This is the facility specific implementation strategy for Transylvania Regional Hospital and addresses the community health needs identified through a collaborative community health needs assessment (CHNA) process conducted with local and regional partners in western North Carolina. This document outlines plans for Transylvania Regional Hospital to support specific community benefit efforts as part of a larger community-wide plan.

**Our Community and Key Partners**

**Transylvania Regional Hospital Community**

Transylvania Regional Hospital is located in Brevard, North Carolina and primarily serves the residents of Transylvania County. The hospital is a 30 bed Critical Access Hospital offering a comprehensive list of services including inpatient medical/surgical, intensive care, stepdown, and transitional care, 24/7 emergency care, surgery, outpatient diagnostic procedures and same day surgery, imaging, cardiac and pulmonary rehabilitation, physical, occupational, and speech therapy, wound and ostomy care, pain management, cancer care, and sleep lab.

The Hospital was established in 1933 by two local physicians who felt that the county deserved its own hospital. Within nine years, the Hospital outgrew two separate sites and in 1942, a new hospital was constructed with the help of the community's investment campaign. In 1952, the Hospital expanded and served the county's residents for 20 years. Finally, in 1973, the current Hospital was constructed with more than one million dollars in community contributions. In 2012, the Hospital became a member of the Mission Health System.
Community Health Needs Assessment

Process and Product
The Transylvania Regional Hospital’s community health needs assessment (CHNA) was conducted in partnership with the Transylvania Health Department and other key partners. This written report describes:

- The community served by the hospital
- Community demographics
- Existing health resources in the community available to respond to needs
- How data was collected in the assessment process
- The priority health needs of the community
- Health needs and issues of uninsured, low-income, and minority groups
- The process for identifying and prioritizing community needs and services to meet the needs
- The process for consulting with persons representing the community’s interests
- Information gaps that limit the hospital facility’s ability to assess the community’s health needs

Sharing of Results
Detailed findings for our assessment is posted on the Mission Health website http://www.mission-health.org/community-health-needs-assessment.php and the Transylvania Public Health website http://www.transylvaniahealth.org. The CHNA was presented to the Transylvania Board of Trustees on January 26, 2017 for discussion and approval.

Regional Partnership
Our hospital’s collaborative community health improvement effort is also supported by a larger partnership with other hospital facilities and health department partners across a sixteen county region in western North Carolina to improve community health: WNC Healthy Impact. More information about this innovative regional collaboration, county-wide community health assessments, and overall regional findings, are made widely available to the public at www.WNCHealthyImpact.com.
PRIORITY HEALTH NEEDS & HOW THEY WERE ESTABLISHED

Prioritization Process

As part of the collaborative health assessment process in our community, specific health needs were prioritized based on the data that was collected, community input, and various factors related to feasibility of addressing the need. Details on this process are available in our CHNA, which is publically available on Mission Health's website http://www.mission-health.org/community-health-needs-assessment.php

Priority Health Needs for Our Community

Transylvania County
In Transylvania County, the following health issues were prioritized for collective community-wide action.

1. **Substance Abuse** – Transylvania County has an overall lower mortality rate than the rest of the state however, unintentional injuries is one of the highest causes of death as compared to the state. The largest proportion of unintentional injuries is unintentional poisoning caused by medication or drug overdose. From 2009-2013, 33 residents died from unintentional poisoning, the highest in the region and the state. 29 or 88% of those were due to medication or drug overdose, the highest in the region and the state. "Other opioids" such as Vicodin, Morphine, and Percocet accounted for 53.6% of deaths, synthetic narcotics such as Methadone accounted for 14.3%, benzodiazepines such has Xanax and Valium accounted for 7.1%, and alcohol accounted for 7.1%.

2. **Mental Health** – This is a new county priority related to mortality and morbidity stats, the relationship to substance abuse, and a lack of treatment and counseling especially for those with low incomes or no insurance. In 2009, 518 county residents were served by the Area Mental Health Program compared to 1,151 residents in 2013. The number of residents served by State Psychiatric Hospitals decreased from 33 in 2006 to 1 in 2013 however, during that same time an average of 26 residents per year were being served by State Alcohol and Drug Abuse Treatment Centers. In 2015, 16% of residents reported 7 or more days of poor mental health within the past month versus 12% in 2012. In addition, nearly 6% were dissatisfied or very dissatisfied with life and over 5% could not get treatment or counseling within the past year.

3. **Nutrition, Physical Activity, and Weight** – 37% of the county's residents reported a healthy weight, residents reported receiving only half of the recommended serving of fruits and vegetables in the past week, and 33% of residents stated that it was difficult to
get affordable fresh produce. 15% of the county's residents were food insecure and 29% of children were food insecure compared to 22% in the state and 21% in the nation. Of the 29%, 21% of children do not qualify for federal nutrition programs. 50% of residents stated that they got the recommended amount of daily physical activity and 33% of residents stated that they were limited due to physical, mental, or emotional problems. Residents also felt that is was important for county organizations to provide afterhours opportunities for physical activity.

HOW THIS IMPLEMENTATION STRATEGY WAS DEVELOPED

Engagement in a Community-Wide Plan

As a next step following the development of a community health needs assessment (CHNA), which includes prioritization of health needs, Transylvania Regional Hospital collaborated with local public health experts and other key community stakeholders to develop a written description of the activities that hospital facilities, public health agencies, and other local organizations plan to undertake collectively to address specific health needs in our community. This collaborative action planning process resulted in the development of an electronic community health improvement plan (e-CHIP) for each county in our hospital facility's defined community, which include Transylvania County.

The electronic Community Health Improvement Plan (e-CHIP) for Transylvania County can be found at [http://app.resultsscorecard.com/Scorecard/Embed/17871](http://app.resultsscorecard.com/Scorecard/Embed/17871)

IMPLEMENTATION STRATEGY DETAILS

Priority Health Issue #1: Substance Abuse

Description of Community Need

Substance Abuse – Transylvania County has an overall lower mortality rate than the rest of the state however, unintentional injuries is one of the highest causes of death as compared to the state. The largest proportion of unintentional injuries is unintentional poisoning caused by medication or drug overdose. From 2009-2013, 33 residents died from unintentional poisoning, the highest in the region and the state. 29 or 88% of those were due to medication or drug overdose, the highest in the region and the state. "Other opioids" such as Vicodin, Morphine, and Percocet accounted for 53.6% of deaths, synthetic narcotics such as Methadone accounted for 14.3%, benzodiazepines such as Xanax and Valium accounted for 7.1%, and alcohol accounted for 7.1%. Lastly, 22% of Transylvania County residents are current smokers compared to 19% in the region, 20% in the state, and 15% in the nation. This is also much higher than the
Healthy People 2020 target of 12% or lower. In addition, 3% of residents use smokeless tobacco, and 8% use e-cigarettes compared to 7% in the region.

**Desired Community Result**
The C.A.R.E Coalition will utilize results based accountability as well as a scorecard to monitor their results. Prescribers will partner with the C.A.R.E Coalition by utilizing Narcan when appropriate and by delivering a consistent message to patients regarding safe storage and disposal of prescription medications. Consequently, patients will comply with safe medication storage and disposal, especially those patients prone to substance abuse.
The provision of "wrap around" services for mothers with substance abuse will result in fewer infants being born with substance exposure.
The community will have access to Tobacco Treatment Specialists and smoking cessation programs increasing the probability of cessation success.

**Partner Agencies and Roles**
C.A.R.E Coalition, Transylvania County middle schools and high schools, Mission Health System, OB Providers, DSS (Department of Social Services), Duke/UNC Chapel Hill

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### PRIORITY HEALTH ISSUE #1 SUBSTANCE ABUSE

<table>
<thead>
<tr>
<th>Hospital Strategy -1:</th>
<th>Partner with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Substance Abuse.</th>
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<tbody>
<tr>
<td>Description of Activities</td>
<td>Anticipated Impact</td>
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</table>
| Partnership will be aligned with the priority health needs of Transylvania Regional Hospital (TRH) and the community members we serve. Partnership will continue to be made with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Substance Abuse. | C.A.R.E Coalition, formed solely to address substance abuse issues in Transylvania county. The Coalition engages in collaboration with community partners on initiatives to reduce the misuse/abuse of prescription drugs, nicotine, opioids, and others, as well as provide harm reduction tools like Naloxone. Expected results include:  
• 20% increase in middle and high school students that attend substance awareness classes that report to be substance free.  
• 50% of TRH leadership team will be involved and engaged in community work/events with C.A.R.E coalition |
### Hospital Strategy – 2: Develop High Utilizer database for TRH

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| TRH is participating in a collaborative model to develop and implement a high utilizer database in Cerner which will heighten awareness around opioid use. This data base will include patient specific care plans and history to better manage this population. | • Decrease ED utilization for high utilizer group by 25%  
• Increase provider awareness of opioid use in this high utilizer group  
• Decrease the number of Opioid prescriptions written in the TRH ED by 10% |

### Hospital Strategy – 3: Coordinate comprehensive, “wrap-around” services for women engaged in substance abuse and their infant children.

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| Clinical leaders from Transylvania Regional Hospital are engaging in a community collaboration to develop coordinated care and comprehensive, “wrap-around” services so that a woman struggling with substance abuse and her infant child receive the care they need to thrive. This includes ensuring mothers receive substance use/abuse help and babies get a safe, healthy start. | • Early Substance Use Disorder identification and engagement  
• Early access to prenatal care, measured by gestational age at entry into care system  
• Decreased incidence of Perinatal Substance Exposure  
• Reduced DSS involvement and need for child placement  
• Increased utilization of adequate care services |

### Hospital Strategy – 4: Increase the number of certified Tobacco Treatment Specialists in Transylvania County

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<td>Following the training, Tobacco Treatment Specialists (TTS) will continue to stay engaged as a cohort managed by a person on the Mission Wellness Team.</td>
<td>• Metrics for measuring impact and tracking</td>
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</table>
Community Investment funding is providing for a 4-day Tobacco Treatment Specialist (TTS) Certification program for 2 participants in Transylvania County in July of 2017. This training is typically provided in the central region of the state and is cost-prohibitive to community agencies. Mission Health will be supporting this initiative with a number of participants throughout the region.

Partner with Mission Wellness to provide virtual smoking cessation visits to both staff and the community in the local TRH Wellness office.

effectiveness of inserting these trained specialists in the community are being developed and will be reported in annual implementation strategy updates.

- 75% success rate of those who join smoking cessation virtual program.

Priority Health Issue #2: Mental Health

Description of Community Need
Mental Health – This is a new county priority related to mortality and morbidity stats, the relationship to substance abuse, and a lack of treatment and counseling especially for those with low incomes or no insurance. In 2009, 518 county residents were served by the Area Mental Health Program compared to 1,151 residents in 2013. The number of residents served by State Psychiatric Hospitals decreased from 53 in 2006 to 1 in 2013 however, during that same time an average of 26 residents per year were being served by State Alcohol and Drug Abuse Treatment Centers. In 2015, 16% of residents reported 7 or more days of poor mental health within the past month versus 12% in 2012. In addition, nearly 6% were dissatisfied or very dissatisfied with life and over 5% could not get treatment or counseling within the past year.

Desired Community Result
In an effort to provide comprehensive patient care and support, physicians and community agencies will adopt a collaborative care model that promotes transparency, awareness, and smooth navigation of available community resources. There will be more timely identification of mental health issues through increased routine screening by providers.

Partner Agencies and Roles
NAMI (National Alliance of Mental Illness), Vaya (Transylvania County Crisis), county leadership, mental health providers, law enforcement, Fresh Start, Meridian, and RHA
### Priority Health Issue #2: Mental Health

#### Hospital Strategy - 1:
Partner with agencies and programs that successfully demonstrate measurable outcomes to increase access to resources that impact Mental Health.

<table>
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| TRH will partner with National Alliance of Mental Illness (NAMI) to provide increased awareness of TRH Behavioral Health (BH) services to community members and provide space for NAMI meetings to be held throughout the year. | • Increase in self-referrals to the Fresh Start program by 10%
• NAMI meetings will be held weekly in the Fresh Start space
• NAMI Board will meet in Fresh Start space quarterly |

#### Hospital Strategy – 2:
Work collaboratively with county crisis agencies, law enforcement, county leadership, and mental health providers to provide comprehensive care

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<tr>
<td>Clinical leaders from TRH will participate in the monthly Transylvania County Crisis Provider Meeting to increase awareness of community needs, build relationships with community providers and law enforcement, and develop shared goals and plans to serve this patient population. This meeting is attended by local leadership, mental health providers, and law enforcement.</td>
<td>• TRH leadership will be present for 75% of all County Crisis Provider Meetings</td>
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#### Hospital Strategy – 3:
Develop “Warm Hand Off Program” to increase collaboration between providers

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</table>
| TRH will develop and implement a warm hand off program for both inpatients and ED patients in collaboration with local mental health programs, Fresh Start, Meridian, and RHA. | • 75% of providers report (through survey) a more comprehensive approach to transitions in BH patient care
• Increase patient follow up compliance with providers and outpatient treatments by 10% |
Priority Health Issue #3: Nutrition, Physical Activity, and Weight

**Description of Community Need**

**Nutrition, Physical Activity, and Weight** – 37% of the county’s residents reported a healthy weight, residents reported receiving only half of the recommended serving of fruits and vegetables in the past week, and 33% of residents stated that it was difficult to get affordable fresh produce. 15% of the county’s residents were food insecure and 29% of children were food insecure compared to 22% in the state and 21% in the nation. Of the 29%, 21% of children do not qualify for federal nutrition programs. 50% of residents stated that they got the recommended amount of daily physical activity and 33% of residents stated that they were limited due to physical, mental, or emotional problems. Residents also felt that it was important for county organizations to provide after-hours opportunities for physical activity.

**Desired Community Result**

The community will have more access to programs and services that promote healthy nutrition, physical activity, and optimal weight. Furthermore, the community will support these initiatives at local stores and social venues.

**Partner Agencies and Roles**

Local fitness centers, County Farmer’s Market, Mission Sports Medicine

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**PRIORITY HEALTH ISSUE #3 NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT**

<table>
<thead>
<tr>
<th>Hospital Strategy -1:</th>
<th>Provide health education programs and health services that promote increased awareness and skills to maintain healthy weight</th>
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<tbody>
<tr>
<td><strong>Description of Activities</strong></td>
<td><strong>Anticipated Impact</strong></td>
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</table>
| TRH will develop and implement a weight management program that is open to the community. This will include TRH clinical staff/leaders as well as dietician. Program provides services to help patients reach and maintain a healthy weight. TRH will collaborate with Mission Wellness to offer virtual clinic weight management visits to staff and community in the local hospital wellness office | Offer education and support for adults and children to eat healthy, be active, prevent or manage chronic diseases, and feel a sense of community. Expected results include:  
  - 80% of participants improve a medical condition or appropriate decrease in weight  
  - 75% of participants learn to plan easy, affordable healthy meals and choose healthy snacks,  
  - 80% of participants demonstrate increased knowledge of the benefits of activity and strategies to reduce inactivity. |
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<tr>
<td>Clinical leaders from Transylvania Regional Hospital are taking part in a community collaboration with the Transylvania County Farmer’s Market in downtown Brevard to increase awareness of the dietary needs of the community and resources available for those in need. Financial sponsorship from TRH will also be provided as part of this work.</td>
<td>• 50% of TRH leadership team will participate in Farmer’s Market events</td>
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**Hospital Strategy – 3:**

**Provide resources to local schools that promote healthy children and increased awareness around sports injuries and wellness.**

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<tr>
<td><strong>Mission Sports Medicine</strong> provides athletic trainers and sports medicine care in local middle and high schools for active sports teams, and during games/matches/meets. Sports Medicine Athletic Trainers help ensure young athletes are able to stay active and perform at their best.</td>
<td>• Athletic trainers provide support and rehab for student athletes in 2 middle and high schools reaching approximately 500 students. They also provide physicals to assess healthy weight, cardiovascular fitness and skeletal health.</td>
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</table>
**Next Steps**

As part of the community health improvement process, Transylvania Regional Hospital will continue to work with community partners in the development, implementation, and monitoring of our collaborative electronic community health improvement plan (e-CHIP) that includes some of the hospital strategies outlined in this document. The e-CHIP will be reviewed annually by Transylvania Regional Leadership to assess progress on key community indicators and updates will be presented to the Board and community partners and made publically available in a county-wide State of the County Health Report (SOTCH Report). The next community health needs assessment (CHNA) will be conducted in 2018. In addition, as progress allows, we will be creating an electronic scorecard to monitor the performance of key strategies included in this document.

**Approval**

This report was prepared for the January 26, 2017 Transylvania Regional Board meeting, and is approved as signed below by the Board Chairperson and Hospital President.

Dana Christianson, MD, Board Chair  

Jim Corseckshank, Vice - Acting Chair due to Board Chair's Absence  

1-27-17  

Date

Michele Pilon, President/CNO  

1-27-17  

Date