

# EXECUTIVE SUMMARY

## Background and Process

DeKalb Medical Center conducted a community health needs assessment (CHNA) and has developed an implementation plan with strategies to address identified needs. The development of the Implementation Plan was accomplished by a team from DeKalb Medical Center. The team consisted of:

Dane Henry	Executive Vice President/Chief Operating Officer
Susan Breslin, MSN, RN	Vice President of Patient Care Services/Chief Nursing Officer
Jim Forstner	Vice President of Strategic Services
Reg Gilbreath, MD	Vice President/Chief Medical Officer
Susan Harris, RN, MBA	Vice President/Administrator of DeKalb Medical at Hillandale
Cheryl Iverson	Vice President of Marketing
Joel Schuessler, JD	Vice President of Legal Services/Chief Compliance Officer
Stephen Thomas, MD	Vice President/DeKalb Medical Physicians Group
Shealynn Buck, MD	Executive Director/Medical Director of Corporate Health
Don Fears	Director of Regulatory & Government Relations
Cheri Kunik, MSN, RN	Administrative Director/Operations
Gail Winston, MSN, RN	Director of Community Health

The DeKalb County Board of Health (BOH) has a long history of conducting Community Needs Health Assessments and the DeKalb Medical system has participated and supported those efforts. The DeKalb County BOH agreed to take the lead in conducting a community health assessment on behalf of DeKalb Medical Center. After reviewing the information from the CHNS, a “Stakeholder ‘s Meeting” was convened with over 30 representatives of community groups, local government and other providers (see attached list of Stakeholder Meeting participants) who reviewed the recently completed CHNA, validated the findings, provided input for future CHNAs and developed a list of community health priorities. Using this list of priorities, DeKalb Medical Center developed an implementation plan with strategies identified for selected priorities. This was approved by the DeKalb Medical at Center Board of Directors in June 2013. The final approved version of the CHNA and Implementation Plan is available to the public on the [www.dekalbmedical.org](http://www.dekalbmedical.org) website.

## Prioritized Needs

Based on size, severity, available data, and our ability to have an impact as a hospital, the following needs were identified as the priorities that DeKalb Medical Center will address. Those priorities are: prostate cancer, breast cancer, pneumococcal vaccinations, pertussis vaccinators, fall prevention, and maternal/child health.

Three additional areas of need were also identified: obesity at all ages, domestic violence and sustainable outreach to refugees. It was determined internally that DeKalb Medical Center does not have the ability to directly affect change within these needs nor are there system resources available to influence change. It was also determined there are other community organizations better aligned to address these priorities such as the DeKalb County Board of Health.

## Implementation Plan

The Implementation Plan was developed based on the findings and priorities established by its CHNA and the priorities as determined by the community stakeholders. In order to address those priorities, DeKalb Medical Center leaders identified outside and inside strategies to address various facets for the priorities. The accompanying plan outlines those strategies. In addressing the selected priorities, special priority will be placed upon building existing programs.

## PRIORITY: Prostate Cancer

**Assessment Findings:** The leading type of cancer diagnosed in DeKalb County was prostate cancer between 2005-2010 among both Caucasian and African-American men.

**Objective:** Reduce the incidence and enhance the treatment of Prostate Cancer

- Strategies:**
- A. Conduct an Annual Cancer Screening Day at DeKalb Medical Center including Prostatic Cancer Screening.. Attendees with positive results will be referred to their primary care physician (PCP) for follow-up testing. Attendees who do not have a PCP will be assisted in finding a PCP for follow-up.
  - B. Continue to offer radical prostatectomy, robotic laparoscopic prostatectomy, combined external beam/internal implant (low dose radiation), intensity-modulated radiation therapy (IMRT) and high-dose-rate (HDR) interstitial radiation. Continue, and expand as appropriate, the use of recent hormonal and chemotherapeutic treatment options.

## PRIORITY: Breast Cancer

**Assessment Findings:** For females, the leading type of cancer diagnosed in DeKalb County was breast cancer between 2005-2010.

**Objective:** Reduce the incidence and enhance the treatment of Breast Cancer

- Strategies:**
- A. Continue to provide, and expand if appropriate the breast care navigator program due to being the second largest provider in the Atlanta area. Continue to monitor the need for additional diagnostic navigators and treatment navigators. These navigators are charged with assisting patients with breast problems or breast cancer diagnoses in overcoming any barriers to receiving the best possible care.
  - B. Conduct a reduced-cost mammography screening annually.

- C. Continue to work with the American Cancer Society to provide a resource navigator and Women's Cancer Initiative social worker to assist uninsured Women in securing Breast and Cervical Cancer Program (BCCP) Medicare coverage.
- D. Continue the partnership with Atlanta Legal Aid to provide assistance to uninsured women at or below 200% of the federal poverty level with securing health insurance coverage as well as other financial and legal services.

## **PRIORITY: Pneumococcal Vaccination**

**Assessment Findings:** Pneumococcal disease is the most common form of invasive bacterial disease and is diagnosed twice as much in African-Americans than other races.

**Objective:** Increase the rate of pneumococcal vaccination

- Strategies:**
- A. Complete the revision and adoption of policies for screening and the administration of flu and pneumococcal vaccinations. Revisions include:
    - Vaccinations to be offered to all patients regardless to if the status is observation or inpatient.
    - Policies to remove fever as a contraindication or vaccination.
    - Require that, if not contraindicated, vaccination must be offered and administered prior to discharge date with electronic medical record making administration a timed task.
    - Policies recommend that intensive care unit patients receive vaccinations only when patient's condition is stable and meeting criteria of administration.

## **PRIORITY: Pertussis Vaccination**

**Assessment Findings:** Pertussis (whooping cough) is overwhelmingly the leading vaccine-preventable disease in DeKalb County.

**Objective:** Increase the rate of pertussis vaccination

- Strategies:**
- A. Investigate efforts with physician practices concerning educational support and reporting pertussis vaccination prior to admission.
  - B. Continue to identify and education appropriate new mothers on the importance of pertussis vaccination.
  - C. Continue to provide the availability of the pertussis vaccination to our patients.

## PRIORITY: Fall Prevention

**Assessment Findings:** The leading cause of emergency room visits were falls.

**Objective:** Decrease injuries caused by falls

- Strategies:**
- A. The DeKalb Medical Wellness Center will continue to offer **Tai Ji for Better Bones and Balance**.
  - B. The DeKalb Medical Wellness Center will continue to offer **21 Anti-aging Tools** for total body and mind fitness. Exercises are done seated or standing and are especially suited to those with joint and balance issues.
  - C. The DeKalb Medical Wellness Center will continue to offer **Post-Rehabilitation Exercise** training for individuals with chronic disease or disabilities that might be improved with exercise therapy. This training will assist individuals in continuing their rehabilitation with exercise management directed toward individual dysfunctions.
  - D. The DeKalb Medical Wellness Center will continue to offer **Strength and Balance** group exercise classes.
  - E. The DeKalb Medical Wellness Center will continue to offer **Easy Motion** group exercise classes.
  - F. Continue to provide osteoporosis screening through our Breast Center and intravenous bisphosphonate therapy (or subcutaneous injections of denosumab) for patients for whom exercise, calcium supplementation and/or oral bisphosphonates are inadequate.
  - G. Continue to increase and improve employee awareness of negative impact of patient falls.
    - Revamping and resurrection of Falls Committee
    - Educate staff through weekly huddles, staff meetings, and case presentations regarding falls.
    - Employees involved in falls cases to participate in investigation, assist with analysis of information, and present case study in huddles.
  - H. Increase/improve employee engagement in the prevention of falls.
    - Development of Universal Process focused on Days Since Last Fall.(Attached)
    - Collaborate with Quality Dept. to create database/graph template to enter information monthly to be reviewed at Falls Committee with competition between nursing units with recognition of achievements throughout hospital.
  - I. Revise falls analysis form.

- J. Review and revise current Falls Management Policy to include Falls Risk Assessment tool and matching templates in computerized medical charting.
- K. Formalize Nurse Managers reporting of Falls Prevention Action Plans and follow-ups to Falls Committee if they go above the monthly designated falls rate.
- L. Development of a “Falls Rapid Response Team to quickly assess patient care and cause/analysis of falls.
- M. Development of Falls Prevention Guidelines for Post-Acute Rehab/3600 including piloting of voice activated Posey Alarm.

## **PRIORITY: Maternal/Child Health**

**Assessment Findings:** While fewer teenagers had sexual intercourse before the age of 13 in 2010 compared to 2005 (15 percent in 2005 compared to 12 percent in 2010) fewer used birth control pills than in 2005 (9 percent in 2005 compared to 7.4 percent in 2010).

**Objective 1:** Reduce the incidence of teenage pregnancy.

**Strategy:** A. Continue and expand the frequency and locations of *Puberty Rocks for Girls and Puberty Rocks for Boys* presentations which includes a section on the prevention of teenage pregnancy.

**Assessment Findings:** The percentage of high school students who used a condom during their last sexual intercourse is 65.6 (a reduction from 2005) and 17.5 percent had intercourse with four or more people in their lives.

**Objective 2:** Reduce the incidence of STDs in teenagers.

**Strategy:** A. Continue and expand the frequency and locations of *Puberty Rocks for Girls and Puberty Rocks for Boys* presentations which includes a section STD prevention in teenagers.

**Assessment Findings:** Between 2005 and 2010 (excluding 2009) there were 443 deaths of DeKalb County infants with the percentage of African-American infant deaths almost four times that of Caucasian infants.

**Objective 3: Reduce infant mortality.**

- Strategies**
- A. Continue to provide ***Pondering Pregnancy*** lectures to community groups aimed towards those considering having a first child.
  - B. Continue to provide ***Infant CPR for Parents*** and ***Newborn Baby Care*** classes.
  - C. Continue the ***New Parents Support Groups***.
  - D. Continue ***Child Birth Preparation*** classes.

**Conclusion**

DeKalb Medical Center's Implementation Plan will help guide efforts towards community health needs that have been identified during this CHNA. All the issues on the list have a negative impact on the health and wellness of the people of DeKalb County. For the purposes of this CHNA and the Implementation Plan, we have chosen to place our primary focus on the priorities identified above. However, we will continue to address other health issues identified by assisting, where possible, our community partners with their endeavors related to these issues.

**Approval**

The DeKalb Medical Center Board of Directors includes representatives of DeKalb County and its communities. The Board of Directors approves the Community Health Needs Assessment (CHNA) and the Implementation Strategy for addressing priorities identified in the most recent CHNA.. This report was prepared for the June 2013 DeKalb Medical Center Board of Directors meeting.

DeKalb Medical Center, Inc. Board of Directors Approval:

  
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**Chair, DeKalb Medical Center, Inc. Decatur Board of Directors**

June 10, 2013

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**Date**

## ATTENDEES TO JANUARY 16, 2012 STAKEHOLDERS MEETING ON 2013 COMMUNITY HEALTH ASSESSMENT

Name	ORGANIZATION
Glory Kilanko	Women Watch Africa
Les Richmond, MD	DeKalb County Board of Health
Delores Hartsfield	St. Philip AME Church
Pat Seabrooks	Wellness Assessment Team
Jewell Martin	DeKalb County Board of Health
Gary Richey	DeKalb Community Service Board
Nancy Quinn-Sellers	Galaxy Partners, Inc.
Mae D. Jones	100 Black Men of DeKalb
Susan Parry, RN	DeKalb Medical Board Member
Portia Griffin	Beulah Baptist Church
Martha Anyworah, RN	Direct Healthcare Services
Shealynn Buck, MD	DeKalb Medical
Mandy Seaman	DeKalb County Board of Health
Kyungsook Song	Center for Pan Asian Community Services
Mohammed Khalaf	Georgia Health Policy Center
Gregory White	City of Decatur – Active Living Services
Lesley Denise Walker	Emory University
Pat Ecklund	Health Mothers/Healthy Babies
Jeff Rader	DeKalb County Commissioner- BOH Board Member
Larry Johnson	DeKalb County Commissioner
Alma Bowden	Educator
Anh Nguyen	Boat People SOS-Atlanta
Majorie Davis	First Mt. Pleasant Baptist Church
Sandra Rhoades Johnson	Georgia Council for the Hearing Impaired
Jessica Grippo	DeKalb County Board of Health
Jeffery Taylor	Oakhurst Medical Center (a Federally Qualified Health Center)
Don Fears	DeKalb Medical