

THE HOSPITAL OF FOX CHASE CANCER CENTER

Community Health Needs Implementation Strategy

FY14 Progress Report



Community Benefit Implementation Plan – Progress Report AOH – Fox Chase Cancer Center (FCCC) July 1, 2013 – June 30, 2014

Priority Area #1: Develop a system-wide approach to enhance coordination and participation in Temple University Health System (TUHS) research.						
Goal	Action Item	Progress	Outcomes			
Identify and track clinical and population-based cancer research and its contributing risk factors across TUHS to identify opportunities for collaboration and approaches to increase patient and community	Assemble Implementation Team and meeting(s).	□ Not started □ In progress ⊠Completed	Team was assembled. Three in-person meetings were held throughout the year, along with 6 conference calls. Procedures were finalized in team meetings and calls.			
	Develop an assessment tool to capture clinical and population-based research within the TUHS.	□ Not started □ In progress ☑ Completed	A tool has been developed and shared with the team. Initial studies secured by TUHS and FCCC. Data entry process is ongoing as new studies are added.			
	Develop a plan that outlines the data collection process and procedures.	□ Not started ☑ In progress □ Completed	Data collection procedures utilize newly implemented software programs (OnCore) for capturing clinical and population-based research. We will continue to evaluate whether this process is efficient and timely.			
Objectives Assess the number of advisories that include community members. Identify areas for potential collaboration amongst TUHS entities. Identify opportunities and strategies for community engagement and/or participation.	Establish a monitoring schedule to update research portfolio.	□ Not started ☑ In progress □ Completed	Research portfolio will be updated twice a year utilizing the procedures described above.			
	Provide a synopsis of data collected to share with community advisory and implementation team for input and feedback.	□ Not started ☑ In progress □ Completed	Synopsis has been completed and presented for input. Additional refinements will be made guided by feedback and comments received.			
	Share the synopsis and recommendations for community engagement to researchers.	□ Not started ☑ In progress □ Completed	Recommendations for varied approaches for sharing the data synopsis are currently being sought.			
Priority #2: To enhance access to evidence-based cancer prevention and cancer care.						
Goal	Action Item	Progress	Outcomes			
Enhance access through education, screening, navigation, behavioral and translational research, and best practices for community engagement.	Disseminate Speakers Bureau brochure via first-class mail, FCCC website, publications via tailored media (newsprint or radio), and participation at outreach events.	□ Not started □ In progress ☑ Completed	Our Speaker's Bureau promotion efforts yielded requests with 24 organizations for FY 14 for educational programs. During this timeframe (July 2013-June 2014) our health educators reached 3866 individuals with evidence-based cancer education programs. Forty eight percent (48%=1,843) were conducted in Spanish to address the language barrier identified in the community needs assessment. Data analysis via pre/post-test			

Objectives To provide bilingual cancer education sessions to 2,000 individuals in the community through the community Speakers Bureau within the target region. To provide cancer screening via the mobile unit with at least 25% held in community settings. Establish a standardized community navigation process for mobile cancer screening program to facilitate access to care.	Cancer screening efforts will continue with partnerships currently developed to provide annual screening dates. Identify new community sites to explore partnerships for both screening and educational programs.	□ Not started □ In progress ☑ Completed □ Not started ☑ In progress □ Completed	revealed a significant change in knowledge, attitude and intent to screen for cancer in the future. Thirty-four percent (34.4%) of breast cancer screenings were conducted in community settings, surpassing the goal of 25%. 1,184 community women have been screened, 2 were diagnosed with breast cancer and were navigated into treatment. The total number of screenings sites is 88. This includes both corporate and community sites. Of these, 37 are community sites and represents 41.5% of our screenings, far exceeding our goal of 25%. We are still looking to expand our educational programs
	Monthly navigation team meetings.	□ Not started □ In progress ☑ Completed	into our screening sites. Access to Care: Community Patient Navigators attended monthly meetings with clinical nurse navigators at FCCC to ensure access to follow-up services for women receiving services on the FCCC mobile screening unit. During FY 14, 88 women were navigated into follow-up care, 41 were women from community screening sites. FCCC is now part of the Temple University Health System (TUHS). During FY 14 we established a process for navigating women from the mobile screening unit into care within our health system.
	Communicate FCCC's annual community benefit activities and level of support to stakeholders.	□ Not started ☑ In progress □ Completed	The final community benefit report for FY 14 has been filed with the IRS and will be shared with the senior leadership at FCCC, Board of Directors and staff at FCCC including researchers via our public website http://www.fccc.edu/information/community-hlth-assessment/index.html
Priority Area #3: Strength	en practices for providing culturally competent care.		
Goal	Action Item	Progress	Outcomes
To educate staff and physicians about the	Participate on conference planning committee.	☐ Not started	Staff participated in weekly conference calls to assist with program planning activities.
physicians about the		☐ In progress ☑ Completed	The event took place on May 2, 2014 and 121 participants
	Identify opportunities for FCCC faculty and services.		

Objectives			
 Participate in planning a system-wide conference focused on cultural competency. Conduct a one day conference for TUHS staff, focused on increasing staff's cultural competency. Follow-up survey will measure adoption of strategies presented at conference. Provide two opportunities for partner organizations to contribute to the learning experience i.e. in-service training(s) Enhance and/or streamline language services to facilitate access to care by non-English or limited English proficient patients, and deaf and hearing impaired patients as mandated by the DHHS National Standards for culturally and Linguistically Appropriate Services in Health Care and by Joint Commission on Accreditation of Healthcare Organizations (JCAHO). Assess and provide recommendations to improve patient access and navigation to services. 	Promote event internally to FCCC staff.	□ Not started □ In progress ☑Completed	Keynote speaker: Health Disparities, Cultural Competency and Implications for Quality Care. Breakout session 2 provided an opportunity for the Director of Psychiatry Karen Mechanic, MD, to present. The event was promoted via weekly bulletins, staff meetings and posting flyers throughout the institution. In total, 121 staff from the four Temple University Health System entities attended the conference.
	Identify and secure a partner organization to deliver an inservice training.	□ Not started ☑ In progress □ Completed	Several CME sessions were provided to FCCC staff to address cultural competence including health literacy and its impact on health outcomes, working with the growing Hispanic/Latino community. Other sessions will be added in FY 15 working with partner organization.
	Collaborate with TUHS Cultural and Linguistic Services to implement a standardized language access program.	□ Not started □ In progress ☑ Completed	Significant progress has been achieved. A total of 77 language access telephones; one video remote machine for accessing American Sign language, one <i>PockeTalker</i> and one amplifier phone for the hard of hearing were deployed throughout the AOH-FCCC campus. Training was provided to all in-patient and out-patient staff on policies and procedures related to language access services for non-English speaking patients. Additionally, staff was provided a hands-on demonstration on how to use the new equipment.
	Develop recommendations that address access and navigation issues.	☐ Not started☐ In progress☐ Completed	Staff met with FCCC and TUH to establish patient navigation models to assist non-English speaking women screened on the Mobile Screening Unit.
	Prioritize recommendations and associated budgets to be	□ Not started	A budget of \$35,000 established to cover all costs related to safe

presented to appropriate leadership.	☐ In progress ☑ Completed	communication with non-English speaking patients was presented and approved. There is no charge to patients or their insurance carriers for this service.
Evaluate impact of any changes implemented.	□ Not started □ In progress ☑ Completed	Evaluation results revealed: The initial budget allotted for services at the AOH-FCCC Campus for FY14 was \$15,000. This amount was based on the initial investigation prior to implementation, which revealed that the utilization of services was very low. The FY15 budget is now \$35,000 based on the high utilization of language access services in FY14. This represents an increase of 43%. There were only four language phone units throughout the facility. The implementation of 77 units has helped staff with resources that are readily available to safely communicate with non-English speaking patients. There were a total of 775 interpretations completed YTD. This is a new program at AOH-FCCC, and there is no prior data on file to compare with the previous year.