2020 – 2022
IMPLEMENTATION STRATEGY
FOR THE 2019
COMMUNITY HEALTH
NEEDS ASSESSMENT

Healthier Tomorrows

ValleyHealth
Winchester Medical Center

Introduction

This implementation strategy describes how Winchester Medical Center plans to address the significant community health needs identified in the 2019 Community Health Needs Assessment (CHNA). This report outlines the strategies that Winchester Medical Center plans to implement in 2020 through 2022 to address in whole or in part, the identified community health needs.

The hospital may amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and merit enhancements to the described strategic initiatives. Alternately, other organizations in the community may decide to address certain community health needs included here. This plan and its strategies may be refocused to account for such changes in the community landscape. While the work described in the implementation strategy focuses on addressing significant health needs identified in the CHNA, other essential health programs also will continue. For more information on Winchester Medical Center's additional programs and services, please visit https://www.valleyhealthlink.com/WMC.

2019 Community Health Needs Assessment Summary

Winchester Medical Center's 2019 Community Health Needs Assessment was conducted between January and April 2019 by collecting and analyzing information from multiple sources. Data on health status, health care access, and related subjects was analyzed. From January through February 2019, 56 group interviews were held where input from over 200 individuals representing broad interests of the community was collected. A community health survey was distributed and completed by 2,364 respondents, and in April 2019, three community response sessions with community stakeholders were held. Interviews and community response sessions included (a) individuals with special knowledge of, or expertise in, public health, (b) representatives from local and state health agencies with current data and information about the health needs of the community, and (c) leaders representing medically underserved, low-income, minority populations, and populations with chronic diseases. Feedback from community response sessions helped validate findings and prioritize identified health needs.

Valley Health's internal project team included:
Mark H. Merrill, president and CEO, Valley Health System
Grady W. (Skip) Philips, III, senior vice president, Valley Health and president, Winchester Medical Center
Chris Rucker, president, Valley Regional Enterprises; vice president, Ambulatory Services
Elizabeth Savage, senior vice president/chief human resources officer and vice president, Community Health and Wellness
Tracy Mitchell, director, Community Health and Wellness Services
Michael Wade, operations manager, Marketing and Communications
Mary Welch-Flores, manager, Planning & Business Development.

The Valley Health Community Advisory Council [CAC] provided insight regarding the needs of the communities participating in the 2019 CHNA. The CAC supported the process to ensure alignment with the organizational mission and vision and support of legislative mandates regarding CHNA reporting. Members of the committee made sure those components of the CHNA were adequately compiled and addressed, and that the project was completed with prioritized health needs.

Implementation Strategy Methodology

Executive leadership, entity leadership, and members of the CAC managed the implementation planning process. Their collective work resulted in the development of an implementation strategy plan to address the needs identified in the 2019 Community Health Needs Assessment. Key elements of the implementation planning process included a series of work sessions, including an orientation session and review of the 2019 identified needs, an analysis of internal hospital resources, a review of evidenced-based and best practices, and a cataloging of potential community partners. Hospital leaders aligned needs with best practice models and available resources, defined action steps, timelines, and potential partners for prioritized needs to develop the accompanying implementation plan.

Overview of Winchester Medical Center and Valley Health

Our Mission
Serving Our Community by Improving Health.

Our Vision
Inspire hope and promote health as the community's first – and best – choice for high quality, safe and affordable care

Our Values
Compassion
Integrity
Collaboration
Courage
Innovation
Excellence

KEY STATS at a Glance: Winchester Medical Center
Emergency Department Visits = 74,142
Total Discharges = 24,761
Hospital Based Outpatient Encounters = 348,987
Total Outpatient Laboratory Tests & Imaging Exams = 1,132,234
Financial Assistance & Means-Tested Programs = $24,172,810

About Winchester Medical Center

In 1903, the 36-bed Winchester Memorial Hospital opened in a residential neighborhood near downtown Winchester, Virginia. Its existence and continued growth owed much to the vision of Dr. Hunter H. McGuire and a board of 52 community leaders, several generous donors, the fundraising persistence of the Winchester Memorial Hospital Ladies' Auxiliary (formed in 1902), and a hospital-based training school for nurses whose students staffed the facility around the clock. For the next 70+ years, the hospital continued to expand its physical presence, its medical staff of board-certified specialists and its scope of services.

By 1953, when a five-story Stewart Street addition opened, Winchester Memorial Hospital had grown to 300 beds; by 1972, the official bed count was up to 400. After years of deliberation, the Winchester Memorial Hospital board decided to move the facility from its landlocked location to a 100-acre site on Amherst Street. In 1984, the hospital was renamed Winchester Medical Center and, with Valley Regional Enterprises and Surgi-Center of Winchester, became the core of a new nonprofit health system.

Ground was broken in 1986 for the new 356-bed Winchester Medical Center, an $80 million construction project that was the largest in Winchester's history at that time. The new facility opened in January 1990, featuring all-private patient rooms and space to expand. Additions since

that time include two medical office buildings, a diagnostic center, employee childcare center, and a state-of-the-art wellness and fitness center. In 2012, Winchester Medical Center opened the North Tower with an expanded Emergency Department and new homes for an expanded adult Intensive Care Unit and the region's only Level III Neonatal Intensive Care Unit. In 2015, WMC added 10 beds for Senior Adult Behavioral Health to complement the existing 26-bed general behavioral health unit. In September 2019, 56 new inpatient beds opened focusing on Neurosciences and Orthopedics on the 4th floor of the North Tower.

Today, Winchester Medical Center is an award-winning 495-bed regional referral center offering a broad spectrum of services that includes diagnostic, medical, surgical and rehabilitative care in both inpatient and outpatient settings. The hospital is the only Level II Trauma Center in the region, and is an essential resource for more than 500,000 residents in the northern Shenandoah Valley of Virginia, eastern panhandle of West Virginia and western Maryland. A Magnet-designated hospital, Winchester Medical Center is also an Advanced Primary Stroke Center, Chest Pain Center and Level 4 Epilepsy Center.

About Valley Health

As a nonprofit organization, Valley Health began its journey to bring better quality health to local communities in 1994. When Winchester Medical Center and Warren Memorial Hospital collaborated, a vision to better serve the region was realized. That vision was to bring communities together with better quality health care and to meet their unique needs by providing access to the latest advancements, technology, and developments in medical services. With hospitals and medical facilities in West Virginia and the Top of Virginia region, Valley Health is a community partner. Based in Winchester, Virginia, Valley Health is composed of six core hospitals: Hampshire Memorial Hospital, Page Memorial Hospital, Shenandoah Memorial Hospital, War Memorial Hospital, Warren Memorial Hospital and Winchester Medical Center. Valley Health brings together 604 licensed inpatient beds, 166 long-term care beds, 6,000 employees, and a medical staff exceeding 600 professionals.

We are proud to serve our community by improving health. We do much more than simply caring for individuals once they walk into our hospital doors. Valley Health contributes to health education, prevention, and accessible healthcare for those with limited resources. We inspire hope and promote health as the community's first – and best – choice for high quality, safe, and affordable care. Our focus always remains on patients first, rooted in our commitment to maintain compassion, integrity, collaboration, courage, innovation and excellence. When Winchester Medical Center first opened its doors in 1903, a commitment was made to bring superior quality healthcare services to residents throughout the region. More than a century later, Valley Health continues to uphold and expand this vision in Virginia, West Virginia, and even parts of Maryland.

Highlights of the Community Served

Winchester Medical Center is located in Winchester, Virginia. The hospital's primary service area includes the City of Winchester and Clarke, Frederick, Warren, Page, Rappahannock and Shenandoah counties in Virginia as well as Hampshire, Hardy and Morgan counties in West Virginia. The secondary service area includes Berkeley, Jefferson, Mineral and Grant counties in West Virginia.

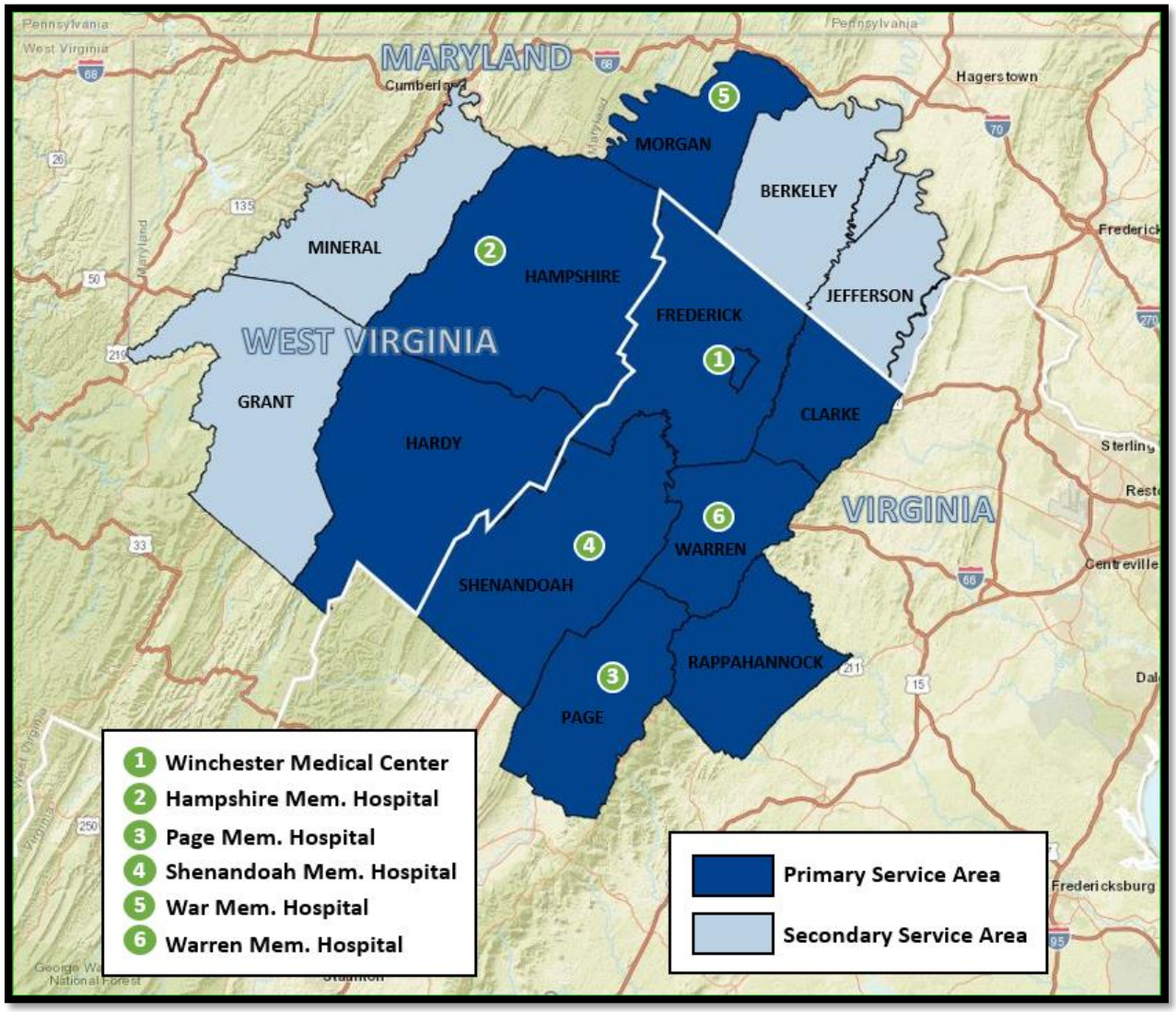
In 2018, the primary service area was estimated to have a population of 293,751 people while the secondary service area had a population of 218,544. Approximately 26% of the population in the primary service area resided in Frederick County, 14.8% in Shenandoah County and 13.4% in Warren County. In 2018, Berkeley County had the largest population in the secondary service area with 118,793 people. Overall, the population in most areas is expected to increase for the period between 2018 and 2023: Frederick County by 11.63%, Warren by 2.96%, Shenandoah by 2.80%, Berkeley by 12.62% and Jefferson by 11.67%.

The City of Winchester reported a 2017 poverty rate of 12.5% while Frederick County reported a rate of 5.6%, which fell below the Virginia average of 11.2%. Berkeley County, West Virginia had a 2017 poverty rate of 13.0% while Jefferson County West Virginia had a rate of 9.9%, both falling below the West Virginia rate of 17.8%.

In 2018, 13.6% of households in Frederick County had an average income under $25,000; 23.2% of the households in the City of Winchester had an average income under $25,000. In Berkeley County 18.1% and in Jefferson County 13.9% of all households had incomes less than $25,000.00.

2017 unemployment rates for all of the primary service area counties and the City of Winchester exceeded the Virginia average, which was 3.0%. In 2017, of the secondary service area, only the Grant County unemployment rate, which was 5.6%, exceeded the West Virginia rate of 5.3%. In 2019, the Health Resources and Services Administration designated the City of Winchester as a primary and dental health professional shortage area and a medically underserved area.

Service Area of Winchester Medical Center



Source: ESRI 2019, Created by Planning and Business Development

Prioritized Description of Community Health Needs

The 2019 CHNA identified a number of significant health needs in the community. Those needs are listed and summarized below in rank order. A complete description of these health needs and how they were identified — including the community input taken into account, the data analyzed, and the prioritization methods used — can be found in the 2019 CHNA report available at www.valleyhealthlink.com/CHNA.

1. Behavioral and Health Status Factors *[Physical Activity, Obesity and Chronic Disease]***:** Chronic diseases are typically conditions that last one year or more and require ongoing medical treatment or limit activities of daily living or both. Chronic diseases are leading drivers of health care costs and are some of the leading causes of death and disability in the United States. A lack of physical activity is a contributing factor to being overweight and obese, and is connected to a wide range of health problems and chronic diseases among all age groups. The co-occurring health problems and diseases include high cholesterol, hypertension, diabetes, heart disease, stroke, some cancers, and more.

2. Access to Primary, Preventive and Specialty Care *[Primary, Specialty, Dental Care, and Home Health]***:** Access to primary, specialty and dental health care services through a doctor or dentist's office, clinic or other appropriate provider is an important element of a community's health care system. Access to health care services is vital to the health of the community's residents. The ability to access care is influenced by many factors including insurance coverage and the ability to afford services, the availability and location of health care providers, understanding where to find services when needed, and reliable personal or public transportation. Place-based solutions bring care to the patient either near or where they reside.

3. Social and Economic Factors *[Poverty, Housing & Homelessness, Low Income Families]:* Income levels, employment and economic self-sufficiency are all considered social determinants of health and correlate with the prevalence of a range of health problems. People with lower incomes or who are unemployed and underemployed are less likely to have health insurance and are less able to afford out of pocket health care and housing related expenses. Lower income is associated with increased difficulties such as securing reliable transportation for medical care or the ability to purchase an adequate quantity of healthy, fresh food on a regular basis.

4. Mental Health and Substance Abuse *[Smoking, Alcohol, and Drug Abuse and Mental Health Services]***:** Mental health includes both mental health conditions (e.g., depression, autism, bi-polar) and behavioral problems (e.g., bullying, suicidal behavior). Poor mental health can cause negative outcomes for both those suffering and the people around them. It can impact the ability of children to learn in school and the ability of adults to be productive in the workplace and provide a stable and nurturing environment for their families. Poor mental or behavioral health frequently contributes to or exacerbates problems with physical health and illness. Substance abuse includes the use of illicit substances (e.g., cocaine, heroin, methamphetamine, and marijuana); misuse of legal over-the-counter and prescription medications; and abuse of alcohol and tobacco. Substance abuse affects not only substance abusers, but those around them; negatively impacting health, safety and risky behaviors, including violence and crime, adult productivity, students' ability to learn, and families' ability to function.

5. Health Outcomes *[Length of Life and Quality of Life: Cancer Diseases, Premature Death, and Motor Vehicle Crashes]:* Each year over a million people are diagnosed with cancer and the cost of cancer care continues to rise. Some cancers are preventable and there are steps that can be taken to improve the quality of life for cancer survivors and detect cancers in the early and treatable phase. Some risk factors can be reduced to prevent certain types of cancer. Smoking, exposure to the sun and tanning beds, obesity, and excessive alcohol use are all examples of risk factors which put a person at high risk for developing cancer. Premature death is a long-term health outcome, the effects on which might not be realized until years after a program or policy is implemented. Motor vehicle crashes are one of the leading causes of death in the United States and the lifetime economic costs can be enormous.

6. Maternal and Child Health *[Teen Births, Infant Mortality, No Prenatal Care in First Trimester]***:** Maternal and child health indicators, including teen pregnancy and infant mortality, should be considered when evaluating the health of a community. The rate of teen pregnancy is an important health statistic in any community for reasons that include concerns for the health of the mother and child, the financial and emotional ability of the mother to care for the child, and the ability of the mother to complete her secondary education and earn a living.

Significant Health Needs the Hospital Will Address

The implementation strategy describes how Winchester Medical Center plans to address significant health needs identified in the 2019 Community Health Needs Assessment. For each significant health need that the hospital plans to address, the strategy describes actions the hospital intends to take, anticipated impacts of these actions and a plan to evaluate those impacts; and any planned collaboration between the hospital and other organizations.

Prioritized Health Need #1: Behavioral and Health Status Factors

Physical Activity, Obesity and Chronic Disease

The hospital intends to address physical activity, obesity and chronic disease by taking the following actions:

- Implement an education initiative to expand and improve the utilization and capacity of the Diabetes Management Program [DMP]. The DMP is a fully compliant, robust diabetes management program, which has been recognized by the American Diabetes Association since 1993. The DMP provides quality education, support and resources through both individual and group sessions.

- Explore possible partnerships with local parks and recreation departments and schools for youth programs around school menus, healthy, positive choices, and exercise with a focus on elementary through high school students. These are natural partnerships as parks departments and schools focus on making living spaces more desirable, improving health and fitness levels, improving quality of life, and providing safe, healthy options for youth. Bringing programs to these locations minimizes potential barriers to participation and can bring the expertise of health professionals to the locations where youth already gather.

- Launch and expand palliative care community based programs to include partnerships with faith-based communities and parish nursing programs. Palliative care is specialized care for people living with a serious illness. The focus is on relief from symptoms and stress of a serious illness. The goal of palliative care is to improve quality of life for both the patient and the family.

- Explore opportunities to further our efforts in chronic disease management to include community gardens, healthy lifestyles, and health education in faith settings and with community groups where there are existing gatherings. Faith organizations have a long history of independently and collaboratively hosting health promotion programs in areas such as health education, screening for and management of high blood pressure and diabetes, weight loss, smoking cessation, and cancer prevention and awareness. By increasing collaboration between health professionals and faith groups, it may be possible to impact a broader community. Since faith organizations and churches are familiar community-based institutions, they frequently succeed when outside health professionals alone cannot.

- Launch a business “challenge” to other corporate organizations as a catalyst to get large groups of people moving, exercising and eating healthy. A business or workplace challenge

is an activity that will engage people, helping them to become happier, healthier and more energetic at work. The purpose of challenge is to encourage healthier lifestyle behaviors in a supportive, positive climate of fun and camaraderie that will help people adopt or maintain a healthy way of living. The net result can be friendly competition among area employers and an engaged and productive workforce.

Anticipated Impact and Plan to Evaluate:
Through implementing the above strategies, Winchester Medical Center anticipates the following impacts:

- Increased knowledge contributing to improved health behaviors among youth and adults.
- Increased self-efficacy surrounding healthy habits and healthy choices.
- Individuals will learn prevention strategies while exercising safely and improving overall health status.
- Increased utilization and enrollment in the diabetes management program resulting in improved disease control and positive outcomes for those in the population with diabetes—either preventing or delaying possible complications related to these conditions.
- Improved quality of life for both the patient facing serious illness and their families.

The hospital will monitor program performance annually, including actions taken, the number of people reached, and program outcome data where available.

Planned Collaboration:
In addressing physical activity, nutrition, and obesity-related chronic diseases, Winchester Medical Center plans to collaborate with Valley Health Diabetes Management Program, Valley Health Faith Community Nursing Program, Top of Virginia Regional Chamber of Commerce, Winchester Parks and Recreation Department, Frederick County Parks and Recreation Department, Winchester City Schools, Frederick County Public Schools, Habitat for Humanity, and United Way of the Northern Shenandoah Valley.

Prioritized Health Need #2: Access to Primary, Preventive and Specialty Care

Primary, Specialty, Dental Care and Home Health

The hospital intends to address access to primary, specialty and dental health care by taking the following actions:

- Expand the presence and awareness of the local Federally Qualified Health Center [FQHC]. FQHCs are community-based health care providers that receive funds from the Health Resources and Services Administration Health Center Program to provide primary care services in underserved areas. They provide comprehensive primary and preventive care, including mental health and substance abuse services to persons of all ages, regardless of their ability to pay or insurance coverage status. The FQHCs must meet a stringent set of requirements, including providing care on a sliding fee scale based on ability to pay and operating under a governing board that includes patients.

- Identify and study barriers to access – particularly around transportation networks. Transportation is one of the social and economic factors that influence people's health and the health of a community. Because transportation touches many aspects of a person's life, adequate and reliable transportation can affect a person's access to health care services and may result in missed or delayed health care appointments, increased health expenditures and overall poorer health outcomes.

- Expand presence of community health workers to meet broader needs in high-risk areas. The roles and activities of community health workers (CHWs) are tailored to meet the unique needs of the communities they serve. CHWs create connections between vulnerable populations and healthcare systems and facilitate system navigation. They also provide culturally appropriate health education on topics related to chronic disease prevention, physical activity and nutrition. CHWs promote access to services, support care delivery, and promote advocacy.

- Partner with community agencies for education surrounding resources not known to everyone. Stakeholders from across our region continue to search for better ways to communicate more efficiently and effectively, share information in a secure way and ultimately find a better way to work together to make service delivery more efficient and known to our clients and communities. To that end, Valley Health will invest in and partner in the development of a coordinated referral network for a cutting-edge technology infrastructure that will connect those most in need with available community resources.

- Host a dental day and provide dental support in schools. Many Americans do not visit a dentist, even though many suffer from some form of gum disease and tooth decay. Often adults show up in emergency rooms with dental pain for many conditions that could have been prevented. By making preventive care and basic treatment accessible in our community, consequences can be profound for children and adults.

- Expand the availability of specialty clinics and services through physician recruitment for targeted specialties and advanced practice clinicians.

- Explore collaboration among regional entities on how to best use telehealth – for both collaboration between primary care physicians and specialists as well as services between patients and their physicians. Telehealth can assist healthcare systems and providers by expanding access to and improve the quality of rural healthcare. Using telehealth to deliver and assist with the delivery of healthcare services can reduce or minimize challenges and burdens patients encounter such as traveling for specialty care. Telehealth can also improve monitoring, timeliness, and communications within the healthcare system. Telehealth uses technology to assist with clinical healthcare services provided at a distance, which can also include providing education and peer meetings.

- Launch a marketing initiative, including the creation of a website that will contain personal testimonials from individuals with various chronic conditions. The website will connect people with healthcare solutions and provide expert information from Valley Health physicians and advanced practice clinicians. Through social media, patients can join virtual

communities, participate in research, receive support, set goals, and track personal progress. Physicians can also use social media to promote patient healthcare education through tweets, blog posts, recorded videos, and in disease-specific discussion forums. Social media can be beneficial for patients with chronic diseases or for patients who have personal health-related goals, such as weight management. Patients can also use social media to connect with others affected by similar conditions. These groups actively engage in peer-to-peer support. When used wisely and prudently, social media sites and platforms offer the potential to promote individual and public health.

Anticipated Impact and Plan to Evaluate:
Through implementing the above strategies, Winchester Medical Center anticipates the following impacts:

- Increased access to care through greater community awareness of available healthcare resources.
- A lowered likelihood of delaying care and as a result improved self-care, particularly preventive screenings.
- Improved care coordination among and referrals to appropriate care providers.
- Improved access to healthcare appointments and reduced no show rates by providing support for multiple transportation options, while also making transportation options affordable and consistent for patients.
- The development of place-based solutions by bringing healthcare resources where they are needed, regardless of geographic location.

The hospital will monitor program performance annually, including actions taken, the number of people reached, and program outcome data where available.

Planned Collaboration:
In addressing access to primary, specialty, dental care, and home health, Winchester Medical Center plans to collaborate with Shenandoah University, Lord Fairfax Community College, United Way, Our Health, Inc., Valley Assistance Network, and Dental Clinic of Northern Shenandoah Valley, Inc.

Prioritized Health Need #3: Mental Health and Substance Abuse

Smoking, Alcohol, and Drug Abuse and Mental Health Services

The hospital intends to address mental and behavioral health by taking the following actions:

- Explore more robust telehealth consultation services for mental health and substance abuse. Telehealth is emerging as an important element of the healthcare access solution. Telehealth holds the promise to impact some of the most challenging problems of our current healthcare system: access to care, cost effective delivery, and distribution of limited providers. Telehealth can change the current paradigm of care and allow for improved access and health outcomes in a cost efficient manner. Remote patients can more easily obtain clinical services and patients diagnosed and treated earlier in their illness often have improved outcomes and

less costly treatments. Home monitoring programs can reduce high cost hospital visits and empower patients to play an active role in their health care.

- Launch anti-vaping initiative in partnership with area schools, at broad reaching community events, and in the medical community. Because adolescence is a critical period of growth and development, exposure to nicotine may have lasting, adverse consequences on brain development with the symptoms of serious nicotine addiction occurring sometimes only weeks or even just days after youth begin experimenting with tobacco. Today, e-cigarettes are the most popular tobacco product among youth and the FDA believes youth use of e-cigarettes is reaching epidemic proportions. In response to these alarming statistics, Winchester Medical Center will launch a youth anti-vaping initiative to share facts about tobacco products with young people. The goal of the initiative is to prevent under-age use of nicotine related products through education, awareness and peer education.

- Evaluate possibility of acute treatment facility for adolescents with community partners. An acute treatment facility would address the needs of adolescents who may be struggling with mental health issues, problematic behaviors, or substance use with an underlying mental health diagnosis or trauma. A comprehensive, evidenced-based treatment program within a secure environment would encourage residents' growth by teaching problem solving and relationship building skills. A multi-disciplinary team would help residents learn alternative methods for coping with increasing internally modulated behaviors which are functional and adaptive.

- Increase awareness and possible advocacy regarding taxes on cigarettes and sugary drinks. Winchester Medical Center would take a proactive, principled, leadership role in pursuing what is best for patient health and high-value health care. We will look to support and promote innovative initiatives that reduce the consumption of tobacco products and sugary drinks. Increasing tobacco taxes is an effective way to reduce tobacco use, not only for low-income individuals, but also for youth. The relationship between smoking rates and cigarette taxes follows the property of elasticity; the greater the amount of the tax increase, the fewer cigarettes that are bought and consumed. This is especially prevalent among teenagers; this rate is also true among minorities and low-income population smokers. A sugary drink tax or soda tax is a tax or surcharge designed to reduce consumption of drinks with added sugar. Drinks covered under a soda tax often include carbonated soft drinks, sports drinks and energy drinks—some of the largest contributors of sugar in the American diet. The tax is aimed to discourage unhealthy diets and offset the growing economic costs of obesity and diabetes.

- Launch Healthy 100 Campaign. The Healthy 100 Campaign would be focused around the question, "What do you want to feel like when you are 100 years old?" The campaign will have a prevention-based focus on healthy lifestyles, good nutrition, and the importance of exercise. It will include the use of Valley Health's media outlets, including Facebook posts and online videos with Valley Health clinicians. Free community wellness festivals, promoting the campaign, will be held in each of the Valley Health communities.

- Support Concern Hotline texting and telephonic crisis assistance. Concern Hotline is a free 24/7/365 anonymous information and referral, crisis intervention, and suicide prevention hotline serving the northern Shenandoah Valley of Virginia.

- Explore possibility of a detox and crisis stabilization unit. Using an interdisciplinary treatment team, a crisis stabilization unit can provide treatment to individuals in crisis that may include psychiatric evaluation and medication management, nursing, case management, peer recovery, and clinical services. The goal of a crisis stabilization unit is to assist individuals in mental health crisis to avoid hospitalization through an intense treatment program and to continue forward in their journey of recovery. Short-term recovery based services using evidence-based treatment modalities and integrated resources are provided. Individuals would be assisted with withdrawal from all substances, including nicotine, as part of mental health treatment delivery including relapse prevention.

- Enhance Screening, Brief Intervention, and Referral to Treatment [SBIRT] to include adolescents. SBIRT is a local, confidential, evidence based approach to connect at risk patients with community resources. The SBIRT team screens patients for substance use disorders, provides a brief intervention and referral to services as necessary, and provides follow-up with the patient. It is a model for intervening at all stages of substance use disorders from identifying the needs of the patient to connecting them to treatment.

- Focus on an initiative for care of caregivers particularly around mental health and chronic disease management workers. It is critical to understand and address systemic and individual factors that lead to burnout and its consequences among clinicians and caregivers. If not addressed, consequences can cascade for the overall healthcare system [staff turnover, emotional exhaustion, a decrease in job satisfaction] and can result in negative outcomes for the patient. Focusing on the well-being and resilience of caregivers will have a compounding effect, not only because of improved productivity and quality of care, but also because of the diffusion of coping strategies from caregiver to patient.

Anticipated Impact and Plan to Evaluate:
Through implementing the above strategies, Winchester Medical Center anticipates the following impacts:

- Increased access to crisis evaluation and intervention services, quickly connecting those who need services with experts in the community.
- Effective and early identification of substance use disorders, particularly among adolescents.
- Expanded supportive services for people with mental illness, promoting behavior changes among patients at risk for developing behavioral health concerns.
- Increased access to mental health case management services for vulnerable populations entering the emergency department.
- Identification of gaps in mental health services and the mobilization of leaders who can help to address the mental health crisis.
- Youth can learn the facts and health risks associated with nicotine addiction and can practice resistance skills and learn how to say no to these substances.

The hospital will monitor program performance annually, including actions taken, the number of people reached, and program outcome data where available.

Planned Collaboration:
In addressing mental and behavioral health needs, Winchester Medical Center plans to collaborate with Northwestern Community Services, local law enforcement, Virginia Foundation For Healthy Youth, United Way, Unite Us, American Lung Association, Northern Shenandoah Valley Substance Abuse Coalition, Concern Hotline, Winchester City Schools, and Frederick County Public Schools.

Needs the Hospital Will Not Address

No hospital can address all of the health needs present in its community. Winchester Medical Center is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a range of important health care services and community benefits.

This implementation strategy does not include specific plans to address **Social & Economic Factors** (poverty, housing & homelessness, low income families), **Health Outcomes** (length and quality of life), or **Maternal and Child Health** (teen births, infant mortality, no prenatal care in first trimester), all of which were needs mentioned during the 2019 Community Health Needs Assessment. In some instances, Winchester Medical Center is not ideally suited to be the lead organization in addressing these items and is directing its limited resources to other identified community health needs. In some cases, the needs fall under other categories and are therefore already being addressed in this plan.

Nonetheless, while Winchester Medical Center does not intend to be the lead organization in all areas, we will continue to partner with agencies that are more closely aligned and suited to have an impact on these issues. Such organizations include, but are not limited to, the Northern Shenandoah Valley Housing Coalition, Dental Clinic of Northern Shenandoah Valley, Sinclair Health Clinic, Good Samaritan Clinic, St. Luke Free Clinic, and Shenandoah Community Clinic.

Implementation Strategy Adoption

This implementation strategy was adopted by the Valley Health Board of Trustees on December 10, 2019.