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