



Duke Raleigh Hospital

Community Health Needs Assessment and Implementation Plan FY17-FY19 Implementation Plan & FY17 Progress Report

Duke Raleigh Hospital: Tradition of Care, Innovation, and Service

Duke Raleigh Hospital has been part of the Raleigh community for more than 100 years. We started as Mary Elizabeth Hospital in 1914, and moved to our current location at 3400 Wake Forest Road as Raleigh Community Hospital in 1978. In 1998, Duke Raleigh joined Duke University Health System. As part of one of the country's best health systems, we are able to provide Wake County residents the highest quality care and cutting-edge medicine, and access to the most advanced technology and clinical research, closer to home.

Duke Raleigh provides a wide variety of highly-specialized inpatient and outpatient services including oncology, orthopedics, neurosciences, and disease management. Duke Raleigh has been recognized for providing top-quality stroke care by the American Heart Association/American Stroke Association and Duke Raleigh's Total Joint Replacement program was the first in the region to have earned the Gold Seal of Approval for health care quality.

In 2014 Duke Raleigh's footprint expanded to include oncology practices in Cary and at an additional Raleigh location (Macon Pond). In July 2016, the Macon Pond location was established as Duke Women's Cancer Care Raleigh. Duke Women's Cancer Care Raleigh provides comprehensive care for women's cancers, including breast cancer and gynecologic cancers. Duke Raleigh also offers comprehensive, multi-disciplinary care for the diagnosis and treatment of other cancers, including lung, gastrointestinal, and endocrine.

Duke Raleigh Hospital's Mission, Vision, and Values

Mission

To improve health, advance knowledge, and inspire hope.

Vision

To be the trusted leader in healthcare through outstanding quality, an unparalleled patient experience, innovative care delivery, and our commitment to the community.

Values

“Caring for our patients, their loved ones and each other” through:

- **Excellence:** We strive to achieve excellence in all that we do.
- **Safety:** We hold each other accountable to constantly improve a culture that ensures safety and welfare of all patients, visitors, and staff.
- **Integrity:** Our decisions, actions, and behaviors are based on honesty, trust, fairness, and the highest ethical standards.
- **Diversity:** We embrace differences among people.
- **Teamwork:** We have to depend on each other and work well together with mutual respect to achieve common goals.

As part of Duke Health, Duke Raleigh understands that health care means more than taking care of patients within the hospital and we are committed to executing initiatives and collaborating with community partners to:

- Improve residents’ health status,
- Reduce health disparities,
- Increase accessibility to preventive services,
- Increase life spans, and
- Elevate overall quality of life

Duke Raleigh Hospital is proud to be a part of the community, and has many longstanding partnerships with organizations that share our goal of improving the health of the community.

2016 CHNA Overview & Purpose

Every three years, Wake County conducts a comprehensive Community Health Needs Assessment (CHNA). From September 2015 through June 2016, Duke Raleigh collaborated with Wake County Human Services, WakeMed Health and Hospitals, UNC REX Healthcare, Advance Community Health, United Way of the Greater Triangle, and the Wake County Medical Society Community Health Foundation to develop the 2016 Community Health Needs Assessment (CHNA). The purpose of a CHNA is to identify factors that affect the health of a population and determine the availability of resources within the community to adequately address these factors.

This assessment included analysis of existing statistics from local, county, state, and national sources as well as community input gathered from Wake County residents through surveys, focus groups, and prioritization meetings. Based on the findings from this assessment, the following four priority areas have been identified for 2017-2019:

1. Health Insurance Coverage
2. Transportation
3. Access to Health Services
4. Mental Health and Substance Use.

A full copy of the report can be found here:

<http://www.wakegov.com/wellbeing/Documents/2016%20Wake%20County%20CHNA%20Full%20Document%20Final.pdf>

FY17-19 Implementation Plan & FY17 Progress Report

In alignment with Duke Raleigh Hospital’s mission, the FY17-19 implementation plan was developed. This plan is guided by the priority areas identified as well as by our core competencies in order to focus our efforts in the areas where Duke Raleigh can have the greatest impact.

This implementation plan is considered to be a “working plan” that will continue to evolve and be evaluated for effectiveness in meeting the needs of the community. Following is more detailed information regarding the four priority areas as well as the actions Duke Raleigh has identified to address the priority areas.

HEALTH INSURANCE COVERAGE

Access to health insurance coverage was identified as one of the most important issues impacting the quality of life of Wake County residents. This issue not only encompasses those who lack insurance, but also those that are underinsured as well as those under government programs such as Medicare and Medicaid. Concerns were also expressed regarding the complexity of the health care system and confusion regarding how health insurance works.

To address this priority Duke Raleigh will employ the following strategy along with outlined action items:

Priority	Health Insurance Coverage
Strategy Statement	Reduce barriers to accessing care for the uninsured and underinsured.
Major Actions	
<ul style="list-style-type: none">• Continue to provide financial assistance via Duke University Health System’s charity and discounted care policies. These policies provide eligible care at a discount or without charge to all qualifying patients who do not have health insurance, or because of financial hardship cannot pay for the care they receive.	
<ul style="list-style-type: none">• Continue to utilize financial care counselors to help patients understand their financial responsibilities and connect patients with community resources.	
<ul style="list-style-type: none">• Continue to help patients navigate through government-sponsored financial-assistance programs for which they may qualify.	
<ul style="list-style-type: none">• Continue to provide support to organizations such as Alliance Medical Ministry and Urban Ministries Open Door Clinic, which provides affordable healthcare to uninsured adults in Wake County.	
<ul style="list-style-type: none">• Continue to provide in-kind support to Project Access of Wake County, a private, non-profit program that connects eligible uninsured clients to high quality medical services donated by physicians. In FY2017, Duke Raleigh Hospital provided \$2.8M in donated care up from \$2.2M in FY2016 to Project Access of Wake County clients.	
<ul style="list-style-type: none">• Continue to provide health literacy course through our clinical education department, which educated over 40 clinicians in FY17.	

TRANSPORTATION

Access to and cost of transportation has implications on one’s health as lack of timely transportation can impact the ability to make physician appointments and obtain prescriptions particularly for our elderly

and most disadvantaged residents. To address this priority Duke Raleigh will employ the following strategy along with the outlined action items:

Priority	Transportation
Strategy Statement	Lessen barriers to care as it relates to access to and cost of transportation through collaborations within the hospital and with our community partners.
Major Actions	
<ul style="list-style-type: none"> Continue to employ multidisciplinary approaches within the cancer center to facilitate multiple appointments in the same day thereby reducing transportation needs. 	
<ul style="list-style-type: none"> Continue to employ the DUHS resource center in assessing and addressing any barriers, including transportation that may impact a patient’s ability to get to their follow-up appointment. 	
<ul style="list-style-type: none"> Continue to support organizations such as the Greater Raleigh Chamber of Commerce and Midtown Raleigh Alliance, which advocates for an enhanced transit system for all residents. 	
<ul style="list-style-type: none"> Continue to support organizations such as the Lung Cancer Initiative of NC, which funds a gas card program to lessen the financial burden of lung cancer patients seeking treatment who need assistance. 	

ACCESS TO HEALTH SERVICES

Access to health services is key to improving community health and residents health status¹. This priority relates to the utilization of existing health facilities, the ease of accessing health resources, and primary and preventive care/screenings.

This was identified as a top priority based on feedback from focus groups and surveys as well as the rate of preventable hospital stays for conditions such as diabetes, COPD, asthma, heart failure, bacterial pneumonia, UTI, and dehydration. Also, the complexity of navigating the health care system, affordability of health services, and provider availability arose as key concerns related to access to health services.

Duke Raleigh as well as Duke Health is actively engaged in improving access to health services for all residents through strategic initiatives as well as through strategic community partnerships.

Priority	Access to Health Care Services
Strategy Statement	Enhance access to care in the right setting with an increased focus on primary care, preventative care, disease management, and education throughout the community.
Major Actions	
<ul style="list-style-type: none"> Duke Primary Care, an entity of Duke University Health System, continues to evaluate opportunities to expand access to the growing Wake County population, adding two practices and relocating one practice in FY17 	
<ul style="list-style-type: none"> Continue to improve the discharge process to ensure that discharged patients are connected with primary care resources. 	

¹ In Appendix 2: Secondary (Existing) Data Analysis – Health Status (Infectious and Chronic Disease and other causes of death) – pp107 – 116, identified breast cancer mortality, prostate cancer mortality, cerebrovascular mortality, and diabetes as some of the areas of improvements

<ul style="list-style-type: none"> • Continue work of the DUHS Resource Center in following up with discharged patients to ensure they are scheduled for the appropriate follow-up to reduce likelihood of unnecessary readmissions. This includes connecting homebound patients without primary care to organizations that perform home visits.
<ul style="list-style-type: none"> • Continue partnership with Wake EMS and area hospitals on triage and destination plan for stroke patients.
<ul style="list-style-type: none"> • Continue to provide in-kind lab services to Urban Ministries Open Door Clinic to facilitate the care for those who lack adequate income, insurance coverage, and other means to health services. In FY17, this in-kind donation was valued at \$1.8M.
<ul style="list-style-type: none"> • Continue to provide diabetes education to Alliance Medical Ministry patients. This education is offered by certified diabetes educators through Duke Specialty Rehab Services Midtown
<ul style="list-style-type: none"> • Strengthen support of Alliance Medical Ministry and Urban Ministries through increased employee volunteerism in efforts to expand their capacity and ability to serve patients. In FY17, Duke Raleigh hosted a day of service where over 30 employees volunteered their time to pack 1,000 lbs of rice & beans for Urban Ministries’ client choice food pantry. For the past two years, Duke Raleigh employees volunteered at Alliance Medical Ministry as part of the Triangle-wide MLK Day of Service. Duke Raleigh continues to evaluate opportunities for one-time and on-going service opportunities for these and other community partners.
<ul style="list-style-type: none"> • Continue programs through the Duke Specialty Services Rehab Midtown, which offers a variety of programs designed to help people lose weight and make healthy lifestyle changes. Services offered include pulmonary rehabilitation programs, personalized diabetes management plans, multidisciplinary therapy for neurological disorders, physical therapy, occupational therapy, speech therapy as well as cardiovascular and strength training equipment.
<ul style="list-style-type: none"> • Continue community education, Healthy Focus Seminars with efforts to expand attendance to include populations throughout Wake County as well as a focus on topics aligned with the needs assessment. In FY2017, we launched the 11th year of the Health Focus education series with topics including, but not limited to cancer, cardiovascular disease, and stroke.
<ul style="list-style-type: none"> • In FY2017, Duke Raleigh continued to sponsor Midtown Farmers Market, which promotes a healthy lifestyle as well as provides a venue for Duke Raleigh to share healthy education.
<ul style="list-style-type: none"> • Expand and strengthen community outreach efforts around stroke, cardiovascular disease, diabetes, cancer, orthopedics and sports medicine along with our community partners. In FY2017, we participated again in the 4th Congressional District Health Fair where our stroke champions provided health education.

MENTAL HEALTH AND SUBSTANCE USE

Wake County has experienced an increase in the prevalence and severity of mental health and substance use problems. This priority relates to tobacco use/exposure, illegal drug use, excessive drinking, alcohol-impaired driving deaths, suicide rates, mental health emergency department utilization and the availability of resources to meet this growing demand.²:

Due to the scope and complexity of mental health and substance use issues, a collective and collaborative approach is needed. Below is a listing of a number of initiatives and collaborations that Duke Raleigh Hospital is engaged with to have the greatest impact to address this issue:

² See 2016 Wake County CHNA, Appendix 2: Secondary (Existing) Data Analysis, pages 74-86.

Priority	Mental Health and Substance Use
Strategy Statement	Address community mental health and substance use needs by collaborating with community partners and working collectively to leverage resources.
Major Actions	
<ul style="list-style-type: none"> • Continue to participate in the Wake County Crisis Hospital Collaborative, which includes all Wake County Hospitals, representatives from mental health, law enforcement and other stakeholders in crisis response in Wake County. 	
<ul style="list-style-type: none"> • Continue to convene treatment team meetings for inpatients who also have substance use and chronic persistent mental illness with complex needs. The treatment team includes care coordinators from mental health agencies, Alliance Behavioral Health and other providers involved in the patient’s care. 	
<ul style="list-style-type: none"> • Continue regular meetings with Duke Raleigh Hospital case management, Alliance Behavioral Health, case manager with Community Care of Wake and Johnston Counties (CCWJC), and EMS to address barriers to care for high risk patients and reduce non-emergent visits to hospitals. 	
<ul style="list-style-type: none"> • Continue to utilize Community Care of Johnston & Wake Counties portal and the North Carolina Controlled Substances Reporting System (CSRS) to reduce narcotic dependency and prevent overprescribing. 	
<ul style="list-style-type: none"> • Continue support of organizations such as National Alliance on Mental Illness (NAMI) Wake County, which provides support, education, and advocacy for people with mental illness along with their families and friends. 	
<ul style="list-style-type: none"> • Strengthen support of Triangle Family Services, which focuses on building a stronger community by strengthening the family through family safety, financial stability, and mental health. 	
<ul style="list-style-type: none"> • Continue tobacco cessation support for employees and dependents through LIVE FOR LIFE’s Steps to Health Tobacco Cessation program. This 12-month coaching program involves an initial consultation to develop a quit plan, then follow-up calls at one, three, six, and 12 months. Coaches provide additional resources and motivation to help participants quit. Enrollment also includes access to three months of low-cost treatment at participating Duke Hospital Outpatient Pharmacies. 	