## Millcreek Community Hospital ERIE COUNTY COMMUNITY HEALTH IMPROVEMENT PROGRAM 2016-2019 Implementation Plan

STRATEGIC ISSUE: Chronic Disease Prevention and Control

**PRIORITY AREA:** Obesity, Cardiovascular Disease, Diabetes and Pre-Diabetes, COPD/Adult Asthma Preventable Hospitalizations

**GOAL:** To provide excellence and innovation in the prevention of and care for patients with chronic disease, the training of health professionals and the creation and sharing of health knowledge.

AVAILABLE RESOURCES: 144 bed acute care hospital

Affiliated primary care physician group

## ALIGNMENT WITH STATE/NATIONAL PRIORITIES

**Healthy People 2020:** Prevent illness and disability related to arthritis and other rheumatic conditions, osteoporosis, and chronic back conditions. Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.

**National Prevention Strategy:** National Quality Strategy Priorities and Goals, Effective Care Coordination, is to "reduce preventable hospital admissions and readmissions, prevent and manage chronic illness and disability, ensure secure information exchange to facilitate efficient care delivery" (Report to Congress, *National Strategy for Quality Improvement in Health Care*, March 2011, <<u>http://www.healthcare.gov</u>>).

**OBJECTIVE #1:** Advance improvement in clinical quality and interdisciplinary collaboration throughout a highly integrated delivery structure using patient-centered, standardized, evidenced-based practices for chronic disease prevention and control

ACTION PLAN					
Strategy	Target Date	Lead Person/ Organization			
Implement evidence based practices	2018	Director of Information Technology			
and tools through integration of					
technology and complete the transition					
to an entirely electronic medical record					
MEASURES OF SUCCESS					
Source		Frequency			

Adoption of the Electronic Health Record System	
Core Measures	Quarterly
Patient experience of care reports	Quarterly

<b>OBJECTIVE #2:</b> Ensure access to primary care and preventative health measures						
ACTION PLAN						
Strategy	Target Date	Lead Person/ Organization				
Increase the number of Primary Care	2020	Director of Medical Education and				
Physicians trained and retained in the		Internal Medicine, Family Medicine, and				
Erie Community		Geriatric Medicine Program Directors				
MEASURES OF SUCCESS						
Source			Frequency			
Inpatient and Emergency Room Census reports			Monthly			
Physician recruitment and retention rates			Annually			

**OBJECTIVE #3:** Educate to transform the health of the community through enhancing the knowledge and skills of healthcare professionals, fostering a culture of discovery in all of our activities and supporting exemplary health sciences research, and providing education directly to the community

ACTION PLAN				
Strategy	Target Date	Lead Person/ Organization		
Increase the number of Primary Care	2020	LECOM		
Physicians trained and retained in the		Director of Medical Education and Internal		
Erie Community		Medicine, Family Medicine, and Geriatric		
		Medicine Program Directors		
Facilitate continuing medical education	2018	Medical Education Coordinator		
to expand the knowledge base of health				
care professionals				
Provide community outreach programs	2020	Executive Director of LECOM Medical		
		Fitness and Wellness Center,		

		LifeWorks Erie Member Services Coordinator			
Support research activity	current	Graduate Medical Education Committee			
MEASURES OF SUCCESS					
Source			Frequency		
Residency and Fellowship Program Evaluation			Annually		
Continuing Medical Education					
Attendance and/or participation in educational activities			Episodically		
Research Activity					