**Table III – Example**

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| Identified Need | Respiratory Health  During the CHNA conducted at the end of FY12 and in FY13, Union Hospital and the Cecil County Health Department analyzed data (see Cecil County data below) and met with community partners to determine that community health problems and hospital re-admissions were greatest around respiratory health issues. In particular these issues, like COPD, were exacerbated by tobacco use. Creating a tobacco cessation program from scratch was explored; however, it was determined that due to the large amount of resources that the Health Department already had and in work done through the Cecil County Tobacco Task Force, Union Hospital should focus tobacco cessation efforts on increasing the number of contacts and connections made or facilitated among individuals to quit using tobacco products. The Health Department was selected as the major support for this area of need.    Cecil County Data:   * In 2011, 23.9% of adults smoked (source: *Maryland BRFSS*)   a) In 2012, 23% of adults smoked (source: *Maryland BRFSS*)   * In 2010, 20.5% of teens, aged 13-17 years, smoked (source: *Maryland Youth Tobacco Survey*) * In 2010, 29.4% of adolescents used tobacco products (source: *SHIP measures for Cecil County*) |
| Hospital Initiative | Initiative:  Increase the number of contacts and connections made and/or facilitated among individuals to quit using tobacco products |
| Primary Objectives | 1. Complete the MDQuit cessation resource assessment by the end of May 2013.    1. Description: Union Hospital partnered with the Maryland   Resource Center for Quitting Use and Initiation of Tobacco (MDQuit) to assess patient readiness to quit once discharged from the hospital. Surveys were administered by Union Hospital Respiratory Therapists, face-to-face, during the discharge process. Patients were asked a series of questions that gauged their readiness to quit and provided them with resources according to their stage of readiness. Surveys were then scanned to MDQuit for tabulation and analysis.   * 1. Metrics: Union Hospital completes 50 surveys by the end of Fy13.  1. Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14).    1. Description: Fifty surveys were submitted to MDQuit for tabulation and analysis. However, MDQuit claimed they were unable to make a full analysis due to receiving several incomplete surveys. Union Hospital made further inquiry to correct the situation, but MDQuit provided no response. The assessment results remain inconclusive.    2. Metrics: Union Hospital will:       * Post the final report online       * Report the final result to the Cecil County Tobacco   Task Force   * + - Use the survey analysis to develop next steps for resource development through the Union Hospital Tobacco Cessation Committee. |

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|  | 1. Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.      1. Description: Union Hospital will focus on 3 strategies: 1) Offer pamphlets to patients at discharge, highlighting cessation resources from the Cecil County Health Department and MDQuit; 2) Restore the current Union Hospital tobacco cessation website; and 3) Emphasize utilization of MDQuit’s Fax-to-Assist program to increase referrals to MDQuit cessation resources.    2. Metrics:       * *Strategy 1:* Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year.       * *Strategy 2:* Union Hospital’s Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on Union Hospital’s website and tack # of users per Fiscal Year.       * *Strategy 3:* Community Benefits will track # of referrals made to MDQuit through reports sent to   Union Hospital from the Division of Health  Promotions at the Cecil County Health Department.   1. Promote cessation efforts in the community.    1. Description: Union Hospital will collaborate with:       * The Cecil County Health Department to offer free, private, cessation counseling sessions at the Health Department for patients wanting to quit using tobacco products       * The Union Hospital Stroke Program to promote cessation counseling and connection to community cessation resources during the stroke risk assessments provided at health fairs.    2. Metrics: Union Hospital will track the # of tobacco cessation referrals made. |
| Single or Multi-Year Initiative  Time Period | Multi-Year – Union Hospital is looking at data over the three year cycle that is consistent with the CHNA cycle. Updates per Implementation Plan metric for each Fiscal Year are provided in the HSCRC Report and to the IRS. |
| Key Partners in Development and/or Implementation | Union Hospital Tobacco Cessation Committee  Union Hospital Cancer Program  Cecil County Health Department, Division of Health Promotions |
| How were the outcomes evaluated? | The outcomes were evaluated based on the metrics discussed in the “Primary Objectives” section above. |

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| Outcomes (Include process and impact measures) | Objective 1: Complete the MDQuit cessation resource assessment by the end of May 2013.  Metric:  Union Hospital will complete 50 surveys by the end of FY13.   * Outcome: 50 surveys were completed by June 30, 2013.     Objective 2: Analyze survey results with MDQuit from June – August 2013 (1st quarter FY14).  Metrics:   * Post the report online * Report the final result to the Cecil County Tobacco Task Force * Use survey analysis to develop next steps for resource development through the Union Hospital Tobacco Cessation Committee   a) Outcome: Since assessment results were not provided to Union Hospital in FY14, data could not be gathered to support the metrics.    Objective 3: Increase connections for smokers to available community cessation programs offered by the Cecil County Health Department and MDQuit.  Metrics:  *Strategy 1:* Respiratory Therapists will track the # of pamphlets distributed each Fiscal Year.   * Outcome: In FY14 Respiratory Therapists knew to track referrals; however, transition with the hospital EMR caused tracking to be delayed. Because of this time lag, a physical # of referrals could not be reported, despite actual referrals made – providing this counseling is a part of the standard of care.   *Strategy 2:* Union Hospital’s Tobacco Cessation Committee will rebuild all components of the tobacco cessation webpage on Union Hospital’s website and track # of users per Fiscal Year.   * Outcome: For FY14, there were 107 page views of the tobacco cessation webpage on Union Hospital’s website. This represented a decrease in page views from FY13 (189 page views in FY13). * Outcome: In FY15 the Union Hospital Tobacco Cessation Committee will merge its efforts with the Cancer Program’s Survivorship subcommittee to better connect the cancer community with tobacco cessation resources. Therefore, restoring the tobacco cessation webpage has been pushed to the FY15 agenda for this committee merge. *Strategy 3:* Community Benefits will track # of referrals made to MDQuit through reports sent to Union Hospital from the Division of Health Promotions at the Cecil County Health Department. |

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|  | * Outcome: In FY14 the Cecil County Health Department made 58 referrals to the Maryland QuitLine using the Fax-to-Assist program. Union Hospital only made 3 referrals; however, according to the “Monthly Fax Referral Reports” from Maryland QuitLine, Union   Hospital did not show up on the roster of referral sources until January 2014. In addition, in speaking with the Division of Health Promotions, the Community Benefits coordinator found out that Union Hospital staff was calling the Health Department to make their referrals for cessation resources. The Health Department was then using the Fax-to-Assist program to connect tobacco users to the Maryland QuitLine. It is therefore possible that some of the referrals made by the Health Department were representative of patients from Union Hospital.   * Outcome: The Community Benefits Coordinator will advocate for additional Union Hospital staff to be trained in using the Fax-to-Assist program to get more tobacco users enrolled in Maryland QuitLine services for FY15.   Objective 4: Promote cessation efforts in the community.  Metrics:  Track the # of cessation contacts made for the Health Department’s free, private, tobacco cessation counseling sessions and through the Stoke Program’s connection of community members to tobacco cessation resources.   * Outcome: There were no private sessions tracked during FY14 for patients discharged from Union Hospital. * Outcomes: The Stroke Program made 15 contacts for cessation resources at health fairs in FY14. | |
| Continuation of Initiative | We will continue to monitor connections made to community programming for access to tobacco cessation in FY15.  Also, the Union Hospital Tobacco Cessation Committee will merge with the Cancer Program’s Survivorship subcommittee (a part of the Commission on Cancer) to increase access to tobacco cessation resources for the cancer community. The merge is scheduled to occur in FY15. | |
| 1. Total Cost of Initiative for Current Fiscal Year 2. What amount is Restricted Grants/Direct offsetting revenue | A. Total Cost of Initiative  Objectives 1-3 required only analysis of data by the Community Benefits Coordinator. However, Objective 4’s outcome was supported by one health fair that the Stroke Program attended, providing stroke risk assessments and giving out tobacco cessation materials to participants. The total costs associated with this activity were as follows:   * Calvert Manor Wellness Fair Fair (4/17/14) * 4 paid hours = **$168** * 15 people given tobacco cessation materials | B. Direct offsetting revenue from  Restricted Grants    N/A |