



Rothman Orthopaedic Specialty Hospital Community Health Needs Assessment Implementation Plan Executive Statement

Community Benefit Acknowledgement:

Thank you to the key community stakeholders in the Rothman Orthopaedic Specialty Hospital communities who participated in the conversations, Community Health Need Assessment interviews, focus groups, and follow-up meetings.

Thank you to the Rothman Orthopaedic Specialty Hospital administration, physicians, leaders, and employees who participated in interviews focus groups and follow-up meetings.

Description of Rothman Orthopaedic Specialty Hospital

On July 1, 2016, Thomas Jefferson University (TJU), a Pennsylvania nonprofit organization that is exempt from federal income taxation pursuant to Section 501(c)(3) of the Internal Revenue Code, acquired majority ownership (54%) of Rothman Orthopaedic Specialty Hospital (ROSH), a Pennsylvania for-profit hospital with physician ownership. ROSH strives to provide quality and compassionate care for our patients, incomparable service to our physicians an empowering workplace for our employees, many of whom live in our community, and a commitment to engagement with our community, setting the standard for superior, patient-focused health care.

ROSH is a 24-bed surgical hospital located in Bensalem, Pennsylvania. The 65,000 square-foot facility with six fully-equipped operating rooms with the latest medical instrumentation is equipped for joint replacements, orthopedic surgery, pain management, spine surgery, sports medicine, foot and ankle surgery, shoulder and elbow surgery, and hand and wrist procedures. Ancillary services include laboratory, imaging, MRI, pharmacy, and physical therapy. In addition to its musculoskeletal patients, ROSH offers outpatient CyberKnife treatments for select malignant and non-malignant tumors.

ROSH is accredited by The Joint Commission for demonstrating compliance with The Joint Commission's national standards for health care quality and patient safety in hospitals. The Joint Commission's hospital regulations address important functions relating to the care of patients



and the management of the hospital organization. The standards are developed in consultation with patients, health care experts, providers, and measurement experts. ROSH employs approximately 140 employees who work with 35 physicians and serve more than 1,500 inpatients and almost 3,800 outpatient visits annually.

Rothman Orthopaedic Specialty Hospital has consistently been recognized by Healthgrades for excellence and outstanding achievements. These include:

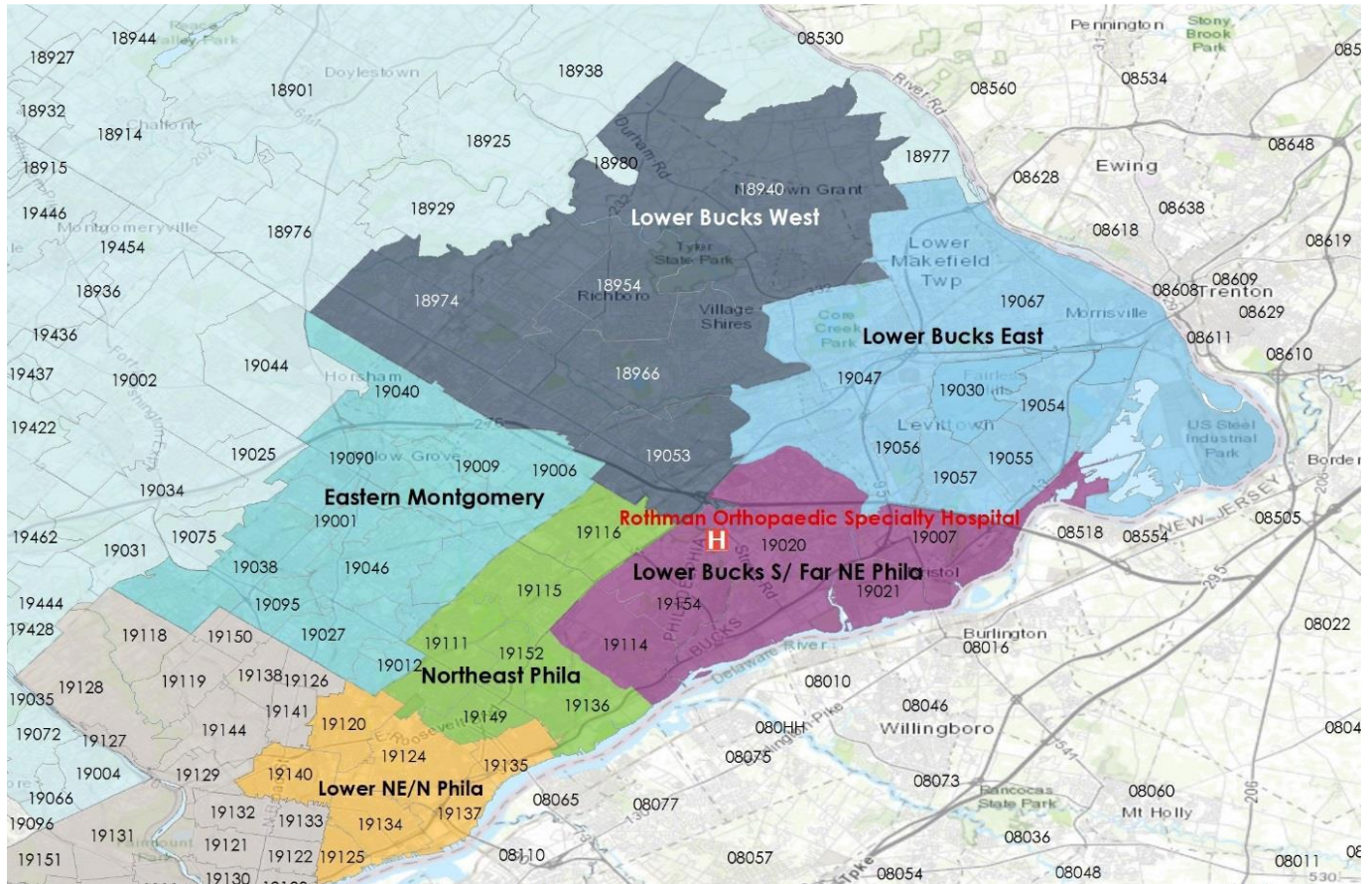
- Healthgrades America's 100 Best Hospitals for Joint Replacement 2021-2022
- Healthgrades Joint Replacement Excellence 2013-2022
- Healthgrades Outstanding Patient Experience Award 2017-2021
- Healthgrades Patient Safety Excellence Award 2019-2021

Description of the Community Served

ROSH's Community Benefit (CB) areas are defined as the areas proximate to the hospital where more than half of patients reside. This includes communities in Bucks, Montgomery, and Philadelphia counties that are aggregated into 6 geographically contiguous regions defined by zip codes. For comparisons, the combined data for Bucks and Montgomery counties combined (Bucks/Mont) and Philadelphia County are provided. Two comparators are warranted due to the disparate populations of Philadelphia and its suburbs.



ROTHMAN ORTHOPAEDIC SPECIALTY HOSPITAL



More than 1.2 million people live in ROSH's CB area. This represents 40% of all residents of Bucks, Montgomery, and Philadelphia Counties combined. Lower NE/N Phila has a higher percent of youth ages 0-17 and Lower Bucks West and Eastern Montco have a higher percentage of adults aged 65+ than other CB areas, Bucks/Mont and the United States. Lower Bucks West is the least racial/ethnic diverse, with 88% of the population identifying as non-Hispanic White. The highest proportion of Asian and Pacific Islanders live in Northeast Philadelphia (12%), and the highest concentration of Black non-Hispanics (34%) live in Lower NE/N Philadelphia. The highest concentration of Hispanics reside in Lower NE/N Philadelphia (36%).



Purpose of the Community Health Needs Assessment (CHNA)

Ongoing, unprecedented increases in the demand for healthcare are challenging for communities and healthcare providers in this era of limited fiscal resources. Regulatory changes also have resulted in new obligations. One of the mandates of the Health Care Reform Act is a Community Health Needs Assessment. Starting in 2013, every three years tax-exempt hospitals must conduct an assessment and implement strategies to address priority needs. The Health Reform Act spells out requirements for the Community Health Needs Assessment. This assessment is central to an organization's community benefit/social accountability plan. By determining and examining the service needs and gaps in a community, an organization can develop responses to address them.

A Community Health Needs Assessment is a disciplined approach to collecting, analyzing, and using data, including community input, to identify barriers to the health and well-being of its residents and communities, leading to the development of goals and targeted action plans to achieve those goals. The assessment findings can be linked to clinical decision-making within health care systems as well as connected to community health improvement efforts. The assessment engages health care providers and the broader community by providing a basis for making informed decisions, with a strong emphasis on preventing illness and reducing health disparities.

Specifically, the Patient Protection and Affordable Care Act (PPACA) mandated a new section in the IRS Code –Section 501(r) for hospitals to obtain/maintain 501(c)(3) status:

- Each hospital facility must conduct a community health needs assessment at least once every three taxable years and adopt an implementation strategy to meet the community health needs identified through the assessment
- The community health needs assessment must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or public health expertise
- The CHNA must be made widely available to the public

The Department of Treasury and the IRS encourage cross-institution collaboration. To that end, the Healthcare Improvement Foundation, in partnership with the Hospital and Health System of



Pennsylvania and the U.S. Department of Health and Human Services (Region 3) convened the region's hospitals in the Collaborative Opportunities to Advance Community Health (COACH) Project. COACH seeks to demonstrate the potential for significant population health impact through coordinated, collective action to establish effective systems for addressing the social determinants of health.

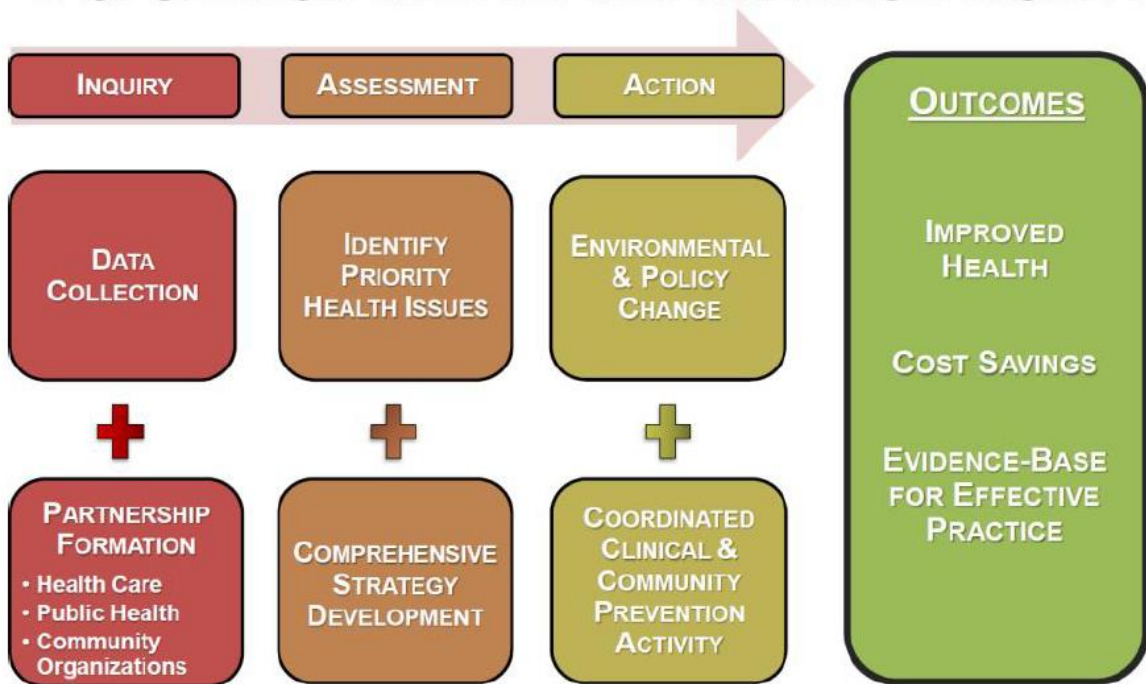
Four principles are guiding the development of a strategy for leveraging community benefit programs to increase their influence:

- 1.) Defining mutually agreed-on regional geographic boundaries to align both community benefit and accountable health community initiatives
- 2.) Ensuring that community benefit activities use evidence to prioritize interventions
- 3.) increasing the scale and effectiveness of community benefit investments by pooling some resources
- 4.) Establishing shared measurement and accountability for regional population health improvement.

Roles and Responsibilities

To undertake this mandate, ROSH formed a Community Benefit Committee. The committee is responsible for overseeing and recommending policies and programs to enhance the health status of communities served by the hospital based on the results of a community health needs assessment. The Community Benefit Committee are trustees, staff, physicians, nurses and other clinicians. The Committee may also invite, as guests, various representatives of the communities served by ROSH. ROSH Community Health leaders with support of the Community Benefit Committee recommends using the following model to guide planning and programmatic efforts, and to explain to internal and external stakeholders the rationale for the Community Health implementation plan.

CLINICAL/COMMUNITY POPULATION HEALTH INTERVENTION MODEL



Community Health Needs Assessment Methods

Literature Review and Secondary Data Sources

In preparation for the community health needs assessment more than 20 secondary data sources were reviewed. Public Health Management Corporation's Household Health Survey was a major source for local area data.



In addition, as a collaborative effort, ROSH and Jefferson Health – Northeast conducted focus groups with 29 employee representatives of the community in 2 sessions. Focus group questions were designed to elicit participants’ perceptions of the major health and social concerns of the neighborhood and larger community, their insights regarding barriers to accessing health and social services and improving lifestyles, their opinions about existing and/or potential interventions to address community health improvement, and their thoughts about what specific recommendations ROSH and Jefferson Health – Northeast could do to improve the health of the community.

These questions were designed to gain insight about health needs and priorities, barriers to improving community health, and the community assets and efforts already in place or being planned to address these issues and concerns.

The top 5 priorities identified for Southeastern Pennsylvania were:

- Integration of healthcare and behavioral/mental healthcare
- Preventive screenings
- obesity
- behavioral/mental health for adults
- Primary care

Health and Healthcare

In the hospital’s 2019 CHNA, the following priority health needs within the scope of ROSH services for the population of the ROSH CB areas:

- Substance Abuse, especially Opioid addiction stems from addiction to pain relievers

Towards the goal of making a positive contribution to reducing the opioid addiction crisis in our community

1. ROSH partnered with the Bensalem Community Response Unit to fund responders to substance-related 911 calls. The program pairs a paramedic or EMT with a Certified Recovery Specialist to provide recovery support, education, resources, and treatment options.



2. Internally, pharmacists, surgeons and anesthesia providers worked collaboratively to order multi-modality pain relief solutions in lieu of opioids.
3. Surgeons proactively set patient expectations to expect some pain and to seek relief through non-opioid medications.
4. Drug-take back days were also marketed to employees and patients through displays and repeat e-mail campaigns.

ROSH community benefit also included financial assistance for elective surgery to individuals in need in our community.

Community Health Implementation Plan and Impact

Impact of Covid-19

The Covid-19 pandemic along with its ongoing variants continues to have a profound impact on health systems globally. Since 2020, health systems have faced diminished staff capacity, limited resources, and growing pressure to focus on responding to acute Covid-19 community needs. Many in-person programs and services traditionally rendered by ROSH to mitigate community health needs were suspended for extended periods of time and or were transitioned into virtual delivery. Despite these recent challenges, ROSH's efforts to address community needs have continued with the work adapting to correspond with state-sanctioned safety guidelines.

The 2019 CHNA Community Health Implementation Plan (CHIP) identified the following domains as the most critical and within the ROSH scope of services:

- 1.) Healthy Lifestyle Behaviors and Community Environment
- 2.) Chronic Disease Management
- 3.) Access to Care

Since the 2019 CHNA, ROSH has executed the following initiatives in efforts to provide relevant community health needs relief:

1. Healthy Lifestyles Domain



a. Decrease Substance Abuse

- i. Engaged with PA Department of Public Health (DOH) & Univ. of Pittsburgh School of Pharmacy for a "Prescription Drug Monitoring Program (PDMP) Culture Change Assessment Report" to assess hospitals' medical staff engagement and utilization of the PDMP program. These recommendations guided leadership efforts to improve PDMP utilization toward the identification of patients who may have an opioid use disorder.
- ii. PDMP Compliance
 - 1. 2019 - 140 compliant PDMP checks out of 3,314 = 5% compliance
 - 2. 2020 - 3,863 compliant PDMP checks out of 4,159 = 93% compliance
 - 3. 2021 - 4,359 compliant PDMP checks out of 4,672 = 93% compliance
- iii. Rothman Surgeons Consent for Opioids (contract between surgeon & patient)
 - 1. 2018 - 13 pages - approximately 260 images scanned for 5,103 patients = 5% compliance
 - 2. 2019 - 42 pages - approximately 840 images scanned for 5,086 patients = 17% compliance
 - 3. 2020 - 147 pages - approximately 2,940 images scanned for 4146 patients = 71% compliance
 - 4. 2021 - 177 pages - approximately 3,540 images scanned for 4549 patients = 78% compliance
- iv. Advertise internally drug take-back days & local locations
- v. 2/27/2020 \$25K grant to Bensalem EMS to fund the placement of Certified Recovery Specialist with EMS personnel.
- vi. Stock two nasal spray Narcan in AED cabinet in Lobby for walk-in assistance
- vii. Narcan is also available in all Pyxis medstations for nursing + additional stock in Pharmacy
- viii. Medical staff active push towards multi-modal pain relief peri and postoperatively to decrease the opportunity for addiction, especially amongst opioid naïve patients.

b. Promote Physical Activity

- i. ROSH offers annual financial incentives to each employee (and spouse) who participates in a Health Savings Account while achieving Vitality gold status through logging of healthy activities that include biometrics.

c. Social and Health Care Needs of Older Adults to Prevent Injury

- i. Extensive promotion/amplification of Rothman orthopaedic surgeon articles, seminars, and talks through ROSH Social Media (Facebook exclusive).



- ii. Continued nurse education during hospitalization and at discharge regarding the return of unused narcotics
2. ROSH Readmission rate is far below Pennsylvania's average.

Addressing all of the health needs present in a large community requires resources beyond what any single hospital or social service agency can bring to bear. The Community Benefit Committee of Rothman Orthopaedic Specialty Hospital is committed to fulfilling its mission as well as remaining financially viable so that it can continue its commitment to excellence in quality care and provide a wide range of community benefits. In addition, ROSH professionals will continue to collaborate with Jefferson Health colleagues to improve health status in conjunction with the hospital's partnerships. ROSH will be participating in Jefferson Health's 2022 CHNA & CHIP process. Best practices will be shared with the aim of enhancing infrastructure, stretching resources, and incorporating knowledge about social determinants of health and health literacy to better the population's health and well-being.