



**SPECIALTY**  
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## **COMMUNITY HEALTH NEEDS ASSESSMENT**

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## **INTRODUCTION**

The Patient Protection and Affordable Care Act (ACA), signed into law on March 23, 2010, created new requirements for not-for-profit hospitals including a requirement for a Community Health Needs Assessment (CHNA) to be completed every three years. This report was prepared for the Specialty Hospital of Lorain a Long Term Acute Care Hospital (LTACH) inside Amherst Hospital in Amherst, Ohio to meet the CHNA requirements for 2014-2015.

## **SUMMARY OF COMMUNITY NEEDS ASSESSMENT (LORAIN COUNTY**

# **Lorain County Community Health Assessment**

## **Executive Summary**

This executive summary provides an overview of health-related data for Lorain County adults (19 years of age and older) and youth (ages 12 through 18) who participated in a county-wide health assessment survey during 2011. The findings are based on self-administered surveys using a structured questionnaire. The questions were modeled after the survey instruments used by the Centers for Disease Control and Prevention for their national and state Behavioral Risk Factor Surveillance System (BRFSS) and Youth Risk Behavior Surveillance System (YRBSS). The Healthy Communities Foundation of the Hospital Council of Northwest Ohio collected the data, guided the health assessment process and integrated sources of primary and secondary data into the final report.

## **Primary Data Collection Methods**

### **Design**

This community health assessment was cross-sectional in nature and included a written survey of both adults and adolescents within Lorain County. From the beginning, community leaders were actively engaged in the planning process and helped define the content, scope, and sequence of the study. Active engagement of community members throughout the planning process is regarded as an important step in completing a valid needs assessment.

### **Instrument Development**

Two survey instruments were designed and pilot tested for this study: one for adults and one for adolescents. As a first step in the design process, health education researchers from the University of Toledo and staff members from the Hospital Council of NW Ohio met to discuss potential sources of valid and reliable survey items that would be appropriate for assessing the health status and health needs of adults and adolescents. The investigators decided to derive the majority of the adult survey items from the Behavioral Risk Factor Surveillance System survey. The majority of the survey items for the adolescent survey were derived from the Youth Risk Behavior Surveillance System survey. The Project Coordinator from the Hospital Council of NW Ohio conducted a series of meetings with the planning committee from Lorain County. During these meetings, banks of potential survey questions

from the BRFSS and YRBSS surveys were reviewed and discussed. Based on input from the Lorain County planning committee, the Project Coordinator composed a draft of a survey containing 116 items. This draft was reviewed and approved by health education researchers at the University of Toledo.

## Sampling

### ***Adult Survey***

Adults ages 19 and over living in Lorain County were used as the sampling frame for the adult survey. There were 224,935 persons ages 19 and over living in Lorain County. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 384 responding adults was needed to ensure this level of confidence. The random sample of mailing addresses of adults from Lorain County was obtained from American Clearinghouse in Louisville, KY.

### ***Adolescent Survey***

Youth ages 12 to 18 living in Lorain County were used as the sampling frame for the adolescent survey. The investigators conducted a power analysis to determine what sample size was needed to ensure a 95% confidence level with a corresponding confidence interval of 5% (i.e., we can be 95% sure that the “true” population responses are within a 5% margin of error of the survey findings.) A sample size of at least 380 responding adolescents was needed to ensure this level of confidence.

## Procedure

### ***Adult Survey***

Prior to mailing the survey to adults, an advance letter was mailed to 3200 adults in Lorain County. This advance letter was personalized, printed on Lorain County Health Partners stationery and was signed by Kenneth Pearce, Health Commissioner, Lorain County General Health District; Kathryn Boylan, Health Commissioner, Elyria City Health District; Terrence Tomaszewski, Health Commissioner, Lorain District Municipal Board of Health; and Bill Ryan, President and CEO, Center for Health Affairs (representing EMH Regional Medical Center, EMH Amherst Hospital, and Catholic Healthcare Partners). The letter introduced the county health assessment project and informed the readers that they may be randomly selected to receive the survey. The letter also explained that the respondents’ confidentiality would be protected and encouraged the readers to complete and return the survey promptly if they were selected.

Two weeks following the advance letter, a three-wave mailing procedure was implemented to maximize the survey return rate. The initial mailing included a personalized hand signed cover letter (on Lorain County Health Partners stationery) describing the purpose of the study; a questionnaire printed on colored paper; a self-addressed stamped return envelope; and a \$2 incentive. Approximately two weeks after the first mailing, a second wave mailing included another personalized cover letter encouraging them to reply, another copy of the questionnaire on colored paper, and another reply envelope. A third wave postcard was sent two weeks after the second wave mailing. Surveys returned as undeliverable were not replaced with another potential respondent. The total number of returned surveys was 1,465. The response rate for the rural Lorain County adult mailing was 51% (n=394: CI= 4.91%). The response rate for the suburban Lorain County adult mailing was 36% (n=376: CI=5.05%). The response rate for the Elyria City adult mailing was 36% (n=344: CI=5.27%). The response rate for the Lorain City adult mailing was 35% (n=351: CI=5.22%). These return rates and sample sizes means that the responses in the health assessment should be representative of the entire county.

### ***Adolescent Survey***

The Project Coordinator met with all school district superintendents and obtained approval for the survey. Schools and grades were randomly selected. Each student in that grade had to have an equal chance of being in the class that was selected, such as a general English or health class. Classrooms were chosen by the school principal. Permission slips were mailed home to parents of any student whose class was selected to participate. The response rate was 85% (n=593). The survey contained 78 questions and had a multiple choice response format.

## **Data Analysis**

Individual responses were anonymous and confidential. Only group data are available. All data were analyzed by health education researchers at the University of Toledo using SPSS 17.0. Crosstabs were used to calculate descriptive statistics for the data presented in this report. To be representative of Lorain County, the data collected was weighted by age, gender, race, and income using 2010 census data. Multiple weightings were created based on this information to account for different types of analyses. For more information on how the weightings were created and applied, see Appendix iii.

**Limitations** As with all county assessments, it is important to consider the findings in light of all possible limitations. First, the Lorain County adult assessment mailings had very high response rates. However, if any important differences existed between the respondents and the non-respondents regarding the questions asked, this would represent a threat to the external validity of the results (the generalizability of the results to the population of Lorain County). In other words, if those who were sent the survey would have answered the questions significantly differently than those who did respond, the results of this assessment would under-represent or over-represent their perceptions and behaviors. If there were little to no differences between respondents and non-respondents, then this would not be a limitation.

Also, it is important to note that, although several questions were asked using the same wording as the CDC questionnaires, the adult data collection method differed. CDC adult data were collected using a set of questions from the total question bank and adults were asked the questions over the telephone rather than as a mail survey. The youth CDC survey was administered in schools in a similar fashion as this county health assessment.

**Complete report of “LORAIN COUNTY COMMUNITY HEALTH ASSESSMENT 2011”  
Is in Appendix on page 16.**

## **ABOUT SPECIALTY HOSPITAL OF LORAIN**

### **LTACH – DEFINATION:**

**A Long Term Acute Care Hospital is a specialty hospital that provides acute care services for patients who are medically complex, critically ill, and require an extended period of hospitalization.**

Specialty Hospital of Lorain LTACH resides within Amherst Hospital. The LTACH has 28 beds. The facility is located on the 2<sup>nd</sup> floor of Amherst Hospital and is specifically designed to meet the needs of patients requiring extended acute medical care and rehabilitation. It provides specialized care for patients who suffer from respiratory conditions, cardiac related disorders, trauma, wounds, cancer and other illnesses requiring acute, long-term care. Specific diagnoses using the LTACH include:

- Respiratory failure requiring ventilator management
- Cardiopulmonary or cardiovascular disease
- Respiratory disorders
- Post-surgical complications
- Wound care
- Infectious disease
- Neurological conditions
- Musculoskeletal disease
- Congestive heart failure
- Stroke or a cerebral vascular accident
- Multi-symptom disorders
- Nutrition therapy

The LTACH also works to provide discharge planning that includes patient and family education for home care. The LTACH provides case managers and a social worker that work with the patient, the physician and any family or friend support to prepare the patient for safe discharge to an appropriate setting. A Specialty Hospital of Lorain social worker will conduct and coordinate home health or nursing facilities if the patient requires placement.

## **COMMUNITY SERVED BY THE SHL**

LTACH receives patients from hospitals in the community and 99% of admissions are from hospitals as LTACH serve patient who need long term stay in an acute care setting.

Specialty Hospital of Lorain community is the **hospital's community and SHL's market is as follows:**

		<u>2014</u>	<u>2013</u>	<u>%</u> <u>INCREASE</u>	<u>%</u> <u>2014</u>
	<b>MERCY HOSPITAL</b>	<b>139</b>	<b>176</b>	<b>-21.18%</b>	<b>47%</b>
	<b>UH ELYRIA MEDICAL CENTER</b>	<b>90</b>	<b>80</b>	<b>12.28%</b>	<b>30%</b>
	<b>FIRELAND REGIONAL MEDICAL CENTER</b>	<b>8</b>	<b>2</b>	<b>275.00%</b>	<b>3%</b>
	<b>OTHER</b>	<b>59</b>	<b>39</b>	<b>51.28%</b>	<b>20%</b>
	<b>TOTAL</b>	<b>298</b>	<b>297</b>	<b>0.34%</b>	<b>100%</b>

Mercy Hospital, Elyria Memorial Hospital & Fireland Hospital is located in Lorain County and Specialty Hospital of Lorain receives 80% of its admissions.

## **PRIORITY HEALTHCARE ISSUES**

To prepare this CHNA report data was gathered from multiple sources in an effort to construct a current and accurate snapshot of the health issues inside the LTACH. Data (**See Appendix Table A**) was obtained from multiple opinions and were solicited from health experts, community leaders, staff caregivers and patients within the community served by the Specialty Hospital of Lorain LTACH. This information was summarized for final consideration by a CHNA team consisting of hospital and system personnel, as well as community members. The community health needs identified were as follows:

1. Diabetes Related Education and Support
2. Ventilator Weaning and Results
3. Palliative Care and Advanced Directives

An implementation strategy that will address each of these issues is currently in development. The strategy will seek to leverage valuable partnerships that currently exist, identify novel opportunities for synergy and maximizing programs while deploying specific interventions within the community.

## **Diabetes Related Education and Support**

Specialty Hospital of Lorain provides resources thru the Lorain County Community Health Assessment programs.

Morning, afternoon and evening classes are offered and facilitated by certified diabetes educators. The cost of the classes may be covered by Medicare and most insurance companies. H.E.L.P. funds have been provided by United Way of Lorain for non-insured participants although funds are limited.

Class course content includes:

- Evaluation of diabetes control
- Meal planning – carbohydrate counting, weight management, hyperlipidemia
- Medication – oral diabetes medication (pills) – insulin
- Exercise – new and realistic approach to activity
- Stress – physical and emotional stress; sick day management

An experienced staff of dietitians, certified diabetes educators and registered nurses help those with diabetes learn to control their diabetes by eating healthy, exercising and taking medications the right way.

Specialty Hospital of Lorain provides this education for inpatients.

Specialty Hospital of Lorain also provides an online Diabetes Risk Assessment for individuals to take to determine if they are at risk of having or developing diabetes.

To help those with diabetes manage the disease, Amherst Diabetes Center offers the annual Diabetes Expo. The Expo is a half-day of learning, sharing and support-giving for those who are living with diabetes. At the Diabetes Expo, participants learn self-care tips and sources for help, including a panel discussion and question and answer session by local physicians who are well-versed in the many complications associated with diabetes, including vision problems, circulatory issues and more. The Expo also offers a nationally known keynote speaker, vendor booths, healthy snacks, exercise clinics, giveaways and free health screening for eyes, body composition, foot sensory, blood pressure, osteoporosis, oral health and cholesterol.

## **Ventilator Weaning and results**

Specialty Hospital of Lorain admits pulmonary patients directly from acute care hospital Intensive Care Units, but still requires ongoing acute medical and nursing care. On average, our patient spends about 25 days in our inpatient pulmonary program.

Patients typically have respiratory complications resulting from neurological disorder including muscular dystrophy and post-polio syndrome; are currently on a mechanical ventilator and are candidate for ventilator weaning; have respiratory complications resulting from spinal cord injury; have difficulty managing their diagnoses of COPD, emphysema, chronic bronchitis, lung disease and other pulmonary conditions.

Specialty Hospital's Ventilator Weaning Program is designed to help patients who have been dependent on a ventilator, learn how to breathe on their own again. The program uses the latest research and

technologies, together with multi-disciplinary team approach, to help patients successfully transition from being on a ventilator to breathing independence. Upon arrival to our hospital, the entire care team sees the patient and develops an individualized plan of care. Specialty Hospital of Lorain’s ventilator weaning rates have been above 70% for past five years.

Some patients – those with spinal cord injuries or neuromuscular disease, for example - may be unable to be weaned from the ventilator. When that is the case, Specialty works with the family to determine the best course of care after discharge from the hospital. If the patient will be cared for at home, Specialty will train patient and his or her family in “trach” care, suction, home ventilator operation and emergency care, also select home health company, check the environment and assist in making sure the ventilator is properly placed for patient safety and comfort. Specialty also contacts local EMS and utility provider to alert them to the presence of a home ventilator.

**Palliative Care and Advance Directives**

<b><u>OUTCOMES</u></b>				
			<b><u>FY2014</u></b>	
<b>HOME</b>		<b>83</b>		<b>28%</b>
<b>ACUTE HOSPITAL</b>		<b>56</b>		<b>19%</b>
<b>SNF</b>		<b>115</b>		<b>39%</b>
<b>EXPIRED</b>		<b>16</b>		<b>5%</b>
<b>HOSPICE</b>		<b>25</b>		<b>8%</b>
<b>REHAB</b>		<b>3</b>		<b>1%</b>
		<b>298</b>		<b>100%</b>

**With upon discharge 8% of patients go to Hospice and 5% Expiration Rate and also 39% of patients going to Skilled Nursing Facility Palliative Care initiative was chosen**

Palliative Care is medical care and treatment that focuses on preventing and relieving suffering brought on by a chronic condition or disease. The goal is to improve patients’ quality of life and work with families facing issues associated with life-limiting illness. Specialty Hospital of Lorain makes this possible

through early identification, complete assessment and treatment of pain and attending to any physical, psychological and spiritual needs. Specialty Hospital of Lorain's Palliative Care team works closed with the patient's doctor to provide coordinated physical, emotional and spiritual care.

The Specialty Care of Lorain Palliative Care team provides the following services:

- Reliving pain and other symptoms
- Integrating the psychosocial and spiritual aspects of care
- Using the team approach to address the needs of patients and their families, including bereavement counseling, if needed
- Enhancing the quality of life and positively influencing the course of illness

Palliative Care is available to anyone who is any stage of a chronic or advances illness such as cancer or other serious condition. This type of care helps patients and their families understand their illness and treatment options, as well as address financial and community and resource options.

An Advanced Directive is an important document to complete and keep on hand. It instructs a patient's family about his or her wishes for end-of-life care, so the family won't have to make heart-wrenching decisions later. This is important because a patient may become physically or mentally unable to communicate desires for medical care, if he or she has an accident or become ill. Expressing preferences in writing helps the family and doctor understand the patient's wishes.

To help people understand more about Advance Directives, Specialty Hospital of Lorain has included several resources on the Ohio Advance Directive form on the Specialty Hospital of Lorain website.

Patients in the inpatient, outpatient and clinic setting are asked if they have an advanced directive, and if they do not, if they would like assistance in filling out one.

Anyone interested may also contact Amherst Hospital's Spiritual Health Services to fill out an Advance Directive and Durable Power of Attorney for health care. The form is notarized onsite and placed in the individual's medical record and a copy is given to the individual to share with his or her family.

National Healthcare Decision Day is a collaborative effort of national, state and community organizations committed to ensuring that all adults in the United Sates who are mentally able to make decisions have the information and chance to voice and document their health-care decisions. On this day, Amherst Hospital makes available to the public education opportunities to speak with an expert in end of life care decisions making and fill out the paperwork immediately. This resource is provided in the main lobby of Amherst Hospital. Presentations about Advance Care Planning are also offered free to the public at various venues during this week.

## **Meeting the Needs**

How will the needs identified in this assessment be met? The answer involves a two-step process. The first step is identifying what Specialty Hospital of Lorain is doing currently. The second step is to create an action plan to address the needs not fulfilled in those current activities. The following provides an overview of those current activities.

## LTACH Community Health needs Assessment Action Plan

HEALTH NEED	PROPOSED ACTIONS
<b>Palliative Care and Advanced Directives</b>	<ul style="list-style-type: none"> <li>• The first action step Physician coming on board</li> <li>• A palliative care strategic plan is in development; action steps will support the direction of this plan</li> <li>• Continue community-based education events concerning advance directives</li> <li>• Transportable Physician Orders for Patient Preferences</li> <li>• Initiate education (MC Strategy)concerning inpatient palliative care</li> <li>• Continue nursing education consortium on end-of-life care</li> <li>• Initiate end-of-life care education for physicians</li> <li>• Community action steps with physicians through:               <ul style="list-style-type: none"> <li>- Quarterly provider meetings</li> <li>- Board of Governors</li> <li>- Need to Know emails</li> </ul> </li> </ul>
<b>Diabetes Related Education and Support</b>	<ul style="list-style-type: none"> <li>• Continue Diabetes management classes through the Diabetes Center</li> <li>• Continue to provide education and self-assessment tool through the web site</li> </ul>
<b>Ventilator Weaning and results</b>	<ul style="list-style-type: none"> <li>• Provide family with training and ongoing need of persons with pulmonary disease</li> <li>• Ventilator education and training for vent dependent patients</li> <li>• Training and education for “Trach Care “ and suctioning to care givers and patients               <ul style="list-style-type: none"> <li>- Ventilator support groups led by pulmonologist and clinical psychology</li> <li>- Ongoing support and education through Better Breather Club</li> </ul> </li> </ul>

# **APPENDIX**

## Table A

### Specialty Hospital of Lorain

DRG's for Year 2014			
207	Respiratory system diagnosis w ventilator support 96+ hours	49	16.4%
189	Pulmonary edema & respiratory failure	25	8.4%
871	Septicemia or severe sepsis w/o MV 96+ hours w MCC	25	8.4%
682	Renal failure w MCC	19	6.4%
177	Respiratory infections & inflammations w MCC	13	4.4%
640	Misc disorders of nutrition,metabolism,fluids/electrolytes w MCC	12	4.0%
371	Major gastrointestinal disorders & peritoneal infections w MCC	9	3.0%
314	Other circulatory system diagnoses w MCC	7	2.3%
683	Renal failure w CC	7	2.3%
698	Other kidney & urinary tract diagnoses w MCC	7	2.3%
190	Chronic obstructive pulmonary disease w MCC	6	2.0%
592	Skin ulcers w MCC	6	2.0%
602	Cellulitis w MCC	6	2.0%
862	Postoperative & post-traumatic infections w MCC	6	2.0%
570	Skin debridement w MCC	5	1.7%
559	Aftercare, musculoskeletal system & connective tissue w MCC	4	1.3%
853	Infectious & parasitic diseases w O.R. procedure w MCC	4	1.3%
208	Respiratory system diagnosis w ventilator support <96 hours	3	1.0%
264	Other circulatory system O.R. procedures	3	1.0%
299	Peripheral vascular disorders w MCC	3	1.0%
557	Tendonitis, myositis & bursitis w MCC	3	1.0%
372	Major gastrointestinal disorders & peritoneal infections w CC	2	0.7%
Other		74	24.8%
		298	100.0%

## Table B

<b><u>OUTCOMES</u></b>				
		<b><u>FY2014</u></b>		
<b>HOME</b>		<b>83</b>		<b>28%</b>
<b>ACUTE HOSPITAL</b>		<b>56</b>		<b>19%</b>
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<b>REHAB</b>		<b>3</b>		<b>1%</b>
		<b>298</b>		<b>100%</b>

**Table C**

			<u>2014</u>	<u>2013</u>	<u>%</u> <u>INCREASE</u>	<u>%</u> <u>2014</u>
		<b>MERCY HOSPITAL</b>	<b>139</b>	<b>176</b>	<b>-21.18%</b>	<b>47%</b>
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**LORAIN COUNTY COMMUNITY NEEDS**  
**ASSESSMENT**