



# READING HOSPITAL

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READING HEALTH SYSTEM

Advancing Health. Transforming Lives.

**Community Health Needs Assessment (CHNA)**

**Implementation Strategy**

**Written Plan**

Reading Hospital

PO BOX 16052 Reading, PA 19612-6052

July 1, 2012 – June 30, 2013

**I. General Information**

Contact Person: Stephanie Koppersmith, MPH, CHES

Date of Written Plan: May 1, 2013

Date Written Plan Was Adopted by Organization's Authorized Governing Body: May 23, 2013

Date Written Plan Was Required to Be Adopted: June 30, 2013

Authorizing Governing Body that Adopted the Written Plan: Reading Hospital Board of Directors

Was Written Plan Adopted by Authorized Governing Body by End of Tax Year in Which CHNA was Made Available to the Public? Yes

Date Facility's Prior Written Plan Was Adopted by Organization's Governing Body: N/A

Name and EIN of Hospital Organization Operating Hospital Facility: Reading Hospital; 23-1352204

Address of Hospital Organization: PO Box 16052 Reading, PA 19612-6052

**I. List of Community Health Needs Identified in Written Report**

**List of Community Health Needs Identified in CHNA Written Report, Ranked by CHNA's Priority:**

Community Health Need Categories- Based on Healthy People 2020	CHNA Identified Priority Areas	Berks County	City of Reading	PA State	U.S.	Healthy People 2020 Goals	Priority Ranking	Priority Potential Decisions
Maternal, Infant, and Child Health	Birth Rate <sup>u</sup>	64.2	98.0	88.5	72.5		32.1	High Priority
	Teen Birth Rate <sup>w</sup>	9.4	28.1	29.2	21.0			
	Late or No Pre-Natal Care	32.8%	50.1%		29.2%	22.1%		
	Low Birth Weight	7.7%	8.8%	8.4%	6.0%	7.8%		
	Infant Mortality Rate <sup>v</sup>	4.9	5.8	7.5	6.2	5.6		
Heart Disease and Stroke	Heart Disease*	189.3	241.5	192.1	186.5	100.8	32.0	
	High Blood Pressure	33.4%	40.0%					
	Stroke*	50.7	59.0		42.2	33.8		
Mental Health	Clinical Depression, Anxiety Disorder, or Bipolar Disorder	14.6%	21.3%	37.1%	35.8%		30.0	
Access to Services	Uninsured Adults	13.3%	23.7%	12.0%	11.0%	0%	28.9	
	ED Utilization <sup>^</sup>	24.8%	44.1%			Reduce		
	Did Not Fill Prescription Due to Cost	13.7%	23.7%	8.0%		9.0%		
	No Regular Source of Care	11.8%	18.9%			5.0%		
Nutrition and Weight Status	Do Not Meet Nutritional Standards <sup>^</sup>	71.9%	84.8%				28.4	
	Obese	30.2%	35.0%	29.0%	25.0%	30.5%		
	Overweight	35.9%	35.3%					
Diabetes	Diabetes	13.9%	18.9%	9.5%	9.5%	7.2/1,000	28.0	

Community Health Need Categories- Based on Healthy People 2020	CHNA Identified Priority Areas	Berks County	City of Reading	PA State	U.S.	Healthy People 2020 Goals	Priority Ranking	Priority Potential Decisions
Oral Health	No Care Due to Cost	21.1%	33.2%	11.3%			26.9	Low Priority
	Did Not Visit	30.0%	40.3%	27.7%	30.3%	51.0%		
Immunization and Infectious Diseases*	Hepatitis B, Chronic	6.6	-			0.0	26.3	
	HIV/AIDS	218.7	-	376.5	350.4			
	Lyme Disease	8.0	-					
	Pertussis	6.6	-		0.1	0.0		
	Varicella	20.7	-					
	Chlamydia	302.6	-	377.0	426.0			
Tobacco Use	Gonorrhea	47.6	-	102.2	100.8		25.1	
	Smoking	20.4%	29.3%	21.0%	20.6%	12.0%		
Cancer*	Female Breast Cancer	24.5	27.3	27.9%	22.9	20.6	25.0	
	Lung Cancer	46.7	54.2	14.9%	50.6	45.5		
	Colorectal Cancer	17.6	19.4	18.3	17.0	14.5		
	Prostate Cancer	6.7	-	27.7%	23.5	21.2		
Respiratory Diseases	Asthma	15.5%	18.2%	9.9%	8.6%		24.9	
Substance Abuse	Binge Drinking	38.4%	47.9%	17.0%	7.0%	24.4%	24.4	
Health Communication	Cultural Differences	-	-				23.4	
	Language Barriers	-	-					
Physical Activity	Do Not Exercise	15.6%	23.6%	26.0%	21.0%	32.6%	23.3	
	Free Place to Exercise	59.8%	50.7%					
Health Status	Excellent	21.1%	13.3%				23.0	
	Very Good	31.5%	18.2%					
	Good	31.4%	35.3%					
	Fair or Poor	15.9%	32.6%	14.0%	10.0%			
<b>Notes:</b> Figures not displayed reflect numbers too small to report								
^Visited ED in past year due to lack of insurance								
* Mortality rates calculated per 100,000 population								
« Calculated per 1,000 women aged 15-44 years								
» Calculated per 1,000 women aged 10-17 years								
∨ Calculated per 1,000 live infant births								
^ No. fruits and vegetables consumed in a normal day								

## II. List of Collaborating Organizations

The following organizations were consulted in the development of this implementation plan: Berks County Community Foundation, Reading Housing Authority, St. Joseph Medical Center, and the United Way of Berks County.

## III. Health Needs Planned to Be Addressed By Facility

Reading Hospital convened an internal implementation team comprised of Hospital leadership, as well as staff from marketing/communications, government relations, patient care and medical care in order to review the CHNA priorities and define the Hospital's focus over the next three years. The following is the result of their findings:

### *Community Health Department at Reading Hospital*

Reading Hospital will create a new interdisciplinary Community Health Department with staff who has expertise in community medicine and public health. Their purpose will be to: (1) Work to address the health needs identified in the CHNA; (2) Coordinate internal community outreach efforts to maximize and focus efforts on target populations; and (3) Assist in coordinating student placement and research activities that facilitate the community-based action research of its stakeholders. Department staff will be a constant presence at community meetings and represent Reading Hospital in community organizational governance structures.

The mission of the Community Health Department will be to improve the health and wellness of Berks County and abutting communities by mobilizing the resources of Reading Health System and partnering with community organizations.

In order to fully address the health needs outlined in the 2013 assessment, it will take a consistent, long-term synergistic effort by multiple stakeholders. To this end, Reading Hospital's Community Health Department will take the lead in developing and sustaining a community coalition that will convene stakeholders with broad representation from community organizations and academic institutions.

### *Berks County Community Coalition*

The mission of the *Berks County Community Coalition* (BCCC) will be to eliminate health disparities in chronic disease and mental health by reducing risk factors, promoting healthy lifestyles, and applying evidence-based and culturally appropriate strategies and programs throughout Berks County communities.

Coalition activities will include:

- Defining, prioritizing, and developing strategies to address local health issues in cooperation with community partners, health providers, research institutions and governmental entities;
- Developing long-term strategies to address health disparities, with a focus on chronic illnesses (cancer, diabetes, cardiovascular disease, etc.) and mental health, especially in underserved and uninsured populations;
- Establishing a sustainable capacity and infrastructure that encourages and facilitates community-based participatory research and training activities focused on eliminating health disparities;
- Developing local academic, governmental, and community partnerships to accelerate diffusion and adoption of evidence-based approaches to prevention and treatment of health conditions;
- Advocating for health policies that ensure equality in access to health care and services;
- Identifying local, regional, and national resources to develop and implement identified programs that will improve the delivery of health services to populations with health disparities.

Membership: Private or public organizations interested in the health of Berks County communities will be asked of their interest to become members of the Community Coalition.

Health priorities identified for the Coalition to focus on (Table 1): Access to Healthcare, Asthma, Binge Drinking, Obesity, Oral Health, promotion of Physical Activity, and the Teen Birth Rate in the City of Reading.

## Reading Health System:

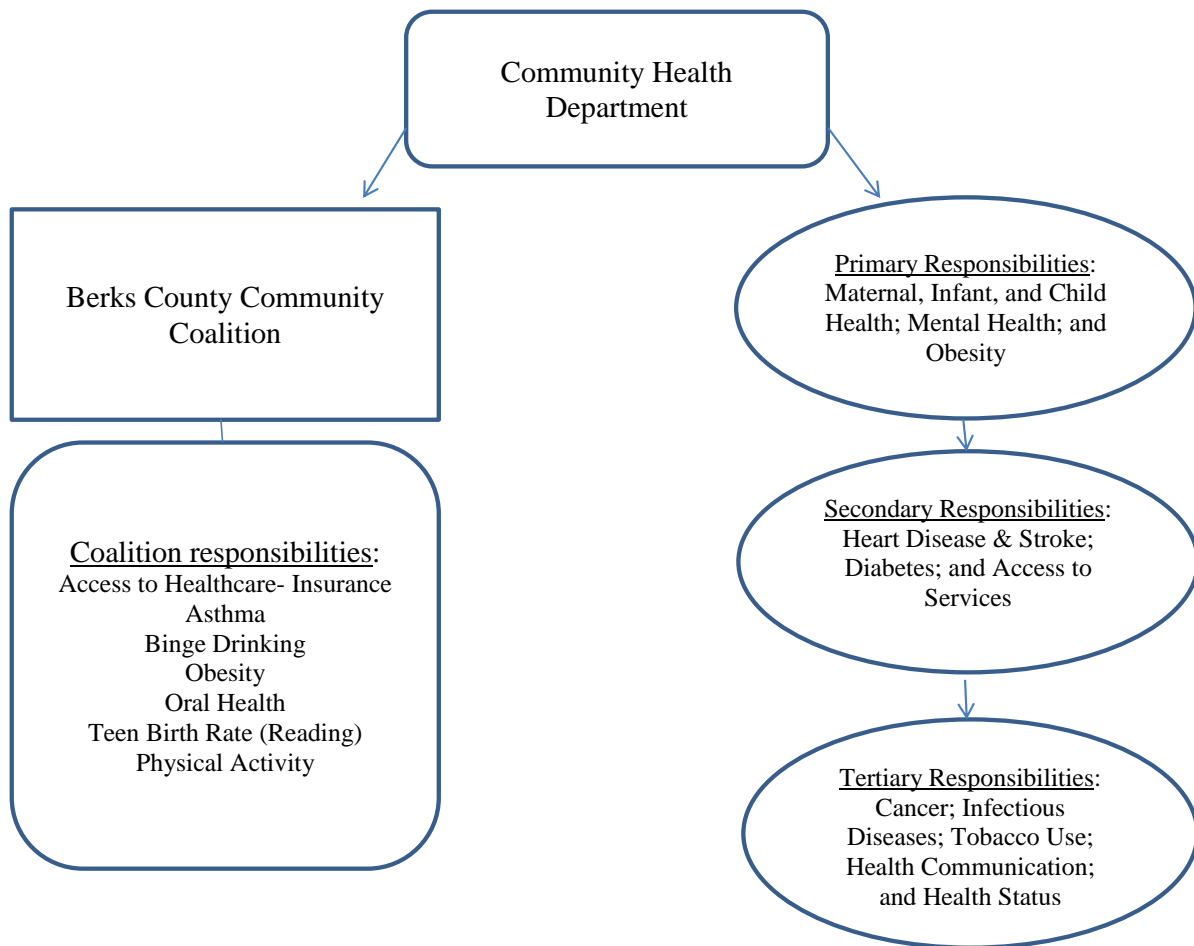


Table 1.

### Primary Priorities: health issues identified as having little or no coordinated effort and programming

#### PRIORITY: Maternal, Infant, and Child Health

Strategy (1): Promote availability of services for pre-natal care

Activity (A): Develop and implement a health communication campaign informing residents of the importance and availability of pre-natal services

Strategy (2): Promote availability of services for prevention of pregnancy among teens

Activity (A): Develop and implement a health communication campaign promoting availability of pregnancy prevention services among teens (especially within the City of Reading)

Strategy (3): Promote health education at area schools for pregnancy prevention and access to resources

Activity (A): Work with area School Districts to provide health education to teens on prevention methods and access to resources to reduce teen pregnancy rates

## Logic Model: Maternal, Infant and Child Health

Inputs		Outputs	Outcomes- Impact		
	Resources	Activities	Short-Term	Intermediate	Long-Term
			1 to 3 years	5 to 7 years	10 to 12 years
Strategy (1): Promote availability of services for pre-natal care	Community Health Department; Marketing; Community Organizations (TBD)	Develop and implement a health communication campaign informing residents of the importance and availability of pre-natal services	<ul style="list-style-type: none"> <li>• Development of health campaign (based on evidence-based practices)</li> <li>• Implementation of campaign throughout community</li> <li>• Acceptance and promotion of health campaign by community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in understanding of the importance of receiving pre-natal care services</li> <li>• Increase in utilization of pre-natal services</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in women who have late or no-prenatal care to 29%</li> </ul>
Strategy (2): Promote availability of services for prevention of pregnancy among teens	Community Health Department; Marketing; Community Organizations (TBD); and the Community Coalition	Develop and implement a health communication campaign promoting availability of pregnancy prevention services among teens (especially within the City of Reading)	<ul style="list-style-type: none"> <li>• Development of health campaign (based on evidence-based practices)</li> <li>• Implementation of campaign throughout community</li> <li>• Acceptance and promotion of health campaign by community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in awareness of the pregnancy prevention services</li> <li>• Increase in utilization of pregnancy prevention services</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in teens who are pregnant in the City of Reading by 8%</li> </ul>
Strategy (3): Promote health education at area schools for pregnancy prevention and access to resources	Community Health Department; Berks County School Districts (SDs); Teachers and Teens	Work with area School Districts to provide health education to teens on prevention methods and access to resources to reduce teen pregnancy rates	<ul style="list-style-type: none"> <li>• Gain acceptance by area SDs to allow health education on teen pregnancy prevention</li> <li>• Development of educational materials (based on evidence-based practices)</li> <li>• Provision of education materials to Teens throughout Berks County</li> <li>• Evaluation of program</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in awareness of prevention methods</li> <li>• Increase in knowledge of prevention methods and how to access them</li> </ul>	<ul style="list-style-type: none"> <li>• Decrease in the teen birth rate in the City of Reading by 7%</li> </ul>

### **PRIORITY: Mental Health**

Strategy (1): Assess feasibility of co-locating primary care and mental health services to better coordinate patient care

Activity (A): Work with area primary care practices and Center for Mental Health to pilot co-located services in order to judge feasibility for system-wide roll out

Strategy (2): Assess feasibility of providing case management services through Service Access Management, Inc., in our Emergency Department

Activity (A): Work with Berks County Service Access Management, Inc., to provide case management services via telemedicine or hotline in the Emergency Department

Strategy (3): Review Hospital policies and procedures for handling patients with mental health needs

Activity (A): Review, update, and implement revised Hospital policy regarding no-show patients

Activity (B): Review, update, and implement revised Hospital policy regarding patient referrals to psychiatrists

## Logic Model: Mental Health

Inputs		Outputs	Outcomes- Impact		
	Resources	Activities	Short-Term	Intermediate	Long-Term
			1 to 3 years	5 to 7 years	10 to 12 years
Strategy (1): Assess feasibility of co-locating primary care and mental health services to better coordinate patient care	Center for Mental Health; Family Health Care Center; Hospital Administration; Community Health Department	Work with area primary care practices and Center for Mental Health to pilot co-located services in order to judge feasibility for system-wide roll out	<ul style="list-style-type: none"> <li>• Hold feasibility study to: Define location, staff, services to be provided, and cost of pilot</li> <li>• Pilot primary care services during one of the mental health clinics</li> <li>• Evaluate utilization rate and cost effectiveness of co-located services</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in utilization of primary care services among patients with defined mental health conditions</li> </ul>	<ul style="list-style-type: none"> <li>• Better patient outcomes</li> <li>• Higher patient satisfaction scores</li> </ul>
Strategy (2): Assess feasibility of providing case management services through Service Access Management, Inc., in our Emergency Department	Center for Mental Health; Community Health Department; and Service Access Management, Inc.	Work with Berks County Service Access Management, Inc., to provide case management services via telemedicine or hotline in the Emergency Department	<ul style="list-style-type: none"> <li>• Hold feasibility study to: Define staff, services to be provided, and cost of pilot</li> <li>• Pilot services provided in ED</li> <li>• Evaluate utilization rate and cost effectiveness</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in access and utilization to case management services by patients who access care through the ED</li> </ul>	<ul style="list-style-type: none"> <li>• Better patient outcomes</li> <li>• Higher patient satisfaction scores</li> <li>• Better utilization of physician time</li> </ul>
Strategy (3): Review Hospital policies and procedures for handling patients with mental health needs	Center for Mental Health; Hospital Administration; Physician panel; Community Health Department	Review, update, and implement revised Hospital policy regarding no-show patients	<ul style="list-style-type: none"> <li>• Updated Hospital policy regarding no show patients</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in access to services</li> </ul>	<ul style="list-style-type: none"> <li>• Better patient outcomes</li> <li>• Higher patient satisfaction scores</li> </ul>
	Center for Mental Health; Hospital Administration; Physician panel; Community Health Department	Review, update, and implement revised Hospital policy regarding patient referrals to psychiatrists	<ul style="list-style-type: none"> <li>• Updated Hospital policy regarding referrals to psychiatrists</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in access to specialty care services</li> </ul>	<ul style="list-style-type: none"> <li>• Better patient outcomes</li> <li>• Higher patient satisfaction scores</li> </ul>

## PRIORITY: Obesity

Strategy (1): Promote availability of healthy food choices

Activity (A): Perform Food Access and Security Needs Assessment in the City of Reading to determine access to fresh produce

Activity (B): Develop and implement a Farm to Preschool program at the Hospital's Children's Development Center (i.e. onsite day-care facility)

Activity (C): Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold

Activity (D): Promote and support local farmers' markets in the community

Strategy (2): Promote increased physical activity and exercise

Activity (A) : Health communication campaign to make community members aware of various types of physical activity and places they can go to exercise, e.g. YMCA, parks, trails, etc.

Activity (B): Work with area school districts to promote physical fitness in schools

Strategy (3): Promote patient-provider education on obesity and cause and effect on chronic diseases

Activity (A): Hold continuing medical education (CME) events for physicians, nurse practitioners, and nurses to learn how to increase conversations with patients on obesity, BMI, co-morbid conditions, and promoting healthier lifestyles

## Logic Model: Obesity

Inputs		Outputs	Outcomes- Impact		
	Resources	Activities	Short-Term	Intermediate	Long-Term
Strategy (1): Promote availability of healthy food choices	Community Health Dept.; The Food Trust; PFHBC Community Coalition	Perform Food Access and Security Needs Assessment in the City of Reading to determine access to fresh produce	Completion of the following: <ul style="list-style-type: none"> <li>• Inventory on the food retail environment;</li> <li>• Survey of community members; and</li> <li>• Survey of local business owners</li> </ul>	<ul style="list-style-type: none"> <li>• Development of actionable plan by Community Coalition based on results from the needs assessment</li> <li>• Definition of funding sources for implementing action items</li> <li>• Acquisition of funding for action items</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in access to fresh produce in the City of Reading</li> <li>• Elimination of USDA-defined Food Desert in the City of Reading</li> </ul>
	Community Health Dept.; Child Development Center; Facilities Management; Nutrition	Develop and implement a Farm to Preschool program at the Hospital's Children's Development Center (i.e. onsite day-care facility)	<ul style="list-style-type: none"> <li>• Development of Farm to preschool program for children ages 0-4 at the CDC (based on evidence-based practices)</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in knowledge of what makes up a healthy diet among children ages 3-4</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in daily consumption of fruits and vegetables by 5%</li> <li>• Decrease prevalence of obesity and overweight in CDC population</li> </ul>
	Community Health Dept.; School District's Wellness Committees; Food Service providers	Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold	<ul style="list-style-type: none"> <li>• Collaborate with wellness committees to assess school's ability to implement healthier food options</li> <li>• Work with 2 SDs to implement healthier food options</li> </ul>	<ul style="list-style-type: none"> <li>• Expand reach to additional 3 SDs</li> <li>• Increase access to fresh produce in schools</li> </ul>	<ul style="list-style-type: none"> <li>• 15% of SDs requiring schools to make fruits or vegetables available whenever other foods are offered or serve</li> <li>• Decrease prevalence of obesity and overweight by 7%</li> </ul>
	Community Health Dept.; Marketing Dept.;	Promote and support local farmers' markets in the community	<ul style="list-style-type: none"> <li>• Develop marketing campaign to promote community farmer's markets</li> <li>• Implement campaign</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in awareness of farmer's markets</li> <li>• Increase in utilization of farmer's markets by 5%</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in daily consumption of fruits and vegetables by 5%</li> <li>• Decrease prevalence of obesity and overweight by 7%</li> </ul>
Strategy (2): Promote increased physical activity and exercise	Community Health Dept.; Marketing Dept.; and Community Coalition	Health communication campaign to make community members aware of various types of physical activity and places they can go to exercise, e.g. YMCA, parks, trails, etc.	<ul style="list-style-type: none"> <li>• Development of health campaign (based on evidence-based practices)</li> <li>• Implementation of campaign throughout community</li> <li>• Acceptance and promotion of health campaign by community organizations</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in awareness of places available for physical activity and exercise</li> <li>• Increase in utilization of community resources</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in physical activity levels by 10%</li> </ul>
	Community Health Dept.; Children's Health Center; Nutrition Services; Area School Districts; and Penn State-Berks Kinesiology Dept.	Work with area school districts to promote physical fitness in schools	<ul style="list-style-type: none"> <li>• Adoption and implementation of an evidence-based practice model at one school</li> <li>• Evaluation of program</li> </ul>	<ul style="list-style-type: none"> <li>• Expansion of program to 3-5 schools</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in physical activity levels among children in grades 1 to 5 by 10%</li> </ul>
Strategy (3): Promote patient-provider education on obesity and cause and effect on chronic diseases	Academic Affairs Dept.; Community Health Dept.; Marketing Dept.; and Health System Physicians	Hold continuing medical education (CME) events for physicians, nurse practitioners, and nurses to learn how to increase conversations with patients on obesity, BMI, co-morbid conditions, and promoting healthier lifestyles	<ul style="list-style-type: none"> <li>• Develop CME education based on evidence-based practices</li> <li>• Implement CME education initiative</li> <li>• Evaluate education initiative</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in patient-provider conversations about obesity by 3%</li> <li>• Increase in education and promotion of healthy lifestyles by primary care practices by 5%</li> </ul>	<ul style="list-style-type: none"> <li>• Increase in physical activity levels by 5%</li> <li>• Increase in consumption of fresh fruits and vegetables by 5%</li> <li>• Decrease prevalence of obesity and overweight by 7%</li> </ul>



## Secondary and Tertiary Priorities: health issues identified as currently having coordinated effort and programming devoted to them

### Access to Services

#### *ED Utilization*

Reading Hospital offers three Quickcare Locations (Berkshire Heights, Exeter, and Leesport). Quickcare facilities are located in high-traffic areas and are open at convenient times. Staffed by Hospital physicians and ancillary staff, they treat patients with common ailments such as sore throat, ear infections, or rashes. In addition, they provide immunizations and other simple health check-ups.

In June of 2012, a new Federally Qualified Health Center opened in the City of Reading, called the Berks Community Health Center. The Health Center had just opened when data collection began on our needs assessment. We anticipate that the future presence of this facility will aid in reducing unnecessary use of the Hospital's Emergency Department (ED). Reading Hospital is committed to their success and intends to promote the Health Center by working with them to expand their service hours, helping them to position themselves to be integrated into the medical home model with specialists, and aligning them with the Health System's ED.

In addition, Reading Hospital will look to provide a new access point for patients by establishing a Health Center within the Hospital's ED; and support the development of a FQHC in the City of Reading that would provide Women's and Children's services and serve as their medical home, as well as open access laboratory services to the community.

#### *Did not fill prescription due to cost*

In Fiscal Year 2012, Reading Hospital provided approximately \$85,000 worth of free prescriptions to patients who needed it. The Health System will continue to offer this service. We are hopeful that with the opening of the Health Insurance Exchanges in 2014, that fewer patients will need this service in the future.

#### *No regular source of care*

While Reading Hospital continually examines how it can get in front of the primary care physician shortage with the increased utilization of Nurse Practitioners and the like, as well as the nursing shortage, we have found that the community is still struggling with identifying and sustaining a source of primary care. Reading Hospital's Family Health Care Center has piloted a novel process termed "open access" which promotes the philosophy of "Do today's work today." The process has been found to improve continuity of care, access, and patient satisfaction. This approach not only applies to patients already in the practice, but should improve access to new patients as well. In addition, many of our primary care practices and internal medicine practices provide patients with same-day appointments for urgent matters by holding open a certain amount of slots each day. Our Family Health Care Center also offers extended hours in order to provide patients with more options for accessing care.

The Hospital currently offers sub-specialty clinics which provide all patients with access to on-site specialists in a wide variety of areas including: Arthritis, Cardiology, Dermatology, Endocrinology, Gastroenterology, Gynourology, Infectious Diseases, Neurology, Podiatry, Pulmonary, Surgical, Trauma, Cleft Palate, and vision. However, the clinic currently operates on a first come, first serve basis, which often leaves the most at-risk patients on the door step of the Emergency Department. In order to ensure future success of this clinic, Reading Hospital will convene an internal committee to examine the current process and will look to establish guidelines and a patient prioritization metric so that the patients at greatest need will receive care in a timely and efficient manner.

## Cancer

Reading Hospital's McGlinn Family Regional Cancer Center provides comprehensive cancer care from the time of diagnosis throughout the treatment phase and continues after treatment is completed.

Cancer Center services include:

- Early Detection

### Screening Programs and Events

The Regional Cancer Center offers free cancer screenings for oral, breast, prostate, skin, and cervical cancers throughout the year. We also distribute free colorectal cancer screening kits at local health fairs.

The following screening events are held each year:

- Breast
- Skin
- Prostate
- Oral
- Cervical
- Colorectal

### Risk Assessment and Genetic Counseling

The Family Risk Assessment Program is targeted toward women who are considered to be at higher than average risk for developing certain cancers. Through this program, information is being gathered to assist in cancer research. Program participants are provided with the results, allowing them to make well-informed medical and lifestyle decisions.

- Diagnosis & Treatment (including Clinical Trials)

Reading Hospital's Regional Cancer Center provides a complete range of treatment options for patients with most types of cancer. Surgery, chemotherapy, and radiation therapy are the primary therapies used to treat cancer patients. Clinical trials give cancer patients options that reach beyond standard treatment and provide a way to discover new therapies to combat cancer. Eligible patients have the opportunity to voluntarily participate in clinical trials.

- Support and Wellness

The following programs and resources are offered to assist patients and their families at every stage of treatment and recovery:

- Breathe Easy Smoking Cessation Course
- Caring for the Caregiver
- Family Risk Assessment Program
- Healing Yoga Classes
- Image Recovery Center
- Outpatient Social Services
- PAWS for Wellness
- FLOW – Friendship, Laughter, Openness Workout
- Tai Chi
- Therapeutic Massage
- Breast Cancer Support Services
- Psychiatry and Psychology Services
- Nutrition Counseling

## Diabetes

Diabetes education and management is handled at the Reading Health Physician Network - Endocrinology and Diabetes Center. Beyond medical management of blood sugars, the Diabetes Center offers a complete menu of services to anyone with diabetes. Individual education and counseling are crucial for many diabetics, who need help learning to make decisions about their care, check blood sugars, take medication, or lose weight.

Services include:

- diabetes medical care, including a comprehensive history and physical, and an individualized treatment plan;
- changes in medicine as needed to improve blood sugars;
- training in monitoring blood glucose;
- insulin pump evaluation, training, and management;
- hemoglobin A1C, blood glucose, and urine protein testing on premises;
- insulin starts and training in insulin use;
- group and individual diabetes education recognized by the American Diabetes Association;
- individual meal planning; and
- new therapies like continuous glucose monitoring that can look at all blood sugars for 72 hours

In addition, the Diabetes Center offers the following classes:

- Multiple Daily Injection Class
- Diabetes and You
- Diabetes Review Class
- Gestational Diabetes Class
- Insulin Pump Education
- Would An Insulin Pump Be Right For Me?
- Pre-Diabetes Group
- Pre-Diabetes Support Group
- Supermarket Tours

In addition, diabetes is a future initiative under the Hospital's new Clinical Integration program called *Advancing Wellness*. Details of the program are explained under the heart disease category below.

## Heart Disease & Stroke

The Marlin Miller, Jr. Regional Heart Center provides prevention programs, state-of-the-art diagnostic and treatment services, and complete cardiac rehabilitation. Our interdisciplinary team approach to heart care allows us to rapidly mobilize all available resources to treat the patient's heart problems. Our use of evidence-based treatment guidelines promotes consistency of care and positive patient outcomes.

Community Health Education services include:

- Heart to Heart – Lifestyle Education Series
- HeartSafe- AED training
- Heart Healthy Nutrition
- Life After Stroke: Stroke Support Group
- CPR classes

Reading Hospital's- Stroke Center is fully equipped and staffed to provide state-of-the-art rapid evaluation and treatment for stroke. The Stroke Center's community health programs including:

- Heart Health Education
- Go Red- Heart Health
- Stroke Awareness
- Heart Failure Support Group

In addition, Congestive Heart Failure is one of the Hospital's strategic priorities and is the catalyst for a new initiative called *Advancing Wellness*. Advancing Wellness is a program created to assist patients living with heart failure, or COPD, and in the future diabetes. The program was developed as a collaboration between Reading Hospital, Reading Health Physician Network, and local Cardiologists.

Services provided include:

- Registered Nurse Care Navigator to coordinate additional care
- Collaboration between primary care physicians and specialists to provide complete cardiac assessment, evaluation, and treatment recommendations for patients diagnosed with heart failure
- Expert recommendations to patients on lifestyle changes needed to better manage symptoms and prevent admission to the hospital
- Lab assessment
- Rehabilitation programs
- Routine follow-up telephone calls with patients by a Care Navigator
- Patient medication review and follow-up with a Pharmacist
- Patient diet review and follow-up with a Nutritionist
- Resources and tools to help patients improve quality of life

## Infectious Diseases

Reading Hospital's Center for Public Health takes a team approach to promoting the health and wellness of people diagnosed with HIV. Patients have access to case managers, nutritionists, physicians, and counsellors. The Center's staff has over twenty years of experience managing specialty care associated with HIV. The Center welcomes clients with and without medical insurance.

Center for Public Health services include:

- Medical treatment of HIV and AIDS
- Primary medical care
- Routine gynecological care
- Routine immunizations
- Nutrition counseling
- Case management
- Education on medications, laboratory testing, and nutrition
- Support groups
- Smoking cessation
- Routine ophthalmology care
- Referral to specialty clinics
- Free Rapid HIV testing
- Free, confidential screening and treatment of STDs for anyone over the age of 13

## Health Communication

Reading Hospital is committed to meeting the needs of our patients, including those with diverse values, beliefs and behaviors. Interpreting services are offered throughout our System to patients who request it, including in-person and phone interpreters. In Fiscal Year 2012, our Interpreters provided approximately 9,000 patients with interpreting services. As our minority populations increase in the City of Reading and throughout Berks County, we will examine expanding these services to meet the increasing demand.

In addition, Reading Hospital will assess cultural competence of our healthcare providers. By being culturally competent in health care, health care professionals can understand a patient's diverse values, beliefs, and behaviors, and customize treatment to meet the patient's social, cultural and linguistic needs. Therefore, after an assessment of cultural competence is complete we will develop (based on evidence-based practices) and implement a cultural competence training program.

Many recent studies have found that cultural competence training shows promise as a strategy for improving the knowledge, attitudes, and skills of health professionals, and in turn impacts patient care and satisfaction.

## Health Status Monitoring

As part of its Clinical Integration initiative, Reading Hospital has purchased and will be implementing a population management-based software that will provide the Health System and its providers with a 360-degree view of patient care, a deep understanding of their own clinical, financial, and infrastructure strengths and liabilities, extensive expertise and support for improving population management, and an advantage in risk-based contract negotiations with payers.

## Tobacco Use

Reading Hospital's Tobacco-Free Wellness Center provides comprehensive tobacco treatment services that address the physical, emotional and behavioral aspects of tobacco addiction through group and individual counseling. The Center also assists professionals across the healthcare continuum by sharing best practices of evidence-based tobacco treatment through consultation and collaboration. Finally, by partnering with local, regional, and state-wide providers, the Tobacco-Free Wellness Center works to educate the public on the prevention of smoking, tobacco control policy and the impact of tobacco use on health and well-being.

### **IV. Health Needs Facility Does Not Intend to Address**

#### **List of Health Needs the Facility Does Not Plan to Address**

Reading Hospital does not intend to address Access to Healthcare (i.e. insurance), Asthma, Oral Health, and Substance Abuse (i.e. binge drinking).

#### **Identification and Description of Health Need the Facility Does not intend to meet and Explain Why Access to Healthcare (i.e. Access to Insurance)**

The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010 propose to significantly revise established components of our healthcare system, such as: Medicaid and other government program eligibility criteria; use of technology to improve healthcare quality and delivery; and creation and administration of Health Insurance Exchanges. Among these, ACA anticipates that a Health Insurance "Exchange" will be operated in each state as a resource for individuals and small employers to access health insurance by January 1, 2014. Due to a lack of resources, we are proposing that this health issue be charged to the community coalition which will encompass a broad range of experts (including representation of insurers) to deal with this issue. In addition, we will ask the coalition to assess access to care issues around transportation.

## **Asthma**

Currently, Reading Healthy System does not have the resources to provide community wellness programs focused on asthma. We are proposing that this health issue be charged to the community coalition which will encompass a broad range of experts to deal with this issue.

## **Oral Health**

While the Hospital is currently planning for a dental residency program, we feel there is a lack of expertise to solve the problem county-wide. We are proposing that this health issue be charged to the community coalition which will encompass a broad range of experts to deal with this issue, including the possibility of a mobile unit.

## **Substance Abuse (i.e. Binge Drinking)**

While the Hospital treats patients with drug overdose, we do not have the expertise or resources to hold prevention programs in this area. We are looking to the Caron Foundation (a national non-profit organization whose mission is to provide treatment to those affected by alcoholism or other drug addiction) for future collaborations including grant opportunities where we might share in resources to develop programming. In addition, this is one of the key health issues that will be charged to the community coalition to help address.