

# Implementation Strategy Plan 2022



**AHN WESTFIELD**

**Report**





# About Allegheny Health Network (AHN)

The hospitals of Allegheny Health Network, as they have for decades, provide exceptional health care to help people live healthy lives and continue to extend their reach, offering a broad spectrum of care and services. The tradition continues by using the latest medical innovations to treat patients. Gaining knowledge through research to constantly improve how to prevent, diagnose, and treat illness, AHN staffs each hospital with experienced, expert, and compassionate physicians, nurses, and other health care professionals dedicated to medicine, people, and healing.

AHN can extend its reach to more people as a health network by offering a broad spectrum of care and services. AHN has 14 hospitals and more than 200 primary- and specialty-care practices. AHN has approximately 2,400 physicians in every clinical specialty, 21,000 providers, and 2,000 volunteers. AHN provides world-class medicine to patients in their communities, across the country, and around the world.

AHN's physicians continually explore and develop new treatments that allow us to bring medical discoveries from the laboratory directly to patients. These breakthroughs help save lives and give patients access to the latest treatments for disease and medical conditions. Allegheny Health Network is also committed to educating and training the next generation of doctors by serving as the clinical campus for both Lewis Katz School of Medicine at Temple University and Drexel University College of Medicine.

Allegheny Health Network is an integrated health care system that serves patients from across a four-state region that includes Pennsylvania and portions of New York, Ohio, and West Virginia. AHN has more than 80 medical, surgical, and radiation oncology physician practices; one of the state's most extensive bone marrow transplant and cellular therapy programs; and the nation's largest – and western Pennsylvania's only – radiation oncology network accredited by both the American Society for Radiation Oncology and American College of Radiology. Allegheny Health Network's cancer program has more than 200 clinical trials offered throughout its network of hospitals and clinics.



## About AHN Westfield

Westfield Memorial Hospital was founded in 1942 with funds raised by local Rotarians. A major building and renovation project resulted in the addition of 17,720 square feet and renovated facilities in cardiac rehab, physical therapy, radiology, emergency care, surgery, and laboratory services. In January 1999, the affiliation with Saint Vincent Health System was restructured, providing a mechanism to share medical services and resources otherwise unavailable to a small rural hospital.

In 2013, Saint Vincent Hospital and Westfield Memorial Hospital joined the Allegheny Health Network, further expanding the care available to the community. The communities that AHN Westfield serves are Westfield, Ripley, Brocton, Sherman, Clymer, Bemus Point, Mayville, Chautauqua, Stockton, Portland, Dewittville, Hartfield, and Ashville.

At AHN Westfield, our skilled, local doctors, nurses, and technicians are known for going the extra mile, such as giving a ride home or running to the store for a forgotten necessity. AHN Westfield offers access to a range of top specialists, including many who visit us from AHN Saint Vincent. We continue to invest in new medical technology and additional health care services, thanks to our affiliation with AHN Saint Vincent and Allegheny Health Network.



# Mission

To create a remarkable health experience, freeing people to be their best.

# Vision

A world where everyone embraces health.



# Values

## *People matter*

Every person contributes to our success. We strive for an inclusive culture, regarding people as professionals, and respecting individual differences while focusing on the collective whole.

## *Stewardship*

Working to improve the health of the communities we serve and wisely managing the assets that have been entrusted to our care.

## *Trust*

Earning trust by delivering on our commitments and leading by example.

## *Integrity*

Committing to the highest standards encompassing every aspect of our behavior including high moral character, respect, honesty, and personal responsibility.

## *Customer-focused collaboration*

Because no one person has all the answers, we actively seek to collaborate with each other to achieve the right outcomes for our customers.

## *Courage*

Empowering each other to act in a principled manner and to take appropriate risks to do what is right to fulfill our mission.

## *Innovation*

Committing to continuous learning and exploring new, better, and creative ways to achieve our vision.

## *Excellence*

Being accountable for consistently exceeding the expectations of those we serve.

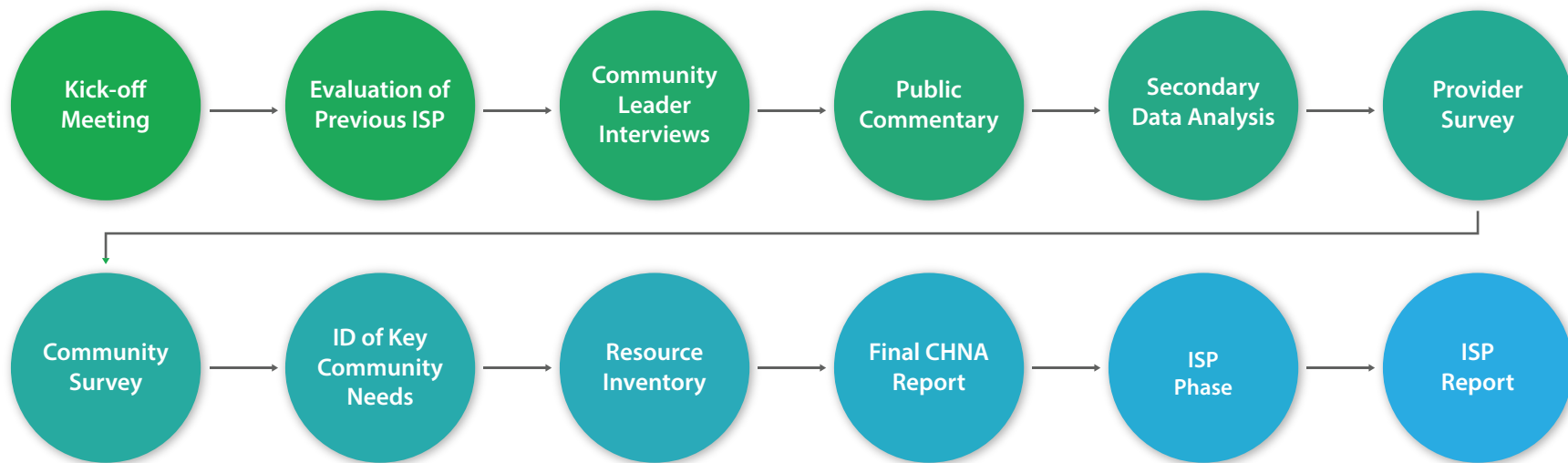


# Introduction

As an affiliate of Saint Vincent Hospital, Westfield Memorial Hospital has served the community since 1942 and through technology, services, and partnerships, offers patients direct access to highly specialized care including cardiac rehabilitation, an orthopedic clinic, outpatient surgery services, physical therapy services, sleep labs, sports medicine services, a wound clinic, and an array of diagnostic services.

In 2022, AHN joined together with Tripp Umbach to conduct a comprehensive community health needs assessment (CHNA) for the AHN Westfield's service area of Cattaraugus and Chautauqua counties, New York. The CHNA process included input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of public health issues and representatives of vulnerable populations. The overall CHNA involved multiple steps that are depicted in the below flow chart.

Figure 1: Overall CHNA and Implementation Strategy Plan (ISP) Process Flow Chart



The CHNA and implementation strategy plan meets the requirements of the Patient Protection and Affordable Care Act. The act has changed how individuals are obtaining care and promotes reduced healthcare costs, greater care coordination, and better care and services. Health care organizations and systems are striving to improve the health and social needs of the community they serve through collaboration with local, state and national partners. The implementation strategy plan outlines the needs identified in the CHNA and documents how AHN Westfield will be addressing the needs over the next three years. All needs identified in the CHNA will be addressed by AHN Westfield.

## 2021 Prioritized Findings

Allegheny Health Network (AHN)	Social Determinants of Health					Behavioral Health			Chronic Disease					Health Equity
	Transportation	Workforce Development	Cost of Care	Access to care*	Food Insecurity, Diet, and Nutrition	Substance Use Disorder	Mental Health Services	Postpartum Depression	Diabetes	Heart Disease	Cancer	COPD	Obesity	Diversity, Equity, and Inclusion**
Allegheny General Hospital	X	X			X	X			X	X	X			X
Allegheny Valley Hospital	X					X	X		X	X				X
Canonsburg Hospital	X			X		X			X	X				X
Forbes Hospital	X					X	X		X	X		X		X
Grove City Medical Center				X			X		X	X			X	X
Jefferson Hospital	X	X	X		X	X					X		X	X
Saint Vincent Hospital	X	X		X	X	X	X	X	X		X		X	X
West Penn Hospital		X			X			X	X		X		X	X
<b>Westfield Memorial Hospital</b>						X	X		X	X	X			X
Wexford Hospital					X	X	X	X		X				X
Brentwood Neighborhood Hospital			X	X										
Harmar Neighborhood Hospital			X	X										
Hempfield Neighborhood Hospital			X	X										
McCandless Neighborhood Hospital			X	X										

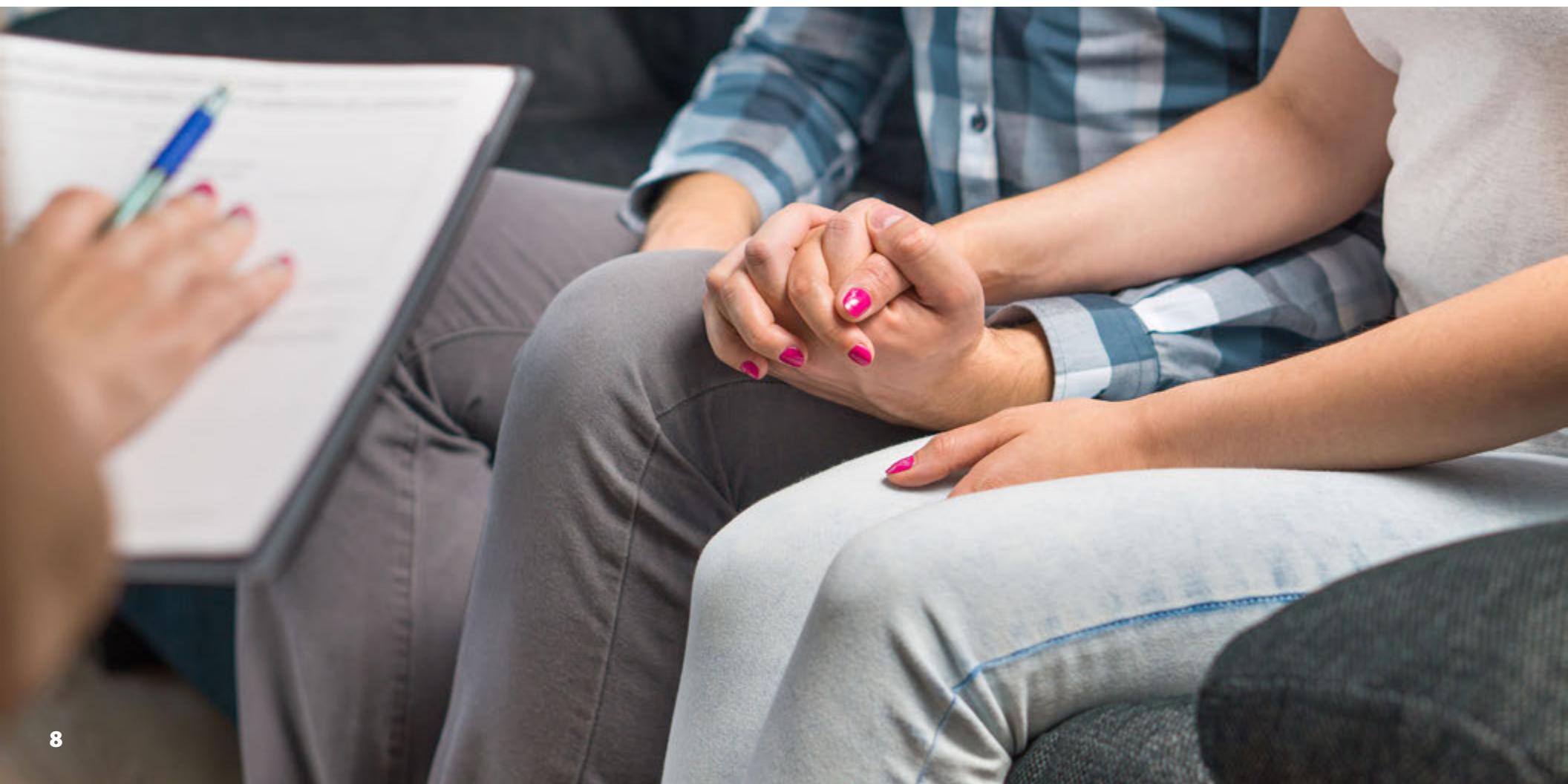
\* Access to care includes primary care, specialty care, and access to general services.

\*\*Diversity, Equity, & Inclusion includes LGBTQ+ and cultural competency.



## A) Behavioral Health

Falling under the umbrella of behavioral health, substance use, and mental health impact the lives of families and individuals throughout the United States. The percentage of residents diagnosed with behavioral health problems has grown exponentially. Along with the growth, the need for mental health services and substance use programs has not diminished. Genetics and socioeconomic factors play vital roles in individuals diagnosed with a mental health problem, and frequently societal factors increase the likelihood of one engaging in unhealthy life choices such as alcohol and drug use. According to the [American Hospital Association](#), behavioral health disorders affect nearly one in five Americans and have community-wide impacts. Hospitals and health systems provide essential behavioral health care services to millions of Americans every day.





## Postpartum Depression

Postpartum depression, maternal depression, or the “baby blues” are emotions often experienced by mothers as they prepare for and welcome a new member into their family. After birth, many mothers experience anxiety, depression, guilt, isolation, sadness, hopelessness, emptiness, or overwhelmed emotions. The CDC reports about 1 in 8 women experience symptoms of postpartum depression. Additionally, a recent analysis found the rate of depression diagnosed at delivery was roughly seven times higher in 2015 than in 2000.<sup>1</sup>

Common risk factors associated with maternal depression include race/ethnicity, age, socioeconomic status, history of depression, health problems of the baby, having multiple babies during birth, difficulty breast-feeding, and unwanted or unplanned pregnancy.<sup>2</sup> Depression in mothers can disrupt the bonding experience in infancy. This phase, which is critical and healthy for child development, creates a healthy, nurturing, and empathetic relationship between child and mother. Unfortunately, when the mother is depressed, she is less likely to engage and participate in a healthy and loving parent experience.

Maternal depression is a community and public health problem often having a ripple effect, taking a toll on the well-being and livelihood of mothers and their families. Addressing postpartum requires a community commitment of those who share a common interest and desire to support the health of all mothers and families who seek and require help.

Behavioral Health: Post-Partum Depression				
Goal: Increase knowledge and access to post-partum depression resources.				
Impact: (1) Increased awareness of treatment resources for post-partum depression.				
Target Population	Strategies	Action Steps	Measure	Partners
Women experiencing post-partum depression	Increase community knowledge of Postpartum depression program.	<ul style="list-style-type: none"> <li>Partner with OB group to establish a referral pattern for postpartum depression services</li> </ul>	<ul style="list-style-type: none"> <li>Number of patients referred to postpartum depression program</li> <li>Number of patients that attend a postpartum depression program</li> <li>Number of postpartum depression programs</li> </ul>	<ul style="list-style-type: none"> <li>AHN Saint Vincent</li> </ul>

<sup>1</sup> Centers for Diseases Control and Prevention: [www.cdc.gov/reproductivehealth/features/maternal-depression/index.html](http://www.cdc.gov/reproductivehealth/features/maternal-depression/index.html)

<sup>2</sup> Mayo Clinic: [www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617](http://www.mayoclinic.org/diseases-conditions/postpartum-depression/symptoms-causes/syc-20376617)



## Mental Health Services

The prevalence of mental illness in America is vast and continues to grow yearly. According to the [National Alliance on Mental Health](#), one in five U.S. adults experiences a mental illness, one in 20 U.S. adults experience serious mental illness, and 17% of youth (6-17 years old) experience a mental health disorder.

<b>Behavioral Health: Mental Health Services</b>				
<b>Goals: Increase referrals from emergency department (ED) to outpatient treatment options.</b>				
<b>Impact: (1) Increased number of patients receiving treatment; and (2) increased awareness of available resources.</b>				
<b>Target Population</b>	<b>Strategies</b>	<b>Action Steps</b>	<b>Measure</b>	<b>Partners</b>
Patients served at Westfield	Provide patients presenting to the ED with local options for follow-up care.	<ul style="list-style-type: none"> <li>• Develop partnerships with area behavioral health providers.</li> <li>• Develop a referral pathway for post-ED follow-up care of addiction and other mental health issues.</li> </ul>	<ul style="list-style-type: none"> <li>• Number of patients referred to mobile crisis services.</li> <li>• Number of local services identified.</li> </ul>	<ul style="list-style-type: none"> <li>• Chautauqua County Mental Hygiene</li> </ul>

## Substance Use Disorder

Although progress has been made in lowering rates of substance use in the United States, the use of behavior-altering substances continues to take a major toll on the health of individuals, families, and communities nationwide.

Behavioral Health: Substance Use Disorder				
Goal: Establish protocol to treat eligible overdose patients with Medication Assisted Therapy (MAT).				
Impact: (1) increased awareness of treatment for overdose complications; and (2) increased services for overdose cases.				
Target Population	Strategies	Action Steps	Measure	Partners
Patients served at Westfield	Begin medicating patients that meet criteria with first dose of Buprenorphine and transition to Medication Assisted Treatment (MAT) for detox.	<ul style="list-style-type: none"> <li>Screen overdose patients in the emergency department for MAT criteria.</li> <li>Collaborate Chautauqua County Mobile Crisis Services</li> </ul>	<ul style="list-style-type: none"> <li>Number of patients screened for eligibility for MAT.</li> <li>Number of patients that participate in MAT program.</li> </ul>	<ul style="list-style-type: none"> <li>Chautauqua County Mental Hygiene</li> </ul>

Behavioral Health: Substance Use Disorder				
Goal: Increase knowledge and access to substance use disorder programs and services.				
Impact: (1) increased awareness of treatment resources for substance use disorder.				
Target Population	Strategies	Action Steps	Measure	Partners
General Population	Increase community knowledge and access to substance use disorder resources.	<ul style="list-style-type: none"> <li>Partner with community-based providers.</li> </ul>	<ul style="list-style-type: none"> <li>Number of community events.</li> </ul>	<ul style="list-style-type: none"> <li>Chautauqua County Mental Hygiene</li> </ul>



## B) Chronic Diseases

Chronic diseases are a significant cause of disability and death in Pennsylvania and the United States. The seven leading causes of death are heart disease, cancer, stroke, chronic lower respiratory disease (CLRD), unintentional injury, Alzheimer's disease, and diabetes. According to the Pennsylvania Department of Health, chronic disease accounts for about 70.0% of all deaths annually in Pennsylvania. With Pennsylvania's aging population and the advances in health care enabling people to live longer, the cost associated with chronic disease will increase significantly if no changes are made. Clinical preventive services, such as routine disease screening and scheduled immunizations, are key to reducing the effects of chronic disease and reducing death. Preventive services both prevent and detect illnesses and diseases in their earlier, more treatable stages, significantly reducing the risk of illness, disability, early death, and medical care costs.

<b>Chronic Diseases: Cancer</b>				
<b>Goal: Increase the number of adults who receive age appropriate screenings.</b>				
<b>Impact: (1) increased number of lung screenings; and (2) increased number of early lung cancer detections.</b>				
<b>Target Population</b>	<b>Strategies</b>	<b>Action Steps</b>	<b>Measure</b>	<b>Partners</b>
Adults in general population	Continue CT lung cancer screening program.	<ul style="list-style-type: none"><li>• Continue Lung Cancer Screening protocols.</li><li>• Educate referring providers of service.</li><li>• Begin community lung cancer screening</li></ul>	<ul style="list-style-type: none"><li>• Number of studies performed.</li><li>• Number of patients screened at community events</li></ul>	<ul style="list-style-type: none"><li>• PCP networks</li></ul>

## Chronic Diseases: Diabetes

**Goal: To improve quality outcomes associated with diabetes.**

**Impact: (1) Increased participation in children's camp; and (2) increase education for campers.**

Target Population	Strategies	Action Steps	Measure	Partners
Community members	Promote diabetes prevention in the community.	<ul style="list-style-type: none"> <li>Host screening and education events.</li> <li>Identify at risk patients through biometric screenings.</li> <li>Present at schools and community group on healthy living.</li> </ul>	<ul style="list-style-type: none"> <li>Number of community events</li> <li>Number of at-risk patients identified through biometric screenings.</li> <li>Number of community events</li> <li>Number of at-risk patients identified through biometric screenings.</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes Educator</li> </ul>
Young children	Partner with local children's diabetic camp.	<ul style="list-style-type: none"> <li>Provide subject matter support to children at the camp.</li> <li>Educate campers on diabetes management strategies.</li> </ul>	<ul style="list-style-type: none"> <li>Staff hours for planning and presenting at the camp.</li> <li>Number of campers educated.</li> </ul>	<ul style="list-style-type: none"> <li>Diabetes Educator</li> </ul>

## Chronic Diseases: Heart Disease

**Goal: Improve quality outcomes associated with heart disease.**

**Impact: (1) Increased number of ECHO studies; and (2) increased utilization of a chronic disease care model.**

Target Population	Strategies	Action Steps	Measure	Partners
Cardiac patients	Begin offering consistent cardiac ECHO services WMH.	<ul style="list-style-type: none"> <li>Use inpatient care pathways established by the network.</li> <li>Educate PCPs and patients on heart disease management.</li> </ul>	<ul style="list-style-type: none"> <li>Number of inpatient order sets used to require an ECHO</li> <li>Number PCP referrals for outpatient ECHO</li> </ul>	<ul style="list-style-type: none"> <li>PCP networks</li> </ul>



## C) Health Equity

### *Diversity, Equity, & Inclusion (DEI)*

In recent years, health systems, public and private agencies, and community-based organizations have increasingly focused on the concept of “health equity.” Health equity is described as “both the absence of systematic obstacles and the creation of opportunities for all to be healthy.” [The American Medical Association \(AMA\) Center for Health Equity](#) imagines health equity as “providing health care that values people equally and treats them equitably and a nation in which all people live in thriving communities where resources work well; systems are equitable and create no harm nor exacerbate existing harms; where everyone has the power, conditions, resources, and opportunities to achieve optimal health.”

Significant effort is required to provide equitable and culturally/linguistically appropriate care to a variety of racial and ethnic communities, each with its own cultural traits, health beliefs, and barriers to health care access. Improving health equity extends well beyond the walls of the hospital, reaches deep into the community sectors, and involves both local and state governments where health policies and protocols are developed.



## Health Equity: Diversity, Equity, and Inclusion (DEI)

**Goal: Identify community leaders to improve preventative care for the Amish Population.**

**Impact: Improved preventative health maintenance.**

<b>Target Population</b>	<b>Strategies</b>	<b>Action Steps</b>	<b>Measure</b>	<b>Partners</b>
Amish population	Identify community leaders	<ul style="list-style-type: none"><li>• Provide opportunity for preventative health screenings</li></ul>	<ul style="list-style-type: none"><li>• Number of population health screenings</li></ul>	<ul style="list-style-type: none"><li>• Chautauqua County Health Department</li></ul>



## D) Conclusion

AHN Westfield places a strong emphasis on providing exceptional care, ensuring access to equitable health care services, and programs for its surrounding communities. Its efforts to address challenges and complexities of care in serving vulnerable populations such as the homeless, elderly, unemployed/underemployed, ethnic, low-income and diverse populations are recognized at community, state, and national levels.

AHN Westfield aspires to improve health, well-being, and health equity for all and understands that “health is more than the absence of disease.” Health is based not only on geographic factors- where people were born, live, work and play- but also on economic, cultural, educational, and social factors. By addressing barriers and identifying social and economic factors called social determinants of health that hinder access to equitable health care, AHN Westfield aims to heighten overall community health status and to improve quality of life for the diverse communities they serve. The health system may provide a plethora of recognized physicians, best practice services, noteworthy programs and services but if residents lack transportation and insurance, access to care can be difficult. There is a direct correlation between the ease of accessing health care and the overall health of a community.

AHN Westfield has addressed many obstacles and accomplished a measurable impact on the community, however, there are still many community health issues that need to be addressed to achieve health equity and anticipated health outcomes. With a focus on the top priorities mentioned above, major and meaningful health concerns for the AHN Westfield communities will be addressed.





**AHN Westfield Hospital**

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