Community Health Needs Assessment: *Community Health Needs Priorities and Implementation Plan*

May 2013
Overview and Background: Bryn Mawr Rehab Hospital

Bryn Mawr Rehab Hospital (BMRH), a member of Main Line Health, is a leader in the field of physical medicine and rehabilitation. The 148-bed, non-profit hospital, offers a continuum of rehabilitation services, including acute inpatient care, as well as outpatient services for adults and adolescents. The range of illnesses and injuries treated at BMRH includes traumatic, mild traumatic and non-traumatic brain injury, stroke and other neurological disorders, spinal cord injury, amputee and orthopaedic injuries and illnesses. In addition, Main Line Health Outpatient Rehab Network provides rehabilitation services at convenient locations in Philadelphia’s western suburbs for patients of all ages.

Our specialized services include Aquatic Therapy, Driver Rehab, Horticultural Therapy, Work Hardening, Assistive Technology, Post-concussive treatment and Vestibular (balance) Therapy. Each year, the hospital treats nearly 3,000 inpatients and more than 100,000 outpatient visits, making it one of the largest providers of physical medicine and rehabilitation services in the region.
Community Priorities

Priority Area: To increase our community education and become an expert resource in injury prevention and good health for our service area.

Goal Leader: Manager Community Outreach

Supporting Information (Driving Safety):

• Driving crashes are the #1 cause of injury-related deaths in the 65-74 age group and the #2 cause (after falls) for the 75-84 age group.

• Driving crashes related to drugs and alcohol use, or any distracted driving, are the #1 killer of teens today.

• Out of five driving crashes that may occur on any given weekend, three teens will die from their injuries.

• 60% of those surveyed in our Community Health Needs Assessment (CHNA) stated they need treatment for adaptive driving.

Supporting Information (Concussion):

• Sports injuries second to only motor vehicle accidents as cause of brain injury ages 15-24.

• There are 300,000 concussions in sporting events annually.

• Concussions are 75-90% of reported traumatic brain injuries.
Priority Area: To increase our community education and become an expert resource in injury prevention and good health for our service area.

Supporting Information (Arthritis):

- An estimated 50 million U.S. adults (about 1 in 5) report doctor-diagnosed arthritis. This number will increase to 67 million by 2030. (National Center for Chronic Disease Prevention and Health Promotion, April 12, 2012)

- It is the most common cause of disability in the U.S., limiting the activities of nearly 21 million adults. (National Center for Chronic Disease Prevention and Health Promotion, Division Population Health, October 31, 2012)

Supporting Information (Falls):

- One out of three adults age 65 and older has a fall each year. (Center for Disease Control and Prevention, National Center for Injury Prevention and Control. September 20, 2012)

- Among older adults (age 65 and older), falls are the leading cause of injury death. They are also the most common cause of non-fatal injuries and hospital admissions for trauma. (Center for Disease Control and Prevention, National Center for Injury Prevention and Control. September 20, 2012)

- 75% of those surveyed in our CHNA said they needed education on fall safety.
Priority Area: To increase our community education and become an expert resource in injury prevention and good health for our service area.

Supporting Information (Stroke):

• Stroke is the leading cause of death in the U.S., killing nearly 130,000 Americans each year – that is one in every 18 deaths. (National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, October 16, 2012)

• On average, one American dies from stroke every four minutes. (National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, October 17, 2012)

• Stroke is a leading cause of serious long-term disability. (National Center for Chronic Disease Prevention and Health Promotion, Division for Heart Disease and Stroke Prevention, October 17, 2012)

Supporting Information (Obesity):

• More than one-third of U.S. adults are obese (35.7%). (National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity, August 13, 2012)

• In the BMRH service area, 20% of adults are obese. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. (National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity, August 13, 2012)
Priority Area: To increase our community education and become an expert resource in injury prevention and good health for our service area.

Supporting Information (Diabetes):

- Diabetes is the major cause of heart disease and stroke. *(National Center for Chronic Disease Prevention and Health Promotion, Division of Diabetes, 2011)*

- Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations and new causes of blindness among adults in the U.S. *(National Center for Chronic Disease Prevention and Health Promotion, Division Population Health, Division of Diabetes, 2011)*

- 75% of those surveyed in our CHNA responded that they need education on Diabetes.
Priority Area: To increase our community education and become an expert resource in injury prevention and good health for our service area.

Goal 1: Develop and/or update our education in-services for the community

Action Items:

• Develop and/or update 11 community education topics: *Driving for Seniors, Home Safe Home, Concussion & Sports, Diabetes & Exercise, Avoiding Tech-based Injuries, Preventing Back Pain, Deciphering Medicare & Health Benefits, Pharmacy for Seniors, Osteoporosis/Nutrition & Exercise, Living with Arthritis, and Stroke*.

• Work with the Education Department to assemble a speakers’ bureau of BMRH staff members.

Goal 2: Book dates in the community with our target audience and present education in-services

Action Items:

• Contact community organizations, senior centers, assisted living facilities and 55+ communities.

• Schedule no less then 10 in-services in our target community each year.
Priority Area: To increase our community education and become an expert resource in injury prevention and good health for our service area.

Goal 3: Create a Senior Night at BMRH on a quarterly basis and provide education on various topics

Goal 4: Collaborate across MLH as appropriate on key priority needs identified:
Action Items:
- Senior Care
- Obesity / Nutrition
- Cardiovascular Health
- Focused effort to work with the Trauma Center at Paoli above and beyond our partnership with Crusin’ Not Boozin® and Chester County Safe Kids

Goal 5: Continue to grow the current community outreach programs that BMRH has offered for years:
Action Items:
- Crusin’ Not Boozin® in-school peer-to-peer speakers
- Home Safe Home falls prevention
- Concussion and Sports
- Driver Rehabilitation Program
Priority: Cultural/Diversity

Supporting Information

Cultural awareness and competence improves the quality of care and health outcomes. Being culturally competent and understanding the varying health needs of diverse populations is important to eliminate disparities of care and to remove any cultural barriers for accessing care.

There are pockets of diverse population in the BMRH community. Although there is limited information on these sub-populations, they may contain persons with varying health needs that may need to be addressed.

Goal 1: Participate in the Main Line Health System-wide Diversity and Inclusion Initiative that is comprised of numerous high level committees and Diversity and Cultural Competence work groups.

Action Items:

• Active participation on MLH “Disparities in Care Work Group” to assess current and projected state of care across MLH related to diverse patient base (racial, cultural, age, gender, sexual preference).

• Active participation on MLH “Community Work Group” to convey the findings and recommendations of the community health needs assessment, better understand the health needs of pockets of diverse populations and ensure that care and education is aligned with the health needs of the community.
Priorities not being addressed in this plan

- Due to the special nature of the BMRH patients, and since the BMRH CHNA service area has significant overlap with some of the other MLH hospitals, BMRH has identified those health needs that are specific to its population and is addressing all of the needs identified. BMRH is a specialty hospital that provides physical and cognitive rehabilitative services primarily for persons that have had joint replacements, strokes, spinal cord illness or injury and brain injury. The needs identified in the assessment include education and the identification of risk factors for areas such as obesity, cardiovascular/stroke, arthritis and injury prevention, all of which contribute to these conditions. These needs are throughout the BMRH CHNA service area.

- In its survey of the rehabilitative patient population, BMRH anticipated that there would be unmet needs in such areas as transportation, respite care and assistive devices. However, survey results showed that these needs were already being met for the vast majority of the population (95%+). Consistent with its mission which states in part “We continually strive for excellence…by contributing to the community through education, research and prevention of disability,” BMRH will continue to work with its rehabilitative population to meet existing needs, with a focus on education to minimize the effects of unhealthy choices which might result in an acute condition subsequently requiring post-acute care.

- While licensed as an acute care hospital, BMRH does not have an emergency department, does not perform surgical procedures and does not deliver babies. It does care for medically complex patients for whom a post-acute level of care is medically necessary and beneficial to their continued progress toward recovery. Community-based hospitals, academic medical centers and other health care providers meet the acute care needs for the BMRH community while BMRH serves as the post-acute resource for the community.
Appendix
Community Partners

Community:

• YMCA of the Brandywine Valley (multiple locations)
• Chester County Food Bank (horticulture department grows vegetables and contributes to the food bank), Re-Med
• Home of the Sparrow
• The Joy of Sox
• Free Clinic of Chester County
• Surrey Services
• Office of Vocational Rehabilitation
• Devereux
• Association of Rehabilitation Nurses – Greater Philadelphia Chapter

• National Multiple Sclerosis Society
• ALS Association of Greater Philadelphia
• ALS Clinic at Pennsylvania Hospital
• ALS Center of Hope at Hahnemann Hospital
• Melmark Home in Berwyn
• CADES in Swarthmore
• Inglis House
• Philadelphia Nursing Home
• Fox Subacute Centers at Warrington
• Clara Burke Subacute Center in Plymouth Meeting
Community Partners

Education:
• Widener University
• Thomas Jefferson University
• West Chester University
• Penn State University
• Arcadia University
• Drexel University
• Scranton University
• Temple University
• Philadelphia University
• Neumann University
• Elizabethtown University
• Harcum College
• Delaware Tech
• Lebanon Valley College
• University of the Sciences
• Immaculata University
• Villanova University
• Eastern University
• Center for Arts and Technology – Brandywine
• Anthem Institute

Career Mentoring:
• Chester County Chamber of Business & Industry (high school juniors and seniors in leadership program)
• Chester County and Delaware County Health Care Partnership Board (provided health care showcases for students)