

# Cancer Care

## Goals:

- Expand radiation oncology procedures to include those not yet offered to patients in this area.
- Meet lung clinic indicators for FY2020
- Completed NAPBC standards and apply for accreditation in FY2020.
- Offer at least three public education events on cancer care, supportive care, rehabilitative care, breast cancer or palliative care in FY2020.

## Measures:

- Additional procedures offered to patients by end of FY2020.
- Lung cancer patient education, pneumonia vaccine rate, advanced directive education, patient perception of care survey.
- Formation of BPLC committee, completion of required standards, standard work and new workflows, ensure application completion, schedule site visit.
- Completion of three public educational offerings in FY2020.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Expand Clinical Programs Within the Cancer Center</b>	Cancer Patients in Our Primary and Secondary Service Areas	Distinctive Programs	We strive to consistently enhance our clinical programs to better serve patients and to distinguish our facility as the preferred location to receive cancer care.
<b>Sustain and Support Multidisciplinary Lung Cancer Team</b>	Lung Cancer Patients	Quality and Safety	We achieved Joint Commission re-accreditation for our Lung Program and strive to improve a patient's experience through a treatment approach including care coordination by a nurse navigator.
<b>Sustain and Support Comprehensive Breast Care Team</b>	Breast Cancer Patients	Quality & Safety	We are working toward National Accreditation Program for Breast Centers Accreditation from the American College of Surgeons. We continue to enhance the breast cancer patient's experience through a comprehensive treatment approach with a dedicated breast surgeon and care coordination by a nurse navigator.
<b>Provide Health Education Through Community Events</b>	General Population	Quality and Safety	We offer public education offerings throughout the region with a special focus on cancer care, supportive and rehabilitative care, palliative care and breast cancer.

## Obesity/Smoking Cessation

### Goal:

Build a healthier Rockford by helping those who are at-risk no matter their age, income or where they live or work in our community.

### Measure:

Measure progress through third-party data that tracks different metrics such as participation in fitness walks, lowered cholesterol, medical appointments with health coaches and smoking cessation rates.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Partner with SwedishAmerican Employer Based Clinics in Wellness Programs</b>	General Population	Patient Experience	We collaborate with area employers to offer many opportunities to combat adult and child obesity, stress management as well as smoking cessation.
<b>Increase Awareness and Encourage Fitness Participation Throughout Our Community</b>	General Population	Quality and Safety	We hold monthly fitness events that include a walk and presentation by our program's medical director.
<b>Establish Population Health Management Model with Corporate Partners</b>	At-Risk Corporate Clients	Patient Experience	We utilize third-party data to identify individuals with BMI 40+ and encourage them to attend a complimentary program that includes weekly sessions, biometrics and physical fitness tests.
<b>Partner with Senior living Center in Onsite Wellness Programs</b>	At-Risk Senior Population	Quality and Safety	We collaborate with low income/55 and older independent living centers where residents are incentivized to attend classes, receive chair massages and meet with an RN for smoking cessation, diabetes management and goal setting. Tests utilize biometrics, achieved health goals and fitness aptitude.
<b>Partner with Area Organizations and Businesses in Wellness Initiative Programs</b>	General Population	Quality and Safety	We actively pursue corporate partners to encourage daily activity, healthy eating, stress management and smoking cessation.
<b>Increase Awareness and Utilization of Our Diabetic Programs</b>	Diabetic Patients	Quality and Safety	Onsite promotion and distribution of monthly health events calendars to advertise wellness programs. These include food prep classes, nutrition and diabetic education, smoking cessation, and more.

## Poverty and Unemployment

### Goal:

Provide resources to fund the efforts of area nonprofits that support unmet, basic needs in our community.

### Measure:

Require our grant recipients provide a post-12 month grant report outlining the goals and outcomes of the funded program. In addition, these grant recipients are invited to present their outcomes to our grant committee and Foundation Operating Committee.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Sustain Support for Low-Income Populations</b>	Low-Income Population	Patient Experience	We provide the vast majority of hospital services to multiple agencies as a critical safety net facility to indigent, self-pay and Medicaid patients with special emphasis in maternity and behavioral health.
<b>Increase Access to Free Mammography</b>	Low-Income and Undocumented Population	Patient Experience	We increase access to free mammography screenings via our own Project FAME funding as well as unlimited availability of private foundation dollars to underwrite screenings for anyone uninsured.
<b>Legal Services for Patients</b>	Low-Income Population	Patient Experience	We partner with a not-for-profit law firm dedicated to providing free civil legal services to senior citizens and those with low incomes in northern Illinois. This unique collaboration addresses many inequities to improve patients' health.
<b>Caring for Our Community Grants Program</b>	Low-Income Population	Patient Experience	Each year we provide thousands of dollars in grants to area organizations dedicated to alleviating hunger, homelessness, un(under)employment, improving wellness, expanding early childhood development and improving offender rehab/reintegration.

## Access to Medical Care

### Goal:

Forty eight percent or more of new primary care patients to be seen within 10 days of requesting their appointment.

### Measure:

Measure through our system's software to track this new patient metric. Leadership regularly reports on access to medical care and performance toward this goal.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Address Primary Care Physicians Shortage Through the University of Illinois College of Medicine at Rockford Partnership</b>	General Population	Patient Experience	We commit more than \$4 million in annual subsidy and provide a teaching site for the UICOM-R family practice residency program to help ensure that more primary care physicians are educated to treat a growing number of patients.
<b>Support the Rockford Health Council's Efforts to Improve Our Region's Health Through Education, Action &amp; Advocacy</b>	General Population	Patient Experience	We sustain our commitment as both a major sponsor and participant in the health council's efforts to be a catalyst for healthcare access and quality for all.
<b>Evaluate and Enhance Our ED Case Management</b>	Emergency Room Patients	Quality and Safety	We provide case management of our ER population to prevent overuse and better connect individuals to primary care services. We established a \$160,000 grant in partnership with the Rockford Fire Department.
<b>Built New Clinics to Better Serve the Underserved In Our Community</b>	Low-Income/ Underserved Population	Patient Experience	We strategically built new clinics in areas of our city that were in need of increased primary care and OB services. At these sites we've created same day slots to allow greater access and ease of scheduling for our patients.
<b>Partner with Established Federal Qualified Health Center</b>	Low-Income Population	Patient Experience	We collaborate with a FQHC to better meet the primary care needs of those who are underserved or uninsured in our community.

## Vulnerable Populations: Hispanic/Latino Population

### Goal:

Provide technology or resources at our network of clinics to better assist all patients with limited English proficiency (LEP).

### Measures:

Our interpreter services team will ensure that every clinic is equipped with a phone, communication cards, an interpreter machine or an in-person interpreter.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Participate In Community Wellness Fairs</b>	Hispanic/Latino Population	Patient Experience	We actively participate in numerous community health fairs each year. At these events our team provides one-on-one interpreter assistance for the Latino/ Hispanic community and highlights what services we offer.
<b>Offer a Spanish Speaking Cancer Support Group</b>	Hispanic/Latino Population	Patient Experience	We host a Spanish-speaking cancer support group for patients and their family members where attendees have a chance to interact with other Spanish-speaking individuals who are battling cancer.
<b>Translate Patient Forms for Our Clinics and Emergency Room.</b>	Hispanic/Latino Population	Patient Experience	We consistently translate print materials to better communicate with our patients in their native language.
<b>Offer On-Call American Sign Language Interpreter.</b>	Hispanic/Latino Population	Patient Experience	We offer an on-call sign language interpreter to help us better serve our deaf/hearing impaired community as well as our own employees.
<b>Updated Our Welcome Guide For Hospital Patients</b>	Hispanic/Latino Population	Patient Experience	We updated this vital intake document to make it easier for our Spanish-speaking population to better navigate our hospital and understand the services we offer.

# Cardiac Care

## Goal:

Create and sustain a Heart Institute.

## Measures:

- Recruit, employ and retain a cardiology team that includes 8-10 cardiologists and 5 APRNs
- Design, develop, and implement renovation to the cardiology ambulatory clinic space that will include added exam rooms (increase from 11 to 20)
- Consolidate CVT and cardiology ambulatory clinics into one “SwedishAmerican Heart Institute” clinic with shared space including waiting room, exam rooms, nursing workstations and workstations.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Create And Sustain A Heart Institute</b>	Cardiac Patients	Patient Experience	We consolidated outpatient cardiac services into one location while also expanding our clinical team. This included a complete renovation of the clinic for more patient care space as well as increasing our provider team to better meet the needs of our community.
<b>Expanded Cardiac Catheterization Labs</b>	Cardiac Patients	Patient Experience-Ambulatory Access	We expanded the cardiac catheterization lab to provide additional procedural space for cardiac services within the hospital to serve our patients.
<b>Provide Cardiac Education Through Community Events</b>	General Population	Quality and Safety	We participate in numerous public education events on various health topics throughout the year where our team shares information about risk factors, prevention, and treatment.
<b>Partner with UW For Pediatric Cardiology Services</b>	Pediatric Patients	Quality and Safety	We collaborate with UW Health in Madison to provide onsite pediatric cardiology services, which includes general pediatric cardiology as well as pediatric electrophysiology.
<b>Offer Implantable Diagnostic Tool to Predict Heart Failure</b>	Cardiac Patients	Quality and Safety	We offer appropriate heart patients an implantable device that provides 30+ days advance notice of an impending heart failure event to provide a higher level of quality care.

# Maternal/Prenatal/Early Childhood Health

## Goals:

- Create a central location to provide maternal and child services.
- Educate and support our community by offering classes, support groups, diaper drives and breast milk donor programs.
- Maintain our high-quality care by retaining our Baby Friendly Designation and partnering with area health departments to help our patients by utilizing their services.

## Measures:

- Monitor our tower progress with ongoing updates from our construction and clinical teams.
- Review monthly surveys from patients attending classes and support groups to review their needs.
- Monitor performance on Baby Friendly through quarterly patient surveys and monitor health department visits on a monthly basis.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Construction of Women &amp; Children's Tower</b>	Obstetric and Pediatric Patients	Patient Experience	We are coordinating/ locating all our maternal and newborn services, including sub specialties, in one new location on our campus. This will improve the continuity of care for our patients.
<b>Offer Classes and Support Groups</b>	Obstetric/Maternal Patients and Their Families	Patient Experience	We offer a number of classes and support groups to help moms and their families through prenatal, birth and beyond. From breast feeding to NICU support groups, we're here to provide education and support during challenging times in our patients' lives.
<b>Hold Diaper Drives</b>	Families with Newborns	Patient Experience	Each year we hold a diaper drive and donate them to area agencies to help area families in need.
<b>Offer Breast Milk Donor Program</b>	Patients Who Deliver at SwedishAmerican	Patient Experience	This program allows families the ability to give their babies the benefit of breast milk even if they are unable to provide it naturally.
<b>Baby Friendly Designated Hospital</b>	General Population	Patient Experience	SwedishAmerican is a Baby Friendly designated hospital. This means that we are supportive of breastfeeding and follow guidelines to support this feeding option to the best of our ability. We promote mom and

			<p>baby bonding by having our moms and babies room together instead of being separated.</p>
<p><b>Partner with Area Health Departments</b></p>	<p>Boone and Winnebago Counties</p>	<p>Patient Experience</p>	<p>We have developed strong relationships with area health departments. The health departments visit the hospital to meet with patients after delivery to offer support services such as WIC.</p>
<p><b>Volunteer/Donate to Area Programs</b></p>	<p>Families In Need Within Our Service Area</p>	<p>Patient Experience</p>	<p>We donate to area agencies that provide resources and supplies to families in need. These agencies help families cope with addictions, nutritional or personal needs.</p>

## Substance Abuse

### Goal:

Decrease the amount of overdoses in Winnebago County by 30% or more.

### Measure:

Study data from Winnebago County to ensure we're making progress or have reached that goal.

<b>Action Item</b>	<b>Population Served</b>	<b>Strategic Pillar</b>	<b>Objective</b>
<b>Developed SOLARAS (Screening, Outreach, Linkage, and Referral At SwedishAmerican)</b>	All SwedishAmerican Health System Clients	Distinctive Programs	Through this program, we link and refer clients struggling with opioid or chemical dependency issues with recovery services.
<b>Network Clients with Services for Chemical Dependency</b>	All SwedishAmerican Health System Clients	Quality and Safety	The intent of SOLARAS is to decrease the amount of overdoses here in the Rockford area. Our current rate from opioid use is at an all-time high.
<b>Provide Warm Handoff and Case Management to Improve Access</b>	General Population	Patient Experience	Through the use of peer recovery support staff, who have a shared life experience with chemical dependency, we link people to programs and ongoing case management in the community.
<b>Grant for Transitional Housing and Supportive Services</b>	At-Risk Individuals In Our Community	Quality and Safety	The goal of this program is to provide transitional housing and supportive services to women who have a criminal history or are in recovery from drugs or alcohol abuse.
<b>Maternal and Newborn Opioid Initiative</b>	Maternal Patients and Newborns Affected by Opioid Disorder	Patient Experience	We've implemented a universal screening and identification tool for patients affected by opioids along with a resource guide and other tools for supportive care. We also have a care plan for caesarean section patients for pain management which doesn't include opioids.
<b>Partner with the Winnebago County Health Department for National Overdose Day</b>	General Population	Patient Experience	Our nursing leaders and physicians are part of the area's "Opioid Response Team" which launched public service announcement billboards for greater awareness.