

CAMC General Hospital

CAMC Memorial Hospital

CAMC Women and
Children's Hospital



2014 Community Benefit Report and Report on 2014-2016 Implementation Strategies



Charleston Area
Medical Center

**Charleston Area Medical Center
CAMC General Hospital, CAMC Memorial Hospital and
CAMC Women and Children’s Hospital
Charleston, West Virginia**

2014 Community Benefit Report and Report on 2014-2016 Implementation Strategies

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Charleston Area Medical Center
CAMC General Hospital, CAMC Memorial Hospital and
CAMC Women and Children's Hospital
Charleston, West Virginia

2014 Community Benefit Report and
Report on 2014-2016 Implementation Strategies
Executive Summary

This community benefit report describes the programs and services that take place every day at Charleston Area Medical Center to improve the health of our community.

In 2014, Charleston Area Medical Center provided \$137,004,344 in community benefit. Merely stating the dollars, however, does not adequately portray the lives touched. In our community, this includes mothers, newborns, grandparents, the homeless, children and youth in our schools, and the working poor. . . and many more, as this report describes. Our programs and services go well beyond the traditional health care we often think of when we consider hospital care and are delivered both inside and outside the walls of our hospitals. They are driven by our mission, *Striving to provide the best health care to every patient, every day.* Our hospitals and outpatient programs and services bring our mission to life – providing effective, efficient, equitable, timely and safe care to all, regardless of ability to pay.

Charleston Area Medical Center is a not-for-profit four-hospital system comprised of CAMC Memorial Hospital, CAMC General Hospital and CAMC Women and Children's Hospital. CAMC Teays Valley Hospital was added in March 2014 and has its own community needs assessment and community benefit report. Our hospitals operate under one administrative structure and participate in joint strategic planning and budgeting processes. Each hospital has responsibility for key service lines. Our hospitals are designed to provide care for our community residents throughout every stage of their lives. Our patients depend on us to provide convenient and compassionate care – care delivered regardless of a patient's ability to pay. As a resident teaching facility for internal medicine, internal medicine/pediatrics, internal medicine/psychiatry, family medicine, pediatrics, surgery, psychiatry, obstetrics and gynecology, emergency medicine, urological surgery, osteopathic internship, internal medicine geriatric fellowship, psychology internship, vascular surgery fellowship, oral and maxillofacial surgery fellowship and pharmacy, we give patients access to the latest developments in medical care. We provide our community with programs of excellence in cardiovascular services, medicine, surgery, oncology, trauma, neurology, orthopedics, rehabilitation, bariatrics, and women and children's services.

We give back to our community because we understand the impact that exceptional medical care, charity care, education, corporate contributions and community partnerships have on the lives of real people. In this report, you will read about examples of the programs we provide to the community and how we demonstrate our community commitment.

CAMC General Hospital



CAMC Memorial Hospital



CAMC Women and Children's



2014 COMMUNITY BENEFIT SUMMARY for CAMC MEMORIAL, CAMC GENERAL, CAMC WOMEN and CHILDREN'S, and CAMC TEAYS VALLEY HOSPITALS*

CHARITY CARE AT COST \$10,175,239

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity care is reported in terms of costs, not charges. Charity care does not include: (1) bad debt or uncollectible charges that the hospital recorded as revenue but wrote off due to failure to pay by patients, or the cost of providing such care to patients, (2) the difference between the cost of care provided under Medicaid or other means- tested government programs or under Medicare and the revenue derived therefrom, or (3) contractual adjustments with any third-party payors.

GOVERNMENT SPONSORED MEANS-TESTED HEALTH CARE SHORTFALLS

Includes the unpaid costs of public programs for low income persons; the "shortfall" created when a facility receives payments that are less than cost of caring for public program beneficiaries. This payment shortfall is not the same as a contractual allowance, which is the full difference between charges and government payments.

Unreimbursed Medicaid	\$85,248,207
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Other Public Unreimbursed Costs	\$920,265
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Includes CHIPS, Prevention First, Catastrophic Illness Commission, Community Access Program

SUBSIDIZED HEALTH SERVICES \$1,280,053

Clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of charity care, bad debt and Medicaid shortfalls. Nevertheless, the service is provided because it meets an identified community need and if no longer offered, it would be either unavailable in the area or fall to the responsibility of the government or other not-for-profit organization to provide. Subsidized health services at CAMC include Family Resource Center support at \$466,290, the Lactation Support Program at \$178,450 and the Palliative Care Program at \$635,313.

COMMUNITY BENEFIT PROGRAMS AND SERVICES \$39,380,580

See details beginning on page 38.

Community Health Improvement Services	4,235,886
Health Professions Education	34,573,221
Financial and In-Kind Contributions	244,886
Community Building Activities	225,683
Community Benefit Operations	100,904

TOTAL	\$137,004,344
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In addition to the above, although Medicare and Bad Debt are not included as part of the community benefit report per IRS guidelines, they are reflective of CAMC's role in providing benefit to our community.

UNREIMBURSED MEDICARE AT COST	\$108,851,407
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Medicare is not considered a means tested program and thus is not included as part of community benefit.

BAD DEBT AT CHARGE	\$23,739,823
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Unreimbursed charges, excluding contractual adjustments, arising from the failure to pay by patients whose health care has not been classified as charity care.

NOTE: *Charity Care, Unreimbursed Medicare, Medicaid and Bad Debt – The total cost estimate for this care was determined by applying our Medicare ratio of cost to charges generated for these patient financial classifications.*

* CAMC Teays Valley Hospital became part of Charleston Area Medical Center, Inc. in March 2014.

Charleston Area Medical Center Charleston, West Virginia

**CAMC General Hospital, CAMC Memorial Hospital and
CAMC Women and Children's Hospital**

2014 Implementation Strategy Report

The Kanawha Coalition for Community Health Improvement was founded in 1994 by Kanawha County hospitals working in partnership with other local organizations. The Coalition's mission is *to identify and evaluate health risks and coordinate resources to measurably improve the health of the people of Kanawha County*. A Community Needs Assessment is conducted through the Kanawha Coalition for Community Health Improvement every three years with the most recent completed in 2014.

The Kanawha Coalition for Community Health Improvement's goals for the Community Health Needs Assessment process include:

1. Assess the health needs of the citizens of Kanawha County.
2. Inventory available resources.
3. Determine unmet needs.
4. Evaluate and prioritize needs.
5. Involve affected organizations and constituencies in developing possible solutions.
6. Develop consensus.
7. Facilitate implementation.
8. Measure and evaluate outcomes.

The top three issues prioritized by the community from the 2014 Community Needs Assessment are listed below. Each of these issues is being addressed by a Kanawha Coalition for Community Health Improvement work group. Progress reports for each of these workgroups follows.

Obesity/Overweight/Poor Eating Habits
Drugs/Prescription and Illicit
Lack of Physical Activity

KANAWHA COALITION FOR COMMUNITY HEALTH IMPROVEMENT PROGRESS REPORT WORKGROUP ACCOMPLISHMENTS FOR 2014

Kanawha Coalition for Community Health Improvement Obesity/Overweight/Poor Eating Habits Workgroup

Workgroup Membership

American Heart Association
April's Kitchen
Cabin Creek Health System
Charleston Area Alliance
Charleston Area Medical Center
Highland Hospital
Kanawha County Schools
Kanawha-Charleston Health Department
KEYS 4 HealthyKids
RESA 3

Thomas Health System
United Way of Central West Virginia
Wellness Council of WV
West Virginia Breast Feeding Alliance
West Virginia Medical Institute
West Virginia State University
West Virginia State University Extension
West Virginia University Extension
WV Power Baseball

2017 Goal: Decrease the percentage of people living in Kanawha County with low food access from 28% to 23% by September 29, 2017.

Year One Objectives (detailed workplan follows):

1. Recruit at least 5 Kanawha County businesses, organizations or schools to support *Health on the Shelf* evidence-based strategies. (By September 2015)
2. Partner with the Kanawha Charleston Health Department to support its healthy restaurant strategies with 10 Kanawha County restaurants. (By September 2015)

Obesity/Overweight/Poor Eating Habits Workgroup

GOAL: Decrease the percentage of people living in Kanawha County with low food access from 28% to 23% by September 29, 2017.

Year One, Objective 1: Partner with the Kanawha Charleston Health Department to support Health on the Shelf strategies by developing at least 5 partnerships with local businesses, organizations or schools to change food systems and environments. (By September 2015)	
Action Plan	Output/ Measure
Recruit 5 partnerships in Kanawha County of businesses, organizations and schools to support Health on the Shelf initiatives.	# of partnerships
Develop a two-tier system for store certification implementation based on Health on the Shelf criteria.	Completed tier system
Monitor policies that food retailers implement that require providing at least three fresh fruit and vegetable options.	# policies adopted
Recruit and certify local small food retailers to voluntarily provide fresh fruits and vegetables in stores in one of the two tier certification systems. Provide incentives to stores including paid local advertising, social media marketing, signage and materials.	# stores certifications

Year One, Objective 2: Partner with Kanawha Charleston Health Department to support its healthy restaurant strategies with 10 Kanawha County restaurants (By September 2015)	
Action Plan	Output/ Measure
Develop a set criteria point system rubric to standardize grading restaurants in Kanawha County.	Rubric complete
Utilizing initial sanitation inspections, determine 40 restaurants to pilot for use of the rubric system.	# restaurants to evaluate with rubric
Evaluate the results of the rubric to select and recruit 10 restaurants as pilot healthy restaurants.	# restaurants selected for pilot

2014 Implementation Strategy Progress: Partnered with the Kanawha-Charleston Health Department on a grant application to the Center for Disease Control Partnership for the Improve Community Health Grant in July 2014. Funding was not received. Incorporating similar work into an application to the APA for a Plan4Health grant to be submitted in July 2015.

Kanawha Coalition for Community Health Improvement Physical Activity Workgroup

Physical Activity Workgroup Membership

American Heart Association
Cabin Creek Health System
Capital Resource Agency
Charleston Area Alliance
Charleston Area Medical Center
City of Charleston, Parks and Recreation
Highland Hospital
Kanawha County Schools
Kanawha Valley Senior Services
Kanawha-Charleston Health Department
Minority Health Group

RESA 3
Thomas Health System
West Side Community and Family Development Corporation
Wellness Council of WV
West Virginia School-based Health Assembly
West Virginia State University
West Virginia University Extension
West Virginia University Health Science Center
WV Power Baseball

2017 Goal: Decrease the percentage of Kanawha County adults aged 20 and over, who report having no leisure time physical activity from 32% to 22%.

Year One Objectives:

1. Pilot Healthy Choices at Work worksite challenge in at least 10 small businesses in Kanawha County to increase supportive policies, practices and environmental conditions for physical activity and healthy eating. (By September 29, 2015)
2. Conduct a large scale, highly visible physical activity campaign that targets Kanawha County adults, age 20 and older, promoting stair usage through media, point-of-decision prompts, and community events. (By September 29, 2015)

GOAL: Decrease the percentage of Kanawha County adults aged 20 and over, who report having no leisure time physical activity from 32% to 22%. (By September 29, 2017)

Year One, Objective 1: Pilot Healthy Choices at Work worksite challenge in at least 10 small businesses in Kanawha County to increase supportive policies, practices and environmental conditions for physical activity and healthy eating. (By September 29, 2015)		
Action Plan	Output/ Measure	Implementation Strategy Progress (as of December 31, 2014)
Development of a <i>Healthy Choices At Work</i> worksite challenge program, measures of improvements, recognition and associated awards.	Work plan Pre and post surveys Scoring process	Completed: September 2014 <ul style="list-style-type: none"> Finalized Healthy Choices at Work Challenge survey and scoring process. Reviewed and finalized recruitment materials. Began recruitment of small businesses (50 employees or less). Completed: October 2014 <ul style="list-style-type: none"> Pre-tested Healthy Choices at Work small worksite challenge pre- and post-survey. Presented KCCHI's <i>Healthy Choices at Work Online Guide</i> at the 2014 Mid-Atlantic Conference on Worksite Wellness.
Recruitment of 10 small businesses.	10 participating companies	Target date: April 30, 2015
Coalition workgroup members meet to review resources and tools available for worksites in the "Healthy Choices at Work" resource guide and toolkit.	10 coaches trained	Completed: December 2014
Coalition workgroup meets to assign individual members to serve as coaches to recruited worksites.	10 companies assigned coaches	Target date: April 30, 2015
Coaches meet with worksite leadership to complete pre-survey and review toolkit recommendations.	Pre-surveys completed	Target date: May 28, 2015
Coaches meet with worksite leadership to assist in goal setting based on pre-survey results.	Worksite goals	Target date: June - July 2015
Worksite implements plan and measures progress towards goals. Coaches provide technical assistance as needed.	Policies and environmental changes	Target date: June - November 2015
Coaches meet with worksite leadership to complete post survey.	Post surveys completed	Target date: November 28, 2015

Coalition workgroup convenes to assess improvements in company pre-post surveys.	Final scores	Target date: November 28, 2015
Coalition publicly recognizes all participating worksites and makes awards to those with biggest improvement.	Awards and recognition event Media coverage	Target date: December 2015

GOAL: Decrease the percentage of Kanawha County adults aged 20 and over, who report having no leisure time physical activity from 32% to 22%. (By September 29, 2017)

Year One, Objective 2: Conduct a large scale, highly visible physical activity campaign that targets Kanawha County adults, age 20 and older, promoting stair usage through media, point-of-decision prompts, and community events. (By September 29, 2015)		
Action Plan	Output/ Measure	Implementation Strategy Progress (as of December 2014)
Development of stair usage campaign, including branding, media messages, signage, and implementation and evaluation strategies.	Work plan Evaluation plan	Completed: September 2014 • Met with University of Charleston’s Senior Nursing Class to recruit students to assist with campaign, September 2, 2014.
Media buys and production of media components. Kick-off event, signage placement.	Media buys/ production Kick-off event Signage placement	Target date: February 2015
Coalition members and University of Charleston senior nursing students conduct observational surveys at key stairwell locations throughout county. Coalition tracks participation in community “stair-climbing” events. Coalition workgroup monitors and evaluate reach of media messages.	Observational surveys completed Events held Media reach	Target date: March – April 2015

Kanawha Coalition for Community Health Improvement Drug Abuse Workgroup

Drug Abuse Workgroup Members

Cabin Creek Health System	National Association of Social Workers, WV Chapter
Charleston Area Alliance	Prestera Center
Charleston Area Medical Center	RESA 3
Charleston Police Department	Saint Francis Hospital
First Choice Services (WV Rx Abuse Quitline)	University of Charleston School of Pharmacy
Highland Hospital	West Virginia Coalition Against Domestic Violence
Kanawha Communities That Care	West Virginia School-Based Health Assembly
Kanawha County Library System	West Virginia State University Extension
Kanawha County Schools	West Virginia University Extension
Kanawha Valley Senior Services	
Kanawha-Charleston Health Department	

2017 Goal(s):

1. Decrease drug abuse among youth by increasing their resiliency during early childhood.
2. Decrease drug abuse in Kanawha County through evidence-based strategies.
3. Decrease the number of meth labs in West Virginia.

Year One Objectives:

1. Expand Too Good For Drugs and Violence training for youth at four additional community-based sites. (By September 29, 2015)
2. Expand Parent Rx360 program to four additional Kanawha County communities. (By September 29, 2015)
3. Partner with Kanawha Communities That Care to select and implement 2 additional evidence-based strategies to address drug abuse in Kanawha County. (By September 29, 2015)
4. Advocate for legislation that will reduce the number of meth labs in West Virginia. (By March 2015)

GOAL 1: Decrease drug abuse among Kanawha County youth by increasing their resiliency during early childhood. (By September 29, 2017)

Year One, Objective 1: Expand Too Good For Drugs and Violence training for youth at four additional community-based sites. (By September 29, 2015)		
Action Plan	Output/ Measure	Implementation Strategy Progress (as of June 26, 2015)
Plan, promote and conduct Too Good For Drugs and Violence training for youth service organizations.	# attending training Post survey results	Completed: April 2014 Held TGFDF training with 15 in attendance, representative of 7 youth service organizations/schools.
Recruit 4 additional community-based sites to conduct Too Good For Drugs training.	Memos of Understanding with sites Pre and post youth survey results # of children impacted	Completed: Five community-based Too Good For Drugs programs were implemented impacting 204 youth. Sites: YMCA, East End Family Resource Center, KISRA, Pinch , Belle.

GOAL 2: Decrease drug abuse in Kanawha County through evidence-based strategies. (By September 29, 2017)

Year One, Objective 1: Partner with Kanawha Communities That Care to select and implement 2 additional evidence-based strategies to address drug abuse in Kanawha County. (By September 29, 2015)		
Action Plan	Output/ Measure	Implementation Strategy Progress
Conduct joint strategic planning sessions to identify and select 2 additional evidence-based strategies to address prescription drug abuse.	2 evidence-based strategies identified and selected	July 2014 <ul style="list-style-type: none"> Held a strategic planning session July 16th. August 2014 <ul style="list-style-type: none"> Held second strategic planning session August 27th. Selected strategies to limit access to unused/expired prescription medication: <ul style="list-style-type: none"> Placement of additional permanent Rx drop boxes in county Public education about proper disposal of Rx medications

Develop an implementation plan for both strategies.	Implementation plans	Target date: April 2015
Implement plan, with periodic assessments for any needed revisions.	Strategies implemented	Target date: September 13 – 17, 2015
Evaluate, measure results and prepare final report.	Evaluations completed Final report	Target date: September 30, 2015

GOAL 3: Decrease prescription drug abuse among in Kanawha County. (By September 29, 2017)

Year One, Objective 2: Expand Parent Rx360 program to 4 more Kanawha County communities. (By September 29, 2015)		
Action Plan	Output/ Measure	Implementation Strategy Progress
Plan and promote Parent Rx360 community-based forums to educate parents about prescription drug abuse and actions they can take to keep their children safe.	# forum attendees Media reach	Completed: 5 Parent Rx360 meetings Total Attendance: 80 <u>May 2014</u> • Pinch , WV • Sharon Dawes WV <u>June 2014</u> • Marmet, WV <u>November 2014</u> • St. Albans, WV
Recruit 4 additional Kanawha County communities to host Parent Rx360 forums.	Post survey results	Target Date: December 2016

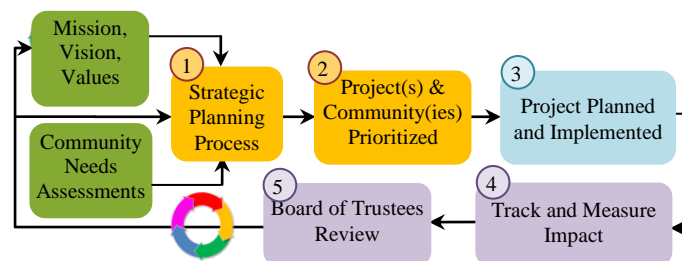
GOAL 4: Decrease the number of meth labs in West Virginia. (By September 29, 2017)

Year One, Objective 1: Advocate for legislation that will reduce the number of meth labs in West Virginia. (By March 2015)		
Action Plan	Output/ Measure	Implementation Strategy Progress
Educate public about meth labs and importance of a prescription-only policy for pseudoephedrine products that can be easily converted to make meth through traditional and social media sources, community presentations and dissemination of print materials.	# of presentations # materials disseminated Media reach	<p>July 2014</p> <ul style="list-style-type: none"> Presented on Prescription Pseudoephedrine at <i>Our Children, Our Future</i> Policy Workshops on July 17 (Lewisburg) and July 24 (Hurricane). <p>August 2014</p> <ul style="list-style-type: none"> Met WV DHHR Meth Lab Program Director for data on meth labs in WV 2006-2014. Worked with WV Intervention on Meth Labs Committee to produce informational materials (FAQ, Policy One-Pager, PowerPoint, Map on WV Meth Lab Progression). <p>September 2014</p> <ul style="list-style-type: none"> Presented policy issue at September 9 and 10, 2014 Policy Symposium. Co-sponsored a CADCA Substance Abuse Policy Training on September 18. <p>October 2014</p> <ul style="list-style-type: none"> Scheduled policy team members to present on Stop Meth Labs policy at statewide <i>Our Children, Our Future</i> Community and Candidate Forums. (10 forums) Submitted Stop Meth Labs policy to <i>Our Children, Our Future</i> for statewide voting process that will identify their 2015 Legislative Platform. <p>November 2014</p> <ul style="list-style-type: none"> Presented policy during <i>Our Children, Our Future</i> Annual Meeting on November 20. <p>December 2014</p> <ul style="list-style-type: none"> Recruited 41 signed organizational supporter.
Educate legislators about how a prescription-only policy will decrease meth labs in WV, through presentations to Legislative Committees and dissemination of information.	# of Legislators in support of policy Passage of legislation	Target date: March 2015

CHARLESTON AREA MEDICAL CENTER COMMUNITY NEEDS PLANNING

Charleston Area Medical Center is licensed for 838 beds on three of its four campuses: General Hospital (268 beds), Memorial Hospital (424 beds) and Women and Children's Hospital (146 beds). General Hospital focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Memorial Hospital supports the cardiac, peripheral vascular and oncology services lines and Women and Children's Hospital focuses on mother, baby, pediatric and gynecology service lines. Medicine and general surgery cross both Memorial and General Hospitals. Although the hospitals are licensed separately, the hospitals jointly plan, implement goals and report into one governance structure. The CAMC Board of Trustees governs the CAMC hospitals. Community benefit services are aligned by service versus hospital, thus at times are clearly aligned by hospital, but not in the case of many of the activities that span all hospitals. Additionally, many of our reports that are used for benchmarking and comparisons are for CAMC versus the individual hospitals.

The following outlines CAMC's community support process:



CAMC supports and strengthens its key communities through a systematic approach that begins with our mission, vision and values. Annually during our strategic planning process ① we review the community health needs assessment findings and priorities to develop our community strategy. This strategy is based on issues identified through the needs assessment process and supplemented with findings from our internal Environmental Analysis. Communities are identified ②, strategies are identified and plans are funded, implemented ③, tracked and measured ④. Our Board approves the plan and reviews plan progress annually ⑤. Because of the size and scope of our services, the approach we use to identify our key communities ② is based on the strategy, key stakeholder needs, and our capacity. Our community for the KCCHI work groups is Kanawha County as determined by the KCCHI mission. For our CAMC community strategy, community is based on the need identified and population to be addressed. We develop Health Indicator Data Sheets for each of our service area counties and identify key issues to address for all or part of our service area. For example, our Perinatal Telemedicine Project includes 14 rural counties and our Child Advocacy Center and HIV program serve our entire service area. Each strategy is deployed through a planning process that addresses key stakeholder needs and is evaluated based on predetermined criteria for outcomes expected. Cycles of learning have ensured the Civic Affairs Council monetary contributions support community organizations in the service area that are clearly aligned with our community strategy. In addition to addressing community needs and contributing financially, our leadership team serves in key leadership roles for community activities, programs and organizations as well as supports the workforce in participating in many community benefit activities such as Day of Caring and HealthFest.

In addition, CAMC staff serves on the community workgroups of the Kanawha Coalition for Community Health Improvement and they, along with Steering Committee members are involved in development of a community-wide community benefit plan addressing the top three health issues identified during the Community Forum. They also support plan implementation and outcome measurement. The Steering Committee provides ongoing oversight to the work groups' plans. Once the KCCHI plans are developed, as part of the strategic planning process, CAMC determines if there are additional areas of support that can be provided by CAMC to address the identified issues. The following table lists programs provided by CAMC that address these community priorities, and are identified and funded as part of operational planning by the CAMC Board of Trustees.

	ADDRESSED BY CAMC	CAMC General	CAMC Memorial	CAMC WCH	RANKING SCORE	How Addressed by CAMC in Addition to KCCHI Workgroup Activity <i>(program descriptions found in Appendix)</i>
1	Obesity	X		X	34.309	<ul style="list-style-type: none"> • KCCHI Workgroup participation • Keys for Healthy Kids 5-2-1-0 Program • Bariatric Surgery Center of Excellence • Medical Weight Loss Program
2	Drugs/ Prescription and Illicit			X	33.265	<ul style="list-style-type: none"> • KCCHI Workgroup participation • Drug Addicted Mother/Baby Program • Contribution to Rea of Hope Fellowship Home
3	Lack of Physical Activity	X	X	X	32.853	<ul style="list-style-type: none"> • KCCHI Workgroup • Think First for Kids • Healthy Kids • ATV and Bicycle Safety • Challenged Sports Program • Heart Fit • Teddy Bear Fair • Playground Safety • Mall Walkers • Alzheimer's Walk
4	Heart Disease/ High Blood Pressure <i>(Also identified in our Primary Service Area)</i>	X	X		31.618	<ul style="list-style-type: none"> • Cardiac Kids • Basic Life Support Training • Heart Failure Readmission • CMS Indicator compliance • Ornish Program • National Vascular Quality Initiative • TAVR and STS Registries • National Cardiovascular Data Registry • Implantable Cardiac Defibrillator Database

5	Tobacco Use/ Second Hand Smoke Exposure	X	X	X	31.206	<ul style="list-style-type: none"> Smoking cessation classes for pregnant women Smoke free campus
7	Unemployment Jobs/ Poverty (Children Living in Poverty also identified in our Secondary Service Area)	X	X	X	28.838	<ul style="list-style-type: none"> CAMC is the third largest non-government employer in WV Charity care and bad debt Civic Affairs contributions to Union Mission, Salvation Army, Daily Mail Neediest Cases, Roark Sullivan Lifeway Center, Gabriel Project, March of Dimes, Daymark, Heart and Hand, Habitat for Humanity, Ronald McDonald House, YMCA, Children's Therapy Clinic Nursing Pathways Program United Way Day of Caring WV Health Occupations Students of America Ronald McDonald House Local Wealth Creation Enrollment Assistance for Patients for Health Care Coverage HealthFest Mammography Screening Outpatient Mental Health Services Partners in Health Network Teddy Bear Fair Health Information Center WV HealthRight support Charity Care Patient Nourishment Program
8	Cancer (Lung Cancer also identified in our Secondary Service Area)	X	X	X	28.765	<ul style="list-style-type: none"> Relay for Life Komen Race for the Cure Look Good/Feel Better Civic Affairs contributions to the American Cancer Society State and national Tumor Registries
9	Lung Disease/ Asthma/ COPD	X			28.750	<ul style="list-style-type: none"> Occupational Lung Center Outreach Asthma Awareness activities American Lung Association contribution

The following community priority need is not addressed by CAMC and the rationale is provided.

	NEED NOT ADDRESSED	RANKING SCORE	REASON NOT ADDRESSED
6	High School Drop-Out (Also identified in our Primary Service Area)	30.029	Issue being addressed by United Way of Central WV, Kanawha County Schools and State Department of Education

2014 - 2016 CAMC Community Benefit Plan

2014 Progress on Implementation Strategies

JOINT IMPLEMENTATION STRATEGIES: The following community benefit implementation strategies are inclusive of CAMC General, CAMC Memorial and CAMC Women and Children’s hospitals. Due to our corporate structure, corporate support for planning, quality, safety, finance and other functions, we address these issues for all hospitals from a system perspective as Charleston Area Medical Center.

1. Reduce Over-Utilization of the Emergency Room
2. Provide Physician Drug Diversion Training
3. Provide Medical Homes/Neighborhood
4. Provide Access to Specialty Health Care for the Service Area through Medical Staff Recruitment
5. Provide HIV Primary Care and Decrease New HIV Infections
6. Build the Base of Local Growers Providing Fresh Herbs, Fruits and Vegetables to CAMC


#1	Charleston Area Medical Center General, Memorial, Women and Children’s Hospitals																												
COMMUNITY HEALTH NEED	Preventable Hospitalizations, PCP Ratio																												
IDENTIFIED HEALTH ISSUE	Over-Utilization of the Emergency Room																												
COMMUNITY SERVED	Kanawha, Raleigh, Jackson, Fayette, Roane, Putnam Counties																												
PROGRAM DESCRIPTION AND RATIONALE	<p>The CAMC Health Education and Research Institute, Inc., [CHERI], Charleston Area Medical Center, Inc. (CAMC), and Genesis HealthCare have initiated the Healthcare for Elderly and Long-Term Patients in West Virginia (HELP WV) program. This program is seeking RUS grant funding for telehealth equipment to be installed in 12 medical facilities in rural counties of West Virginia, the 7th most rural state in the nation. [Census 2010]</p> <p>A significant number of seniors in these counties utilize the ER when their symptoms escalate to critical status and have become “ER frequent flyers.” To address these issues, we must educate our impoverished rural West Virginians in two critical areas, which will impact a third area:</p> <ul style="list-style-type: none"> • Better health in general, leading to the prevention of the high incidence of heart disease, obesity, diabetes, and other common diseases • Effective, economical management of healthcare for the abundance of our seniors having persistent or critical, often long-term to end-of-life illnesses • Reduction in healthcare costs to payors. <p>Sites:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Site Name</th> <th style="text-align: center;">Site Designation</th> <th style="text-align: center;">Site Address</th> <th style="text-align: center;">County</th> <th style="text-align: center;">Population</th> </tr> </thead> <tbody> <tr> <td>CAMC Memorial Hospital (CAMC)</td> <td style="text-align: center;">Hub</td> <td>3200 MacCorkle Ave SE Charleston, WV 25304</td> <td style="text-align: center;">Kanawha</td> <td style="text-align: center;">8,922</td> </tr> <tr> <td>Ravenswood Village</td> <td style="text-align: center;">End-User</td> <td>200 South Ritchie Ave Ravenswood, WV 26164</td> <td style="text-align: center;">Jackson</td> <td style="text-align: center;">3,876</td> </tr> <tr> <td>Raleigh Center</td> <td style="text-align: center;">End-User</td> <td>1631 Ritter Drive Daniels, WV 25832</td> <td style="text-align: center;">Raleigh</td> <td style="text-align: center;">1,881</td> </tr> <tr> <td>Ansted Center</td> <td style="text-align: center;">End-User</td> <td>106 Tyree Street</td> <td style="text-align: center;">Fayette</td> <td style="text-align: center;">1,404</td> </tr> </tbody> </table>				Site Name	Site Designation	Site Address	County	Population	CAMC Memorial Hospital (CAMC)	Hub	3200 MacCorkle Ave SE Charleston, WV 25304	Kanawha	8,922	Ravenswood Village	End-User	200 South Ritchie Ave Ravenswood, WV 26164	Jackson	3,876	Raleigh Center	End-User	1631 Ritter Drive Daniels, WV 25832	Raleigh	1,881	Ansted Center	End-User	106 Tyree Street	Fayette	1,404
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			Ansted, WV 25812		
	Hilltop Center	End-User	Saddle Shop Rd. Oak Hill, WV 25901	Fayette	7,730
	Hidden Valley Center	End-User	438 23rd St Oak Hill, WV 25901	Fayette	7,730
	Miletree Center	End-User	825 Summit St Spencer, WV 25276	Roane	2,322
	Dunbar Center	End-User	501 Caldwell Dr Dunbar, WV 25064	Kanawha	7,907
	Cedar Ridge Center	End-User	300 Cedar Ridge Rd. Sissonville, WV 25320	Kanawha	4,028
	Marmet Center	End-User	1 Sutphin Drive Marmet, WV 25315	Kanawha	1,503
	Teays Valley Center	End-User	590 N Poplar Fork Rd Hurricane, WV 25526	Putnam	6,284
	Putnam Center	End-User	300 Seville Rd Hurricane, WV 25526	Putnam	6,284
STRATEGIC OBJECTIVE	REDUCE OVER UTILIZATION OF THE EMERGENCY ROOM				
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide services via telehealth “after-hours” – when a physician is not available at a Genesis site for an admission or if there is a “change in status” of a patient. 2. Utilize the telehealth system at a Genesis site for follow-up care for patients that have recently had a procedure – need a wound examined, psychiatric consult, etc. 				
MEASURE TO EVALUATE THE IMPACT	<p>Expected outcomes include:</p> <ul style="list-style-type: none"> • Immediate access via tele-health to a terminal patient’s care preferences and directives saves time in delivering life-sustaining treatment or immediately respecting one’s preference. • 1,153 medical professionals will have efficient, convenient access to required CME via DLT technology, saving \$1.055 million on travel, meals, and lodging each year (115 physicians * \$800/yr) + (438 mid-level providers * \$250/year) * 3 years). • Our HELP WV program for RUS DLT consists of one hub site and 11 end-user sites, located in Fayette, Jackson, Kanawha, Putnam, Raleigh and Roane counties. • Emergency visits for preventable and non-emergency healthcare issues, especially those by frequent flyers, will be reduced by 65%. This will be the result of all identified frequent flyers being educated on health matters via tele-health videos, which are on-topic and available for immediate viewing in the waiting room or during the emergency visit. The first year, we estimate the reduction to be 20%, second year 45%, and 65% by the end of the third year. • A 65% reduction in frequent flyer visits will translate into healthcare cost savings. Instead of nearly \$740,000 billed to Medicare/Medicaid in 6 months, it will be reduced to approximately \$260,000, nearly a \$480,000 savings. Instead of \$500,000 in unpaid care, the amount will be closer to \$175,000. Savings are realized in proportion to the first, second and third-year established timeframes. • Our recently discharged seniors will participate in weekly conversations with a medical assistant, who calls for the purpose of medical surveillance of the patient’s treatment and maintenance plan, including reminders for follow-up appointments with the PCP. Through the DLT equipment, patient records are referenced, updated and made available to physicians. This activity leads to prevention of readmissions. Three minutes per phone call to 4 patients a day (per site, average of 11 end- 				

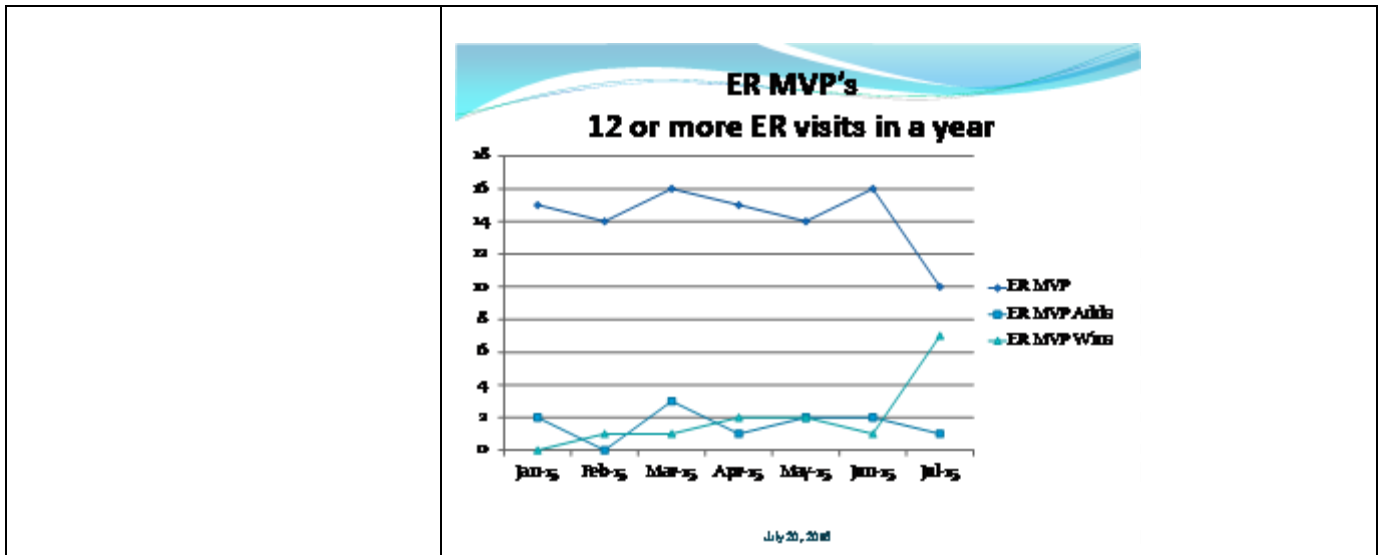
	<p>user sites) is expected to generate a payoff in prevention. Secondary calls to a PCP or pharmacy will also be included if necessary.</p> <ul style="list-style-type: none"> • Peer-to-peer consults via tele-medicine equipment allows for real-time identification of symptoms and permits treatment protocols to commence sooner with greater accuracy. • Transcription errors are expected to be reduced by 98%. Electronic records allow for immediate retrieval, dramatically faster search capabilities, and crisp, legible standardized data entry. Estimated reduction in numbers of retrievals and filings of paper patient records - during shift changes only - is 10,617,120 incidents. [Based on 2,424 total admissions in 2012 at our 11 facilities: (1 out + 1 in per shift * 2 shifts/day) * (2,424 patients * 365 days/year) * 3 years] Only a minimal amount of paper patient records will be necessary. • Direct admitting via telehealth will result in a 90% reduction in paper patient records that must change hands. Phone calls to search for available beds and appropriate care will be decreased from approximately 10 calls to 3 per patient, resulting in a 65% reduction. Faxing records and all associated activity will be nearly eliminated, saving 1,212 person hours, translating to \$38,178 saved over 3 years (.5 hours/admission * 2,424 patients/year) * \$10.50/hour wage * 3 years). • Money will not be spent for transport to a hospital, where no medical procedure can change the outcome for a terminal patient. Estimated savings is \$97,200 over three years (\$1,000/1-way transport + \$1,250/ER admission) * (10% of 144 average total of unnecessary admissions in 11 facilities 2012) * 3 years).
TIMELINE	2014 - 2016
RESOURCES	<p>USDA RUS (Rural Utilities Services) Grant Award of \$254,904 expected Winter, 2014 with a CAMC match of \$224,000 for equipment expenditure regardless of the grant availability.</p> <p>RUS grant can only be expended on equipment for rural sites; Benedum Grant Award of \$150,000 requested for training/coordination.</p>
PARTNERS/COLLABORATORS	<p>CAMC Health Education and Research Institute, Inc., [CHERI] and Genesis HealthCare (GHC)</p> <p><i>Genesis HealthCare (GHC) is one of the nation's largest skilled nursing and rehabilitation therapy providers. GHC is dedicated to delivery of high-quality, personalized healthcare to their patients and residents in nursing centers and assisted/senior living communities. All End-User sites in this application are GHC facilities.</i></p>
2014 Progress Report	<p>Grant funding was awarded. (464018.00)</p> <p>Sites visits were conducted to assess equipment needs at each of the eleven Genesis sites. Monthly conference calls were conducted to evaluate the progression of the project.</p>

#2	Charleston Area Medical Center General, Memorial, Women and Children's Hospitals
COMMUNITY HEALTH NEED	Drugs/ Prescription and Illicit
IDENTIFIED HEALTH ISSUE	Prescription Drug Abuse
COMMUNITY SERVED	The state of West Virginia and border states

PROGRAM DESCRIPTION AND RATIONALE	Physician Drug Diversion Training - This program was developed and presented in cooperation with the West Virginia Board of Medicine and West Virginia Board of Osteopathic Medicine to meet the mandatory 3.0 hour CME requirement on <i>Best Practice Prescribing of Controlled Substances and Drug Diversion Training</i> . This material is designed to provide the primary care physician or specialty physician with an overview of topics related to proper prescribing of controlled substances and drug diversion training
STRATEGIC OBJECTIVE	PROVIDE PHYSICIAN DRUG DIVERSION TRAINING
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide the Physician Drug Diversion Training. 2. Meet the following compliance requirements under West Virginia's controlled substances laws and regulations: <ul style="list-style-type: none"> • Follow the steps necessary to register, log-on and use West Virginia's controlled substance monitoring program. • Recognize the epidemiology of chronic pain and distinguish the proper use and misuse of opioids through patient evaluations and risk assessment tools. • Follow the proper protocol when using opioids in the treatment of chronic pain including an understanding of toxicities and drug interactions. • Discuss West Virginia statistics on prescription drug diversion and abuse. • Identify drug seeking tactics and behaviors and understand the 'best practice' methods to work with patients suspected of inappropriate behavior. • Follow case studies of an evidence-based protocol for starting patients on opioid analgesic therapy, including issues specific to safely initiating and titrating opioids including treatment objectives, monitoring, referral, informed consent, agreements, urine screens, pill counts, patient education, and medical record documentation.
MEASURE TO EVALUATE THE IMPACT	CME course evaluation and participant post test scores
TIMELINE	July 2013- 2016
RESOURCES	WV State Medical Association WV Osteopathic Medical Association WV Board of Medicine WV Board of Osteopathic Medicine CAMC Health Education and Research Institute
2014 Progress Report	Total Participants in 2014: 2,365 (includes Physicians and mid-level providers) Participant evaluation average: 4.5 (Likert Scale 1-5) Participants post-test passing score: 80%

#3	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	PCP Ratio, Preventable Hospitalizations, Heart Disease, Poor Physical Health
IDENTIFIED HEALTH ISSUE	Coordination of Patient Care Across the Continuum
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	The Family Medicine Center CMMI Demonstration Project is a collaborative project designed to connect hospitals and other health care “neighbors” with primary care practices with the overall goals of improving patient experience and driving better quality at a more affordable cost. Coordination of patient care across the continuum will reduce potentially avoidable admissions and improve health by providing access to primary and preventative care through these medical homes.
	

STRATEGIC OBJECTIVE	PROVIDE MEDICAL HOMES/NEIGHBORHOOD
GOALS	<ol style="list-style-type: none"> 1. Achieve NCQA Patient Centered Medical Home (PCMH) Level 2 Recognition in 2014. 2. Increase preventive health screenings of Family Medicine Center (FMC) patients by 25% 3. Increase flu vaccinations for FMC patients by 30%. 4. Spread PCMH-N practice methodology to other facilities. 5. Decrease hospital readmissions through TCM. 6. Decrease unnecessary Emergency Room (ER) use through enhanced patient management and more open access.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • NCQA PCMH Level 2 Recognition • Measure number and type of preventive health screenings for FMC patients • Measure percentage of FMC patients with flu vaccine documented each fall/winter • PCMH Level 2 Recognition for CAMC Outpatient Care Center and for two of the Roane General Rural Health Centers • Measure hospital readmissions in <30 days for improvement • Measure ER Multiple Visit Patient (MVP) reports
TIMELINE	2014 - 2017
RESOURCES	CMMI 3 year project funding
PARTNERS/COLLABORATORS	CAMC Physician Group WVU/Charleston Partner hospitals
2014 Progress Report	<ul style="list-style-type: none"> • NCQA PCMH Level 2 Recognition – ACHIEVED 4/24/2014 • Measure number and type of preventive health screenings for FMC patients – ACHIEVED between January 2014 through July 2015 with the following increases: <ul style="list-style-type: none"> • Breast Cancer Screenings – 42% to 46% • Colorectal Cancer Screenings - 4% to 31% • Cervical Cancer Screenings – 32% to 49% • Overall Screening Compliance - January 2014 was 26%. Increased in July 2015 to 42%. • Overall preventative health screening improvement was 26%. • Measure percentage of FMC patients with flu vaccine documented each fall/winter- Reporting issue with NextGen- in progress of obtaining data. • PCMH Level 2 Recognition for CAMC Outpatient Care Center and for two of the Roane General Rural Health Centers – OPCC not yet achieved; Roane General –ready to submit for recognition October 2015 for PCMH • Measure hospital readmissions in <30 days for improvement- TCM implemented 2014. Standing orders implemented in 2014- in progress with reporting but having some challenges with NexGen. • Measure Emergency Room Multiple Visit Patients. <ul style="list-style-type: none"> • Total all ER's (Memorial, General, Women and Children's) • Added new process in office - Reaching out to patients at 6 Emergency Room visits and addressing barriers. Scheduling office visit prior to reaching ER MVP status.



#4	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Heart Disease, Lung Cancer, Poor Physical Health, Preventable Hospitalizations, Teen Birth Rate, Children Living in Poverty, PCP Ratio
IDENTIFIED HEALTH ISSUE	Access to specialty health care
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	CAMC’s service area includes critical access and small rural hospitals in need of access to specialist services.
STRATEGIC OBJECTIVE	PROVIDE ACCESS TO SPECIALTY HEALTH CARE FOR THE SERVICE AREA THROUGH MEDICAL STAFF RECRUITMENT
GOALS TO ADDRESS THE HEALTH NEED	1. Recruit medical staff for high priority community needs 2. Ensure access to needed specialists
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> Medical Staff recruited to service specialty needs based on the Medical Staff Development Plan Number of medical staff specialty offerings
TIMELINE	Ongoing
RESOURCES	Medical Staff recruitment and loan expenses; income guarantees
PARTNERS/COLLABORATORS	CAMC Physician Group, WVU/Charleston
2014 Progress Report	High Priority Physicians Recruited in 2014 Anesthesiology – 2 Cardiology – 2 Critical Care Medicine – 2 Dermatology – 1 ENT/Head and Neck Surgery – 1 Emergency Medicine – 1 Family Medicine – 2 Hematology/Oncology – 1 Hospitalists – 8 Infectious Disease- 1 Internal Medicine – 1 Neurology – 1 Ophthalmology – 3

	Orthopedic Surgery and Trauma – 2 Pediatric Surgery – 1 Plastic Surgery – 1 Psychiatry – 1 Pulmonary Critical Care – 1 Surgery – 1
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#5	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital
COMMUNITY HEALTH NEED	Preventable Hospitalizations, Poor Physical Health, PCP Ratio
IDENTIFIED HEALTH ISSUE	HIV in West Virginia
COMMUNITY SERVED	Part C 19 county service area (3 new counties added in 2013) in southern West Virginia
PROGRAM DESCRIPTION AND RATIONALE	<p>The CAMC/WVU Charleston Division Ryan White (RW) Program’s mission is to increase access to services for individuals at-risk for, or infected with HIV disease and to provide culturally sensitive, quality, comprehensive HIV-related primary care, regardless of a patient’s ability to pay. The program is currently the only fully funded Part C site in southern West Virginia and provides HIV primary care to approximately 333 individuals. 58 new patients were served in 2013. Services include primary, pregnancy/pediatric care and HIV specialty care; mental health; case management and social services; pharmacist counseling; peer advocacy and dental care. The program serves primarily the rural, underserved and impoverished counties of this area. Although funding has been level over the last ten years, our patient load has tripled. There are an estimated 1,000 individuals living with HIV/AIDS in our service area (1 in 5 are unaware of their diagnosis).</p>
STRATEGIC OBJECTIVE	PROVIDE HIV PRIMARY CARE AND DECREASE NEW HIV INFECTIONS
GOALS TO ADDRESS THE HEALTH NEED	<p>Quality Initiatives:</p> <ol style="list-style-type: none"> 1. Framingham Heart Study QI Project 2. Tobacco Cessation Partnership with Covenant House 3. Syphilis QI Project 4. Tri-state Regional Group – Viral Load Suppression/HAART Project 5. Partnership for Health 6. Oral Care PI Project <p>Outreach:</p> <ul style="list-style-type: none"> • Free rapid HIV testing in clinics • Media • Youth education in grades 7-10 in Kanawha County • Presentations <p>Prevention:</p> <ul style="list-style-type: none"> • Hepatitis B vaccines • Condom distribution



MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of participants program • Number of new contacts • Number of participants in quality initiatives • Outreach programs and participants • Prevention programs and participants
TIMELINE	2014-2016
RESOURCES	<p>CAMC Charity Care - \$512,061 CAMC Outpatient Care Center - \$14,000 CHERI - \$73,545 WVU - \$15,000 non-HIV specific outpatient clinics HRSA - \$453,303 CDC - \$27,500 Presidential AIDS Initiative Supplemental Grant - \$40,000 CAMC Foundation - \$40,000 Program Income - \$18,000 Rainbow Run Fundraiser - \$800</p>
PARTNERS/COLLABORATORS	CAMC Health Education and Research Institute, WVU School of Medicine/Charleston Division
2014 Progress Report	<p>Major Program Accomplishment Highlights:</p> <ul style="list-style-type: none"> • Increased access to care to the most vulnerable and increasing populations; • provision of around-the-clock primary care; • provision of mental and dental health care services; • establishment of an off-site satellite clinic in Beckley (one hour south of Charleston); • provision of peer educator services; • screening for high-risk sexual behavior of all enrolled RW clients corresponding risk-reduction strategies for HIV transmission; • comprehensive use of the CAREWare data system for generating reports and required HRSA submissions; • beginning to establish provision of rapid HIV testing of partners of RW enrolled clients and other interested individuals; • provision of much-needed education about HIV screening and testing to other health care providers and to the community in general; • establishment of an effective referral network to and from other medical care and/or case management and/or social service agencies/organizations; • establishment of effective partnerships with other Ryan White funded entities in West Virginia and surrounding states. <p>Provision of Mental and Oral Health: Areas of HIV primary care that did not exist prior to this program include mental health care and dental care. Before Part C funding, providers did not see these patients and patients had</p>


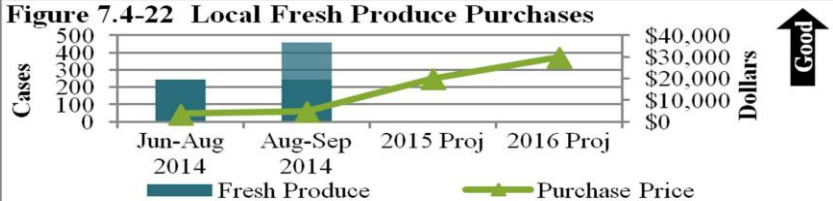
no access to effective psychiatric medication management. Nearly 50% of all enrolled patients have been identified as having a mental health problem and have been referred/seen by either a psychologist and/or psychiatrist. A patient's mental health affects all aspects of his/her overall health status, and has particular impact on adherence to medications and to medical care in general. This area of care has probably had more positive impact on our patients than any other area. The program also provides dental/oral care services for this population.

Increasing Awareness among Providers and the Public:
Because of effective marketing and outreach of the program, the medical community and public recognize CAMC as a leader of HIV care in the state. The program staff participates in continuing medical education throughout the 19-county service area for health care providers and community members. We are working to dispel myths and minimize stigma. The program's brochures, posters, newsletter and website are a successful part of these efforts.

Collaboration:
Successful linkages with other Ryan White funded entities in four border states have been created. In West Virginia, the CAMCRWP has an effective working relationship with the WVU Part C program in Morgantown as well as the Part B coordinator and Part B case managers assigned to the CAMCRWP service area. Part B case managers and Part C program staff worked tirelessly and thoroughly in 2013 to assist clients in navigating changes that occurred due to the ACA. In 2014, only a handful of individuals remain uninsured due to expanded WV Medicaid and the Insurance Marketplace. Coordination between all RW Part programs in WV also occurs each year for a statewide All-Titles meeting every spring. Outside of WV, the CAMCRWP has had substantial contact with the Part C programs at the University of Kentucky and the University of Pittsburgh. CAMC also participates in a regional tri-state quality group with at least nine other Part C sites throughout WV, Ohio and western Pennsylvania.

Quality:
The CAMCRWP established an effective Quality Improvement Program. Through the HIVQUAL tool, patient satisfaction surveys, Consumer Focus Groups and monthly staff meetings to review patient care, several clinical and/or administrative areas for improvement have been identified.

Satisfaction: The program is viewed in an extremely positive light by the patients it serves. Patient satisfaction surveys show extremely high scores.


#6	Charleston Area Medical Center – General Hospital, Memorial Hospital and Women and Children’s Hospital															
COMMUNITY HEALTH NEED	The wealth creation approach intends to improve the livelihoods of poor people by creating wealth that is owned, controlled, and reinvested in places, so that they become valued partners.															
IDENTIFIED HEALTH ISSUE	Unemployment/Jobs/Poverty and Obesity/Overweight/Poor Eating Habits															
COMMUNITY SERVED	Growers in our Primary Service Area and patients and families in our Primary and Secondary Service Areas															
PROGRAM DESCRIPTION AND RATIONALE	 <p>CAMC is working with The Greater Kanawha Valley Foundation as part of their wealth/ value chain creation approach. This approach bridges conventional approaches to community and economic development by using a systems framework, working with wealth creation value chains. CAMC’s 5 county primary service area is comprised of 356,000 people with small increases in the size of the working population since 1990. 18% of people and 25% of children live in poverty with little improvement over of the past 10 years. The health connection is that improvements in health care are associated with higher productivity in the workforce and for the economy overall. The Ford Foundation’s value chain premises are that we need to be intentionally inclusive of poor people and places as economic contributors to have a positive impact on wealth in our communities.</p>															
STRATEGIC OBJECTIVE	BUILD THE BASE OF LOCAL GROWERS PROVIDING FRESH HERBS, FRUITS AND VEGETABLES TO CAMC															
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Address obstacles that stand in the way of an effective value chain (such as policy barriers, consumer education, and access to resources). 2. Implement the locally grown food value chain. 3. Grow jobs for people in the community. 															
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number of growers providing fresh food to CAMC • Amount of produce purchased by CAMC • Cost to CAMC for the value chain 															
TIMELINE	2014 – 2017															
RESOURCES	Greater Kanawha Valley Foundation for facilitation and meeting support; Ford Foundation expertise and facilitation; CAMC budget															
PARTNERS/COLLABORATORS	Greater Kanawha Valley Foundation Morrison’s Food Services Corey Brothers WV Department of Agriculture Local Growers WV State University Extension Appalachian Regional Fellowship Program															
2014 Progress Report	<p>Figure 7.4-22 Local Fresh Produce Purchases</p>  <table border="1"> <caption>Data for Figure 7.4-22 Local Fresh Produce Purchases</caption> <thead> <tr> <th>Period</th> <th>Fresh Produce (Cases)</th> <th>Purchase Price (Dollars)</th> </tr> </thead> <tbody> <tr> <td>Jun-Aug 2014</td> <td>~250</td> <td>~\$5,000</td> </tr> <tr> <td>Aug-Sep 2014</td> <td>~450</td> <td>~\$10,000</td> </tr> <tr> <td>2015 Proj</td> <td>~480</td> <td>~\$20,000</td> </tr> <tr> <td>2016 Proj</td> <td>~500</td> <td>~\$35,000</td> </tr> </tbody> </table>	Period	Fresh Produce (Cases)	Purchase Price (Dollars)	Jun-Aug 2014	~250	~\$5,000	Aug-Sep 2014	~450	~\$10,000	2015 Proj	~480	~\$20,000	2016 Proj	~500	~\$35,000
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	<p>One local grower has completed GAP certification. Worked with state Department of Agriculture to increase the number of training classes and timeliness of certification process. Met with growers and interest has increased. Supported growers with developing their Farm Safety Plans. Figure above shows number of cases purchased by CAMC during the 2014 growing season and projected increase in volumes. One grower is planning to provide CSA boxes to CAMC employees and medical staff for the 2015 season. CAMC is also purchasing now from the following WV businesses:</p> <ul style="list-style-type: none"> • Brunetti Bakery / McConnell Farms and Mill - Grows wheat for flour • Earthgrains Bakery Group • Lone Star Western Beef • Mr. Bee Potato Chips • United Dairy
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CAMC GENERAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC General Hospital (268 beds) focuses primarily on the neurological, orthopedic, trauma and rehabilitation service lines. Medicine and general surgery cross both Memorial and General Hospitals.

#7	CAMC General Hospital
COMMUNITY HEALTH NEED	Obesity/Overweight/Poor Eating Habits
IDENTIFIED HEALTH ISSUE	Obesity
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	In 2010, West Virginia's obesity rate was 33%. Bariatric surgery has been found to address obesity and resolve diabetes in the obese population.
STRATEGIC OBJECTIVE	SUPPORT REDUCTION OF OBESITY TO IMPROVE HEALTH THROUGH PROVIDING A BARIATRIC SURGERY PROGRAM
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Maintain Bariatric Surgery Center of Excellence designation 2. Provide educational and exercise component for adult weight loss
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Patients following protocol for surgery • Adherence to Center of Excellence standards
TIMELINE	Ongoing
RESOURCES	CAMC

<p>2014 Progress Report</p> 	<p>The CAMC Weight Loss Center is recognized as a Bariatric Surgery Center of Excellence by the American Society for Metabolic and Bariatric Surgery. In addition, it is a recipient of the Blue Distinction Centers designation for Bariatric Surgery by the Blue Cross and Blue Shield Association for meeting quality-focused criteria that emphasize patient safety and outcomes. In addition, Gastric Banding was designated as a Blue Distinction Center+ for meeting cost of care measures.</p> <p>The Weight Loss Center is designed to meet the criteria of the joint ASMBS and ACOS (MBSAQIP). All patient data is submitted to the benchmark database and outcomes and comparisons are made against 668 sites across the country. The benchmark data is used to measure outcomes and the success of our patients. All patients must complete the criteria of a minimum of 3 office visits, dietary counseling, and a psychological evaluation, plus show behavioral changes of diet and exercise before a surgical procedure. No patients go to surgery without following the criteria for the Center of Excellence and the minimum standard of care.</p>
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CAMC MEMORIAL HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY

CAMC Memorial Hospital (424 beds) supports the cardiac, peripheral vascular and oncology services lines with admissions and outpatient visits. Medicine and general surgery cross both Memorial and General Hospitals.

#8	CAMC Memorial Hospital
COMMUNITY HEALTH NEED	Cancer, Lung Cancer
IDENTIFIED HEALTH ISSUE	Continuum of care support for cancer patients and cancer survivors
COMMUNITY SERVED	Patients in the primary and secondary service area
PROGRAM DESCRIPTION AND RATIONALE	Cancer is the second most common cause of death in West Virginia and Kanawha County has one of highest cancer mortality rates in WV. CAMC's cancer center volumes increase annually and our mission is "striving to provide the best health care to every patient, every day." Support services for our cancer patients are critical in meeting our mission.
STRATEGIC OBJECTIVE	GROW THE CANCER PATIENT NAVIGATION AND SURVIVORSHIP PROGRAM
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Utilize the oncology patient navigation program. 2. Grow the cancer survivorship program
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Number patients supported in patient navigation system • Number of patients supported in survivorship program • Patient satisfaction with the programs


TIMELINE	2014-2016
RESOURCES	Staff education; information system; program development
PARTNERS/COLLABORATORS	Benedum Foundation
2014 Progress Report	<p>The CAMC Cancer Center now has three nurse navigators, two financial navigators, and a survivorship coordinator. This is an expansion of the navigation program that began with one nurse navigator and one financial navigator. The Benedum grant allowed the nurse navigators to attend specialized oncology nurse navigation education events to allow them to serve our community with the most up-to-date, evidenced-based practice. The number of patients seen increased significantly. The nurse navigators have accomplished over 2,100 patient encounters this year.</p> <p>Additionally, the grant provided salary support for the navigators. The overall patient satisfaction at the Cancer Center is 94%.</p> <p>The survivorship program has provided care plans for approximately 30 patients and will begin to see 15-20 patients per week. The initial goal was 200 patients; however the Commission on Cancer decreased the number of required care plans for 2015 to 10% of patients that were treated with a curative intent. This changed the Cancer Center's goal to a minimum of 60 patients for this year. This goal will be met and exceeded by the conclusion of 2015.</p>

CAMC WOMEN AND CHILDREN'S HOSPITAL COMMUNITY BENEFIT PLAN IMPLEMENTATION STRATEGY


CAMC Women and Children's Hospital (146 beds) focuses on mother, baby, pediatric and gynecology service lines.

#9	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Obesity, Children Living in Poverty
IDENTIFIED HEALTH ISSUE	Obesity/Nutrition
COMMUNITY SERVED	Children and their families in the primary and secondary service area.
PROGRAM DESCRIPTION AND RATIONALE	<p>The 2013 "F as in Fat" report, ranked WV as #1 in diabetes and #2 in physical inactivity. High school students have reached an overweight and obesity rate of 30.3% and younger children age 2-4 years already have obesity rates of 14%. The CAMC Weight Loss Center provides comprehensive and multidisciplinary weight management offerings across the lifespan. The children's component is under the direction of Dr. Jamie Jeffrey, Medical Director of HealthyKids Pediatric Weight Management Program.</p>



STRATEGIC OBJECTIVE	REDUCE CHILDHOOD OBESITY, TREAT CO-MORBIDITIES AND PREVENT DIABETES
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide childhood obesity program 2. Increase awareness of the program 3. Increase access to care
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Participation • Weight loss and improved metabolic parameters in participants • Assess and address impact on the child's family
TIMELINE	2014- 2016 and ongoing
RESOURCES	Internal funding
2014 Progress Report 	<p>HealthyKids Pediatric Weight Management (HealthyKids) began 10 years ago offering group visits only one evening a week. In 2013 clinical time was increased to 3 clinics per week and 1 evening group. The new patient volume has nearly doubled in 2014 (from 33 in 2013 to 61 new patients and their families). The access has also improved with decreasing 3rd appointment time out for a new patient from 39 days to 18 days. Total patient visits volumes have also increased from 227 encounters to 261 encounters (this does not include the evening group visits). The 3rd appointment out for existing patients is 7 days.</p> <p>HealthyKids celebrated with outstanding clinical outcomes in 2014 with 96% of patients lowering their BMI from their first to last documented office visit. We also increased services to our patients and families including guest speakers, grocery store tours, menu planning and cooking classes which contributed to their success.</p>

#10	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Obesity, Children Living in Poverty
IDENTIFIED HEALTH ISSUE	Obesity/Nutrition
COMMUNITY SERVED	The Keys 4 Healthy Kids initiative focused on low resource, at-risk youth and their families in the East End and the West Side of Charleston. These neighborhoods all shared similar disparities in terms of lack of access to safe venues for physical activity and healthy, affordable foods; however all had strong neighborhood associations. The program expanded to cover all of Kanawha County and 9 surrounding counties over a 4 year period. During this next phase, some components will become statewide.

<p>PROGRAM DESCRIPTION AND RATIONALE</p> 	<p>In December 2009, CAMC and CHERI along with the Kanawha Coalition established a KEYS 4 HealthyKids (KEYS) partnership that received a four-year, \$360,000 grant from the Robert Wood Johnson Foundation’s <i>Healthy Kids, Healthy Communities</i> grant program. The partnership focused on increasing access to fresh and affordable foods and increasing physical activity opportunities within Charleston’s East End and West Side neighborhoods. The partnership’s reach expanded throughout Kanawha County and the surrounding nine counties over the course of the grant and leveraged an additional \$1.6 million in matching funds and in-kind resources. KEYS 4 HealthyKids impacted the community through policy and environmental change to increase access to healthy affordable food and physical activity opportunities. Through the assessment phase, KEYS learned that residents had an interest in community gardens and pocket parks within their neighborhoods to increase access to healthy affordable food and physical activity opportunities. KEYS also learned that area childcare facilities needed technical assistance to create policies within their facility that improved access to healthy, affordable food and physical activity for the children they served. Through community partnerships, KEYS offered a training program to childcare centers, sparked interest in community gardens and formed a community gardens committee, and identified two vacant properties for pocket parks. Over the course of the project, partnership leadership worked to sustain each individual project and the partnership as a whole. In the last year of funding, KEYS created a sustainability plan to ensure the work continued into the future that focused its future direction on high priority strategies.</p>
<p>STRATEGIC OBJECTIVE</p>	<p>PREVENT CHILDHOOD OBESITY</p>
<p>GOALS TO ADDRESS THE HEALTH NEED</p>	<ol style="list-style-type: none"> 1. Establish a Community Action Toolkit and Peer Learning Network. 2. Establish a School and Youth Garden Network. 3. Provide Natural Learning Environments and edible gardens at childcare and after school facilities. 4. Provide NAP SACC in Charleston and across West Virginia. 5. Imagine Charleston policy development. 6. Establish KEYS Youth Council. 7. Expand the Try This Initiative across West Virginia. 8.
<p>MEASURE TO EVALUATE THE IMPACT</p>	<ul style="list-style-type: none"> • Toolkit and Learning Network operational with goals and outcome measures established and tracked. • School and Youth Garden Network operational. • Number of gardens at childcare and after school facilities. • NAP SACC statistics. • Imagine Charleston policies developed and shared. • KEYS Youth Council membership and number of meetings held. • Try This Initiative outcomes.
<p>TIMELINE</p>	<p>2014-2016.</p>
<p>RESOURCES</p>	<p>CAMC Foundation - \$45,000 CAMC - \$20,000 (office space and equipment) The Greater Kanawha Valley Foundation - \$20,000 WV SANP-Ed Program - \$150,000 WV Bureau of Public Health - \$19,600 Coventry Cares - \$13,150 AmeriCorps VISTA</p>

<p>2014 PROGRESS REPORT</p>	<p>KEYS 4 HealthyKids had a very successful year with increased reach with youth gardens, childcare center nutrition and physical activity improvements, and leading a campaign for 30 minutes of physical activity DAILY for WV students in pre-kindergarten through grade 12.</p> <p>A high level summary of outcomes follows:</p> <ol style="list-style-type: none"> 1. In order to increase access to healthy affordable food especially focusing on fruit and vegetable intake KEYS created 5 new growing spaces for youth/school gardens at 5 different elementary schools in Kanawha County that served low income students (defined by >45% free/reduced lunches). 2. KEYS continued support of three youth/school gardens and one community garden. KEYS added an additional two community garden sites at housing developments that also hosts afterschool care. 3. A total of ten youth sites participated in garden-based learning utilizing science and math. KEYS School and Youth Garden Support Network also thrived with a 25% in membership and hosting a whole day garden symposium for youth garden with over 100 in attendance. 4. KEYS greatest policy accomplished occurred in 2014 after years of advocating for physical activity policy in legislation and at the WV Dept of Education. We are proud to report that Policy 2510 was passed by the WV Department of Education to require the following: Students must be given 30 minutes of physical activity daily, physical education must be spent in >50% moderate to vigorous physical activity, and accountability will be monitored under the direction of Office of Educational Performance Audit (Policy 2320). This Policy was adopted and began in July 2014. We continue to offer technical assistance to the state board, county wellness team and at the school level. 5. KEYS began work on outdoor natural play spaces and recruited four sites in 2014. Four design plans at a school, community school, church and daycare center are completed and three of the projects have been started. Two play spaces are completed. An additional five natural play spaces were started among community partners who attended the “Try This” conference and received a mini-grant. 6. Community partners to create healthy, active living communities increased as well in 2014 by training communities at the Try This conference, offering technical assistance and support in completing mini-grants. Sixteen of KEYS partners/communities applied for mini-grants and 14 were awarded. The projects included community gardens, physical activity clubs and equipments, traditional play grounds and natural play grounds and outdoor classrooms. 7. At the school level, 11 Kidz Advocates in 4th and 5th grade were trained on big fat industries and couch potato companies (educated consumerism). They trained 74 peers in 4th and 5th grade at three elementary schools and 844 adults. Kidz
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	<p>Advocates also presented to Senators and Delegates at the last legislative session on physical activity and sugar sweetened beverages.</p> <p>8. Nine childcare centers participated in the three workshop series on nutrition and physical activity self assessment for child care (NAP SACC). Centers improved their nutrition scores by 20% and physical activity scores by 17% affecting over 900 children ages 2-5. Five centers added container or raised beds at their sites. Formal evaluation showed that 90% of participants implemented policies and practices to improve their care for improving nutrition and physical activity.</p>
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#11	CAMC Women and Children’s Hospital																																																												
COMMUNITY HEALTH NEED	Children Living in Poverty																																																												
IDENTIFIED HEALTH ISSUE	Mental Health Services for vulnerable pediatric and adolescent populations																																																												
COMMUNITY SERVED	8 rural counties in WV (Kanawha, Boone, Webster, Jackson, Calhoun, Fayette, Pocahontas, and Greenbrier)																																																												
PROGRAM DESCRIPTION AND RATIONALE	<p>West Virginia Kids Intervention and Developmental Services Initiative (<u>WV KIDS</u>) will increase access to mental health services for the most vulnerable pediatric and adolescent populations. This project will impact more than 20,000 children and adolescents and allow them access to state-of-the-art telemedicine services using distance telemedicine equipment in fixed locations. The hub site is located at Highland Hospital in Charleston, WV and the end-user sites, all members of the Partners in Health Network, are located in eight rural counties: Kanawha, Boone, Webster, Jackson, Calhoun, Fayette, Pocahontas, and Greenbrier. The site list for the project is listed below:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Site Name</th> <th style="text-align: center;">Site Designation</th> <th style="text-align: center;">Site Address</th> <th style="text-align: center;">County</th> <th style="text-align: center;">Population</th> </tr> </thead> <tbody> <tr> <td>Highland Hospital</td> <td style="text-align: center;">Hub</td> <td>300 56th Street Charleston, WV 25302</td> <td style="text-align: center;">Kanawha</td> <td style="text-align: center;">51,400</td> </tr> <tr> <td>Boone Memorial Hospital</td> <td style="text-align: center;">End-User</td> <td>701 Madison Avenue Madison, WV 25705</td> <td style="text-align: center;">Boone</td> <td style="text-align: center;">3,076</td> </tr> <tr> <td>Cabin Creek Health Systems</td> <td style="text-align: center;">End-User</td> <td>79 Cabin Creek Road Dawes, WV 25054</td> <td style="text-align: center;">Kanawha</td> <td style="text-align: center;">656</td> </tr> <tr> <td>Camden-on-Gauley Medical Center</td> <td style="text-align: center;">End-User</td> <td>1003 Webster Camden-on-Gauley, WV 26208</td> <td style="text-align: center;">Webster</td> <td style="text-align: center;">169</td> </tr> <tr> <td>Jackson General Hospital</td> <td style="text-align: center;">End-User</td> <td>122 Pinnell Street Ripley, WV 25281</td> <td style="text-align: center;">Jackson</td> <td style="text-align: center;">3,252</td> </tr> <tr> <td>Minnie Hamilton Health System</td> <td style="text-align: center;">End-User</td> <td>186 Hospital Drive Grantsville, WV 26147</td> <td style="text-align: center;">Calhoun</td> <td style="text-align: center;">561</td> </tr> <tr> <td>New River Health Association</td> <td style="text-align: center;">End-User</td> <td>57 Sutphin Lane Scarbro, WV 25971</td> <td style="text-align: center;">Fayette</td> <td style="text-align: center;">486</td> </tr> <tr> <td>Pocahontas Memorial Hospital</td> <td style="text-align: center;">End-User</td> <td>150 Duncan Road Buckeye, WV 24924</td> <td style="text-align: center;">Pocahontas</td> <td style="text-align: center;">1,054</td> </tr> <tr> <td>Rainelle Medical Center</td> <td style="text-align: center;">End-User</td> <td>645 Kanawha Avenue Rainelle WV 25962</td> <td style="text-align: center;">Greenbrier</td> <td style="text-align: center;">1,505</td> </tr> <tr> <td>Riverside Health Center</td> <td style="text-align: center;">End-User</td> <td>1 Warrior Way, Suite 103, Belle, WV 25015</td> <td style="text-align: center;">Kanawha</td> <td style="text-align: center;">1,260</td> </tr> <tr> <td>Webster County Memorial Hospital</td> <td style="text-align: center;">End-User</td> <td>324 Miller Mt. Drive Webster Springs 26288</td> <td style="text-align: center;">Webster</td> <td style="text-align: center;">776</td> </tr> </tbody> </table> <p>The telemedicine equipment for this project takes into account the specific needs of the population and the goals of providing access to tele-behavioral</p>	Site Name	Site Designation	Site Address	County	Population	Highland Hospital	Hub	300 56 th Street Charleston, WV 25302	Kanawha	51,400	Boone Memorial Hospital	End-User	701 Madison Avenue Madison, WV 25705	Boone	3,076	Cabin Creek Health Systems	End-User	79 Cabin Creek Road Dawes, WV 25054	Kanawha	656	Camden-on-Gauley Medical Center	End-User	1003 Webster Camden-on-Gauley, WV 26208	Webster	169	Jackson General Hospital	End-User	122 Pinnell Street Ripley, WV 25281	Jackson	3,252	Minnie Hamilton Health System	End-User	186 Hospital Drive Grantsville, WV 26147	Calhoun	561	New River Health Association	End-User	57 Sutphin Lane Scarbro, WV 25971	Fayette	486	Pocahontas Memorial Hospital	End-User	150 Duncan Road Buckeye, WV 24924	Pocahontas	1,054	Rainelle Medical Center	End-User	645 Kanawha Avenue Rainelle WV 25962	Greenbrier	1,505	Riverside Health Center	End-User	1 Warrior Way, Suite 103, Belle, WV 25015	Kanawha	1,260	Webster County Memorial Hospital	End-User	324 Miller Mt. Drive Webster Springs 26288	Webster	776
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	health services. This includes videoconferencing equipment, telemedicine carts that offer stable and safe moving of equipment within the facility, high-definition monitors to enable patient face recognition, expressions, and any other data that requires a close up view of the patient. A high definition camera and microphones aid in providing psychiatric diagnoses, care and therapy. The equipment will enable multi-site views on one monitor for group meetings, as well as a system for non-video related content, such as documents and charts that are transmitted during meetings via videoconferencing. All of this equipment makes it possible for more mental healthcare services to be provided without the patient having to wait a great length of time to obtain an appointment, as compared to a standard office appointment, which typically takes weeks. Timely, expert psychiatric evaluations can dictate whether admitting a patient to a psychiatric hospital is the only alternative, allowing for the possibility of alternative, less expensive and higher quality care.
STRATEGIC OBJECTIVE	IMPROVE ACCESS TO MENTAL HEALTH SERVICES FOR VULNERABLE PEDIATRIC AND ADOLESCENT POPULATIONS
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Increase access to psychiatrists, who will be able to assess and appropriately evaluate a patient, make a diagnosis, and prescribe treatment. 2. Provide therapy sessions with mental healthcare professionals via telemedicine 3. Provide peer-to-peer consults with psychiatrists for community primary care physicians and other medical professionals.
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • The number of children receiving tele-behavioral health services • Appointment wait time
TIMELINE	2014- 2016
RESOURCES	USDA – RUS Grant – submitted 7/2014 \$468,197 \$238,829 match for planned equipment expenditures
PARTNERS/COLLABORATORS	CAMC Health Education and Research Institute, Inc Highland Hospital Partners in Health Network Participating sites include: Highland Hospital in Charleston, WV; Boone Memorial Hospital in Madison, WV; Cabin Creek Health Systems in Dawes, WV; Camden-on-Gauley Medical Center in Camden on Gauley, WV; Jackson General Hospital in Ripley, WV; Minnie Hamilton Health System in Grantsville, WV; New River Health Association in Scarbro, WV; Pocahontas Memorial Hospital in Buckeye, WV; Rainelle Medical Center in Rainelle, WV; Riverside Health Center in Belle, WV; and Webster County Memorial Hospital in Webster Springs, WV.
2014 PROGRESS REPORT	Funding was awarded. (229368.00) Contact was made with Highland Hospital to build a team for the project with the CAMC Institute and Partners in Health.

#12	CAMC Women and Children's Hospital
COMMUNITY HEALTH NEED	Tobacco Use/Secondhand Smoke Exposure, Teen Birth Rate
IDENTIFIED HEALTH ISSUE	Tobacco use in pregnant women
COMMUNITY SERVED	23 counties in southern West Virginia
PROGRAM DESCRIPTION AND	West Virginia is number one in the nation for tobacco use among pregnant

RATIONALE	women (28.7%). Research has well established that tobacco dependence during pregnancy causes the risk of poor fetal outcomes. In an effort to ameliorate tobacco dependence among smoking pregnant women, smoking cessation programs have been tailored to this specific population. The tobacco cessation program for pregnant women (Tobacco Free for Baby and Me) was developed at CAMC's Women and Children's Hospital in the obstetric clinic in conjunction with the WV Bureau for Public Health's Division of Tobacco. The program addresses the needs of pregnant tobacco users through a comprehensive approach to training providers in the best practices for tobacco cessation and provides a standardized training program. Part of this program involves asking women about their tobacco usage during each perinatal visit. In conjunction with substance abuse testing, a Cotinine test was added to the initial prenatal screening. The purpose of this study is to determine if using Cotinine Biomarker Feedback will reduce prenatal smoking and improve perinatal outcomes.
STRATEGIC OBJECTIVE	PROVIDE TOBACCO CESSATION FOR PREGNANT WOMEN
GOALS TO ADDRESS THE HEALTH NEED	<ol style="list-style-type: none"> 1. Provide training to all staff in the Women's Medicine Center (WMC) in tobacco cessation 2. Provide ongoing counseling to every women in the WMC regarding the harmful effects of tobacco 3. Continue research to validate the benefits of cessation 4. Identify if Cotinine testing improves cessation rates and secondarily to compare fetal outcomes with reduction of tobacco use 5. Increase the quit rate among pregnant women in WV
MEASURE TO EVALUATE THE IMPACT	<ul style="list-style-type: none"> • Monthly statistics that address the number served and the validated quits. • Results of Cotinine Biomarker Feedback on prenatal smoking and perinatal outcomes.
TIMELINE	2014-2016
RESOURCES	<p>CAMC Foundation CAMC Women and Children's Medicine Center CAMC Health Education and Research Institute WVU Medical Division of Tobacco Prevention WV Quit line</p>
2014 Progress Report	All goals were accomplished. 636 pregnant women were identified as smokers in the CAMC Women's Medicine Center in 2014. The smoking cessation program was provided with an average of 21.5% quit rate reported. The national quit rate average is 13%. The quits are validated by CO monitoring at each visit.



**APPENDIX
LISTING OF ADDITIONAL
2014 COMMUNITY BENEFIT PROGRAMS FOR
CHARLESTON AREA MEDICAL CENTER**



Charleston Area Medical Center
For Period 1/1/2014 – 12/31/2014

Community Health Improvement Services (A)
Community Health Education (A1)

AARP Driving Safety Courses

Description: Educational program designed to demonstrate how age related changes may affect seniors' driving safety, promote safety, educate our geriatric population and reduce motor vehicle accidents.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (388-9989)
Objective: Participants will understand age-related changes that may affect their driving and improve their safety on the road.
Persons: 75
Expenses: 2,085
Revenues: 0
Benefit: 2,085

Alzheimer's Walk

Description: Walk to promote awareness and raise funds for Alzheimer's Research.
Category: A1
Gender: Both Males and Females
Department: 46509 (Southridge Imaging Center)
Department Contact: Kelly Combs (388-7031)
Objective: Raise awareness and funds to support Alzheimer's Research.
Persons: 90
Expenses: 795
Revenues: 0
Benefit: 795

Asthma Awareness

Description: Informational displays at the Capitol City Market on World Asthma Day and at the State Capitol promoting asthma awareness. Staff participated in the Kid Strong Conference by providing an Asthma 101 presentation to school nurses/teachers/coaches; participated in the Asthma Education Institute and the Respiratory Ralley Hall-O-Wheeze as well as presentations to the community promoting asthma awareness.
Category: A1
Gender: Both Males and Females
Department: 42500 (Respiratory Care)
Department Contact: Chuck Menders (388-9401)
Community Need: Lung Disease/Asthma/COPD
Objective: Promote awareness of asthma to support early diagnosis and treatment.
Persons: 350
Expenses: 3,895
Revenues: 0
Benefit: 3,895

ATV & Bicycle Safety Program

Description: A program designed to teach ATV and bicycle safety at local elementary schools.
Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan, RN, BSN (388-7809)
Community Need: Lack of Physical Activity
Objective: To educate elementary school children regarding ATV, bicycle, and playground safety. Six bicycle helmets were donated to students who did not have helmets.
Persons: 513

Expenses: 585
Revenues: 0
Benefit: 585

Basic Life Support Training for the Community

Description: Free basic life support training classes offered to the community.
Category: A1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (388-9989)
Community Need: Heart Disease/High Blood Pressure
Objective: Train community members in basic life support skills.
Persons: 360
Expenses: 10,300
Revenues: 4,500
Benefit: 5,800

Bicycle Safety

Description: A safety presentation that provides facts on bicycle related injuries, helmet effectiveness, safety tips, hand signals and the rules of the road to area elementary school students.
Category: A1
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan, RN, BSN (388-7809)
Community Need: Lack of Physical Activity
Objective: Prevent bicycle injuries and promote the use of helmets.
Persons: 944
Expenses: 982
Revenues: 0
Benefit: 982



Brain Injury Resource Awareness Group (BRAG)

Description: Bi-monthly meetings for brain injury survivors, family, friends or anyone else interested in the care, rehab, and welfare of individuals who sustained and live with brain injury.
Category: A1
Gender: Both Males and Females
Department: 41346 (Medical Rehab)
Department Contact: Jeremiah Gagnon (388-7608)
Objective: To promote awareness of the many resources available to BI survivors and their friends and family.
Persons: 60
Expenses: 432
Revenues: 0
Benefit: 432

CAMC Participation in State and National Registries

Description: CAMC participates in multiple state and national registries to advance medical and health care knowledge and improve the quality of patient care in West Virginia and across the nation. These registries provide important data on disease incidence, treatment outcomes, best practices, and emerging technology that is shared with facilities and health care providers across the country.

Registries include: WV Birth Registry and NICU/PICU Registries, National Vascular Quality Initiative, State and National Tumor Registries, the Society of Thoracic Surgeons Registry, the National Cardiovascular Data Registry, Implantable Cardiac Defibrillators Database, and the Transcatheter Aortic Valve Replacement Registry.

Category: A1
Gender: Both Males and Females
Department: 21930 (Coding and Registry)
Department Contact: Ebenetta Rhinehart (388-7980)
Community Need: Cancer, Heart Disease

Objective: Advance medical/health care knowledge in obstetrics, neonatology, oncology, invasive cardiology, and vascular medicine in West Virginia and across the nation. The sharing of the information gathered on diagnosis, procedures performed, patient care outcomes, and survival rates is vital to ensuring quality of care.

Persons: Unknown
Expenses: 2,408,939
Revenues: 0
Benefit: 2,408,939



Car Seat Safety

Description: A program designed to instruct new parents on the use of car seats purchased through Prevention First Grant for the car seat safety class.

Category: A1
Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (388-2545)

Objective: Teaches new parents how to safely utilize the car seat they have been provided. If the restraint devices are used correctly the potential for injury to the child in the event of a motor vehicle accident is greatly reduced.

Persons: 134
Expenses: 3,657
Revenues: 0
Benefit: 3,657



Cardiac Kids

Description: A program designed to go into Kanawha County Elementary Schools and perform blood work on the students and educate them about the risks for cardiac disease that is identified from the findings.

Category: A1
Gender: Both Males and Females

Department: 43540 (WCH Lab)

Department Contact: Nassar Larijani (388-2386)

Community Need: Heart Disease/High Blood Pressure

Persons: 70
Expenses: 427
Revenues: 0
Benefit: 427

Childbirth Education Classes

Description: Program designed for newly expectant parents.

Category: A1
Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (388-2545)

Objective: Improved birth outcomes.

Persons: 2,196
Expenses: 45,693
Revenues: 0
Benefit: 45,693



Closed Circuit TV Network System

Description: An on demand TV system offering over 100 educational videos for access to patients and their families. The system also includes a relaxation channel and the ability to access videos based on patient availability by making selections on their telephone keypad.

Category: A1
Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (388-9989)

Objective: To provide consistent patient education for our patients and their families.

Persons: Unknown
Expenses: 40,300

Revenues: 0
Benefit: 40,300

Community Health and Outreach

Description: Health education resources provided for area health fairs on healthy eating, exercise and how to access the many resources available at the Health Information Center. The HIC offers health information on diseases and conditions, tests and procedures and other health topics.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (388-9989)

Objective: Promote healthy lifestyles, health awareness, and the programs and services offered by the Health Information Center.

Persons: 758

Expenses: 1,125

Revenues: 0

Benefit: 1,125



Compassionate Friends Support Group

Description: Support group for bereaved parents.

Category: A1

Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (388-2545)

Objective: Nationally recognized support group for any bereaved parent.

Persons: 120

Expenses: 1,200

Revenues: 0

Benefit: 1,200

Digital Signage (CAMC TV) and Video PSAs

Description: CAMC TV is broadcasted throughout our three hospitals to provide educational topics ranging from stroke identification to proper hand washing techniques and precautions to prevent the spread of influenza.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (388-9989)

Objective: Engaging and educating patients, family, and community on health education topics.

Persons: Unknown

Expenses: 21,050

Revenues: 0

Benefit: 21,050

Distracted Driving/Driving Safety for Teens

Description: Presentation about distracted driving statistics and habits. Review of safe driving practices and teen driving safety followed by a question and answer session.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (388-7809)

Objective: Create a greater awareness of the dangers associated with distracted driving by discussing the common causes, the potential outcomes and traffic accident statistics. This is then translated down to the impact it can have on the individual teen, their family, friends, and communities.

Persons: 225

Expenses: 275

Revenues: 0

Benefit: 275

Driving Safety Community Events

Description: Presentations at various community events that include the use of a Virtual Driver Interactive Simulator to demonstrate the effects of distracted driving, drunk driving, and driving under the influence of medications.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (388-7809)

Objective: Prevent traffic accidents and fatalities.

Persons: 425

Expenses: 1,257

Revenues: 0

Benefit: 1,257



Health Information Center

Description: The Health Information Center provides up-to-date reliable health information via the website. The HIC provides email responses to specific health questions submitted by the public via email. The HIC also provides a 1-800 telephone number where members of the community can request answers to health information questions.

Category: A1

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (388-9989)

Objective: Promote health education in the community.

Persons: 579

Expenses: 350

Revenues: 0

Benefit: 350



Imagine U: A Virtual Healthcare Experience

Description: CAMC broadcast of a craniotomy surgery narrated by a local physician via web cast to introduce students to careers in healthcare using technology that links health science classrooms to the real world of health care and hospitals. Students from Boone, Clay, Roane, Jackson, Kanawha and Putnam Counties participated.

Category: A1

Gender: Both Males and Females

Department: 21926 (Human Resources Workforce Dev)

Department Contact: Debby Roquet (388-3376)

Objective: Expose the students at eleven high schools in Kanawha and Boone Counties, four vocational and technical centers to health care careers.

Persons: 1,300

Expenses: 9,985

Revenues: 0

Benefit: 9,985



Infant Massage Classes

Description: Classes for parents and infants that cover benefits of massage and specific techniques to soothe a new baby.

Category: A1

Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (388-2545)

Objective: Parents learn to decrease tension, fussiness and irritability with their new babies.

Persons: 17

Expenses: 180

Revenues: 0

Benefit: 180

Keys for Healthy Kids 5-2-1-0 Program

Description: The 5-2-1-0 Program is designed to modify childcare behavior and encourage children to live a healthier lifestyle. CAMC partnered with Appalachian Power Park to hold 92 events in 50 area

elementary schools promoting the benefits of eating five servings of fruits and vegetables a day, limiting recreational TV time to two hours a day, encouraging one hour or more a day of moderate to vigorous physical exercise, and eliminating soft drinks and sugar sweetened sports drinks.

Category: A1
Gender: Both Males and Females
Department: 21942 (Marketing)
Department Contact: Elizabeth Pellegrin (388-5757)
Community Need: Obesity
Objective: Decrease childhood obesity and teach children the benefits of a healthy diet and exercise in our community.
Persons: Unknown
Expenses: 3,122
Revenues: 0
Benefit: 3,122

Komen Race for the Cure

Description: Promoted breast cancer awareness at the event in our community by providing literature and one-on-one education.
Category: A1
Gender: Both Males and Females
Department: 46509 (Southridge Imaging Center)
Department Contact: Kelly Combs (388-7031)
Community Need: Cancer
Persons: 463
Expenses: 2,000
Revenues: 0
Benefit: 2,000

Occupational Lung Center Outreach

Description: Presentations on pulmonary diagnostic review for area professionals to measure the level of lung impairment. The tests are used to evaluate and monitor diseases that affect heart and lung function, to monitor the effects of environmental, occupational, and drug exposures, to assess risks of surgery and to assist in evaluation performed before employment or for insurance purposes.
Category: A1
Gender: Both Males and Females
Department: 47656 (Lung Center)
Department Contact: Byron Young (388-7111)
Community Need: Lung Disease/Asthma/COPD
Objective: Educate area professionals on how to utilize information from the Occupational Lung Center.
Persons: 14
Expenses: 250
Revenues: 0
Benefit: 250

Organ Donation Night at Appalachian Power Park

Description: The renal transplant program at General Hospital sponsors an annual night at the ball park for organ recipients and works in concert with the West Virginia Department of Motor Vehicles and others to educate the public on the importance of organ donation and to register individuals for organ donation.
Category: A1
Gender: Both Males and Females
Department: 41452 (Transplant Center)
Department Contact: Glenn Martin (388-6525)
Objective: To heighten awareness of the importance of organ donation.
Persons: 4,000
Expenses: 1,500
Revenues: 0
Benefit: 1,500



Playground Safety

Description: An presentation with handouts given at area elementary schools to provide an overview of safety precautions on the playground. The presenters review ways to prevent injuries and the students provide feedback on injury prevention.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)

Department Contact: Kim Morgan (388-7809)

Community Need: Lack of Physical Activity

Objective: To prevent accidents on the playground.

Persons: 250

Expenses: 275

Revenues: 0

Benefit: 275

Pregnancy Massage Class

Description: Interactive workshop where partners learn techniques to comfort the expectant mother and laboring women.

Category: A1

Gender: Both Males and Females

Department: 43608 (Family Resource Center)

Department Contact: Kelly Gilbert (388-2545)

Objective: Promote massage for pregnancy, labor, and birth and lifelong general relaxation techniques to decrease stress.

Persons: 24

Expenses: 550

Revenues: 0

Benefit: 550

Red Cross Blood Drive Support

Description: Provides support, signage, and set up/clean up for Red Cross Blood drives held at CAMC facilities.

Category: A1

Gender: Both Males and Females

Department: 42562 (Transfusion Services)

Department Contact: Shari Griffith (388-4236)

Objective: Making employees and visitors aware that the Red Cross is having a blood drive and where they can go if they wish to donate. Provide support for set up and clean up for the blood drive.

Persons: 120

Expenses: 784

Revenues: 0

Benefit: 784

Relay for Life

Description: Staffed the Annual Relay for Life in Charleston which promotes cancer awareness and invites cancer survivors and family to participate in the walk. The event raises money for the American Cancer Society.

Category: A1

Gender: Both Males and Females

Department: 47441 (Chemotherapy)

Department Contact: Bev Farmer (388-8399)

Community Need: Cancer

Persons: 100

Expenses: 240

Revenues: 0

Benefit: 240

**Rural Trauma Packaging for Transport**

Description: Outreach activity designed to educate EMS personnel on the proper way to package and transport trauma patients to trauma centers.

Category: A1

Gender: Both Males and Females

Department: 41232 (Trauma Services)
Department Contact: Kim Morgan (388-7809)
Objective: Safe transport of trauma patients from the field to the trauma center.
Persons: 9
Expenses: 196
Revenues: 0
Benefit: 196

Sibling Prep Class

Description: A 90 minute class for children who are soon to become big brothers and big sisters.
Category: A1
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (388-2545)
Objective: To prepare children for the arrival of siblings.
Persons: 58
Expenses: 600
Revenues: 0
Benefit: 600

Spinal Cord Injury/ Support Education Awareness (SCI/SEA)

Description: Resource meetings held monthly for SCI survivors, family, new patients or anyone interested in the care and rehabilitation and welfare of individuals who have sustained spinal cord injury.
Category: A1
Gender: Both Males and Females
Department: 41346 (Medical Rehab)
Department Contact: Jeremiah Gagnon (388-7608)
Objective: Expose new patients and community members to peers surviving with SCI. Education and updates on research, new techniques and enhance accessible options and community awareness.
Persons: 21
Expenses: 683
Revenues: 0
Benefit: 683

Think First For Kids

Description: Program provided in Kanawha County elementary schools that focuses on the prevention of head and spinal injuries.
Category: A1
Gender: Both Males and Females
Department: 41158 (Neuro ICU General)
Department Contact: Debbie Toney (388-3783)
Community Need: Lack of Physical Activity
Objective: Educate children to help prevent head and spinal injuries on the playground, riding bicycles, car safety, and water safety.
Persons: 536
Expenses: 15,000
Revenues: 0
Benefit: 15,000

WV Health Occupations Students of America (HOSA)

Description: Provided two \$250 academic scholarships for post secondary education to 1st place winners in two categories to student who compete in the annual WV HOSA State Leadership Conference.
Category: A1
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (8-3376)
Community Need: Educational Attainment/High School Dropout
Objective: Provide support to WV HOSA who works with area students interested in healthcare professions to develop leadership and academic skills.

Persons: 300
Expenses: 500
Revenues: 0
Benefit: 500

	Expenses	Offsets	Benefit	Persons
*** Community Health Education (A1)	2,579,212	4,500	2,574,712	14,111

Community Based Clinical Services (A2)

CAMC Ryan White Program

Description: Primary outpatient care, education, and information for individuals in southern WV (service area is 16 counties in Public Health Districts 1, 3, and 4) who are at-risk or infected with HIV, regardless of ability to pay.

Category: A2
Gender: Both Males and Females
Department: 46579 (Pharmacy Administration)
Department Contact: Christine Teague (388-8106)
Objective: Primary care to at-risk and HIV infected persons in the service area.
Persons: 347
Expenses: 369,093
Revenues: 298,482
Benefit: 70,611



Child Advocacy Center

Description: Program designed to provide a safe, child friendly place for children with alleged sexual or physical abuse or neglect. Provides a complete medical and psychosocial evaluation and may include a forensic interview. Provide training and education for prosecutors, Child Protective Services, law enforcement, physicians and health care providers. Also, testify and serve as expert witnesses and consultants. In 2014, the center provided child abuse prevention materials to over 2,000 children in area daycare providers and pediatricians offices and our instructors performed over 95 hours of child abuse training to area professionals.

Category: A2
Gender: Both Males and Females
Department: 43602 (Children's Medicine Center)
Department Contact: Debbie Carte (388-2536)
Persons: 2,490
Expenses: 91,318
Revenues: 0
Benefit: 91,318

Drug Addicted Mother Baby Program

Description: Program for pregnant women who have been identified as drug users during the early stages of their pregnancy.

Category: A2
Gender: Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (388-2545)
Community Need: Drugs Prescription and Illicit
Persons: 660
Expenses: 8,000
Revenues: 0
Benefit: 8,000



Medical Rehabilitation Recreational Therapy Program

Description: Medical Rehabilitation provides a Recreational Therapy Program both during a rehabilitation patient's stay and as an aftercare option for patients needing the service. Services are provided at no charge and include functional activity, aquatic therapy, kinetic activity, activity daily living, family conferences, and patient evaluations.

Category: A2
Gender: Both Males and Females
Department: 41346 (Medical Rehab)
Department Contact: Jeremiah Gagnon (388-7608)
Objective: The return of patients to the highest level of functionality that they can attain.
Persons: 220
Expenses: 1,733
Revenues: 0
Benefit: 1,733

Outpatient Mental Health Services

Description: Outpatient mental health services for the uninsured or underinsured.
Category: A2
Gender: Both Males and Females
Department: 43608 (Family Resource Center)
Department Contact: Kelly Gilbert (388-2545)
Community Need: Unemployment/Jobs/Poverty
Objective: Filling the gap in mental health services for the uninsured or underinsured. This program serves individuals who have health insurance that does not cover behavioral health services or individuals without health insurance.
Persons: 335
Expenses: 76,899
Revenues: 0
Benefit: 76,899

West Virginia Health Right Support

Description: A free clinic located in CAMC's service area that provides primary health care and adult dental care to the uninsured and underinsured population. CAMC provides pharmacy support, maintenance and housekeeping services to the free clinic.
Category: A2
Gender: Both Males and Females
Department: 46579 (Pharmacy Administration)
Department Contact: Brian Sayre (388-8106)
Community Need: Unemployment/Jobs/Poverty
Objective: To support health care delivery to those unable to obtain services elsewhere.
Persons: Unknown
Expenses: 141,888
Revenues: 0
Benefit: 141,888

	Expenses	Offsets	Benefit	Persons
*** Community Based Clinical Services (A2)	688,931	298,482	390,449	4,052

Health Care Support Services (A3)

Challenged Sports Program

Description: Organize and coordinate a challenged sports program, games, leagues, and exhibitions to offer new patients and individuals in the community an opportunity to participate in challenged sports.
Category: A3
Gender: Both Males and Females
Department: 41346 (Medical Rehab)
Department Contact: Jeremiah Gagnon (388-7608)
Community Need: Lack of Physical Activity
Objective: To expose the community to challenged sports such as wheelchair basketball leagues, marksmanship and other events and exhibitions. The program helps individuals develop the skills necessary to participate in a recreation activity. It offers an outlet and an opportunity to pursue these sports at a level in which they wish to compete.
Persons: 624
Expenses: 10,898
Revenues: 0
Benefit: 10,898



Enrollment Assistance for Patients and Families for Health Coverage

Description: Patient Accounts provides support to patients for enrollment in government programs or in obtaining charity care. Financial Counselors address the charity process for CAMC patients. Over 21,000 charity and government enrollment applications were provided.

Category: A3
Gender: Both Males and Females
Department: 31706 (Finance)
Department Contact: Jay Richmond (388-6250)
Community Need: Unemployment/Jobs/Poverty
Persons: 21,115
Expenses: 1,255,044
Revenues: 0
Benefit: 1,255,044

Follow-Up After Perinatal Loss

Description: Labor and Delivery RNs provide outpatient referral and resources for perinatal loss and bereavement.

Category: A3
Gender: Females
Department: 43110 (Labor & Delivery)
Department Contact: Denise Burgess (388-2158)
Objective: Follow-up after experiencing perinatal loss.
Provide outpatient referral services/programs to support the patient after the loss.

Persons: 30
Expenses: 1,252
Revenues: 0
Benefit: 1,252

Look Good/Feel Better

Description: Professional cosmetologist provides makeovers for cancer patients.

Category: A3
Gender: Females
Department: 47441 (Chemotherapy)
Department Contact: Bev Farmer (388-8399)
Community Need: Cancer
Objective: Improving self esteem and overall well being of the cancer patient.

Persons: 14
Expenses: 30
Revenues: 0
Benefit: 30

Patient Nourishment Program

Description: Nutrition Services provides nutrition products to patients upon discharge until they can obtain the product themselves through an outside source.

Category: A3
Gender: Both Males and Females
Department: 41802 (Nutrition Services)
Department Contact: Peg Andrews (388-3416)
Community Need: Unemployment, Jobs, Poverty
Objective: To provide appropriate and sufficient nutrition to discharged patients until an outside source is obtained.

Persons: 3
Expenses: 501
Revenues: 0
Benefit: 501

	Expenses	Offsets	Benefit	Persons
*** Health Care Support Services (A3)	1,267,725	0	1,267,725	21,786

Social and Environmental Improvement Activities (A4)

CAMC Mall Walkers Program

Description: The Mall Walkers Program is provided at the Charleston Town Center and participants meet at 8:30 in the center court to discuss health topics such as stroke awareness, holiday meal planning, and infection prevention. Participants then are provided a parking pass to use between 7am and 10am Monday through Saturday and they can walk at their own pace.

Category: A4

Gender: Both Males and Females

Department: 25780 (Health Information Center)

Department Contact: Beverly Thornton (388-9989)

Community Need: Lack of Physical Activity

Objective: Promote health education and exercise.

Persons: 225

Expenses: 3,000

Revenues: 0

Benefit: 3,000



	Expenses	Offsets	Benefit	Persons
*** Social and Environmental Improvement Activities (A4)	3,000	0	3,000	225
**** Community Health Improvement Services	4,538,868	302,982	4,235,886	40,174

Health Professions Education (B)

Physicians/Medical Students (B1)

CAMC Graduate Medical Education

Description: CAMC provides 17 residency and fellowship programs (allopathic and osteopathic including three dual tracks). CAMC has medical school affiliations with West Virginia University School of Medicine and the West Virginia School of Osteopathic Medicine. In 2014, we had 171 medical residents enrolled on campus.

Category: B1

Gender: Both Males and Females

Department: 31720 (Accounting)

Department Contact: Debbie McClure (388-3380)

Persons: 171

Expenses: 38,050,728

Revenues: 6,575,979

Benefit: 31,474,749

Ethics in the Round

Description: Monthly presentations providing education to medical professionals on current ethics topics.

Category: B1

Gender: Both Males and Females

Department: 25768 (Continuing Education)

Department Contact: Jay Ripley (388-9964)

Objective: Provide a forum for medical professionals to discuss ethics issues.

Persons: 310

Expenses: 20,810

Revenues: 0

Benefit: 20,810

Geriatric Lunch Time Learning

Description: One hour educational lectures on various topics in geriatric medicine.

Category: B1

Gender: Both Males and Females

Department: 25768 (Continuing Education)

Department Contact: Jay Ripley (388-9964)

Objective: To provide professional education to the medical community on geriatric topics and issues.

Persons: 303

Expenses: 11,800
Revenues: 0
Benefit: 11,800

Pharmacy Journal Club Series

Description: Program for area pharmacists and pharmacy students to discuss and present journal articles, patient cases, and relevant topics such as disease states, new drugs, new practice ideas pertaining to the practice of clinical pharmacy. Participants develop oral presentation and literature analysis skills related to the practice of clinical pharmacy and create professional enrichment opportunities to practicing pharmacists in the WVU and CAMC system.

Category: B1
Gender: Both Males and Females
Department: 25780 (Health Information Center)
Department Contact: Beverly Thornton (388-9989)
Objective: Increase educational opportunities for area pharmacists and pharmacy students.
Persons: 350
Expenses: 675
Revenues: 0
Benefit: 675

Physician Guest Lecture Program

Description: Professional education lectures for physicians and healthcare professionals covering topics such as Traditional Approaches to Pain Management, Resolving Shoulder Impairments, and the Dilemma of Surgery in Extreme Old Age.

Category: B1
Gender: Both Males and Females
Department: 25768 (Continuing Education)
Department Contact: Jay Ripley (388-9964)
Objective: Provide physician education to medical staff and medical students on CAMC's campus.
Persons: 225
Expenses: 13,680
Revenues: 0
Benefit: 13,680

Rural Outreach Physician Education

Description: Outreach education provides professional education to physicians and health care providers in outlying areas. In 2014, three outreach programs were held.

Category: B1
Gender: Both Males and Females
Department: 25768 (Continuing Education)
Department Contact: Jay Ripley (388-9964)
Objective: To further the education of health care professionals in rural West Virginia.
Persons: 55
Expenses: 3,521
Revenues: 0
Benefit: 3,521

	Expenses	Offsets	Benefit	Persons
*** Physicians/Medical Students (B1)	38,101,214	6,575,979	31,525,235	1,414

Nurses/Nursing Students (B2)

CAMC Nursing Education

Description: CAMC provides a clinical setting and staff instruction/supervision for students enrolled in nursing programs affiliated with CAMC. CRNA, RN and BSN nursing students receive educational instruction and supervision while on patient care floors, in the operating rooms, or other patient care areas.

Category: B2

Gender: Both Males and Females
Department: 46872 (Planning)
Department Contact: David Jarrett (388-7854)
Objective: To provide clinical experiences for students.
Persons: 115
Expenses: 2,091,027
Revenues: 0
Benefit: 2,091,027

Future of Nursing WV

Description: A coalition of statewide and national providers that addresses the 2010 Institute of Medicine's Recommendations for the Future of Nursing. The recommendations suggest new ways for nurses to practice and enhance access to care. The directives contained in The Future of Nursing: Leading Change, Advancing Health aim for an American health care system that centers on the patient, relies on evidence-based practices, and leads to the improved health of people in all categories and locations.

Category: B2
Gender: Both Males and Females
Department: 46860 (Corporate Nursing)
Department Contact: Ron Moore (388-5486)
Objective: To work with the statewide committee as it addresses the 2010 Institute of Medicine's recommendations for the future of nursing.
Persons: Unknown
Expenses: 11,695
Revenues: 0
Benefit: 11,695

Nursing Pathways Program

Description: CAMC and WV State Community and Technical College have formed a partnership to provide a two-year nursing program. The Nursing Pathways Program includes three distinct entries to earning a two-year associate degree: Mid-year ADN program; Paramedic to Registered Nurse Fast Track Program; and Licensed Practical Nurse to Registered Nurse Fast Track Program.

Category: B2
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Development)
Department Contact: Debby Roquet (388-3376)
Community Need: Unemployment/Jobs/Poverty
Objective: To increase the number of licensed RNs.
Persons: 117
Expenses: 434,923
Revenues: 296,407
Benefit: 138,516

West Virginia State Trauma Audit Review (WV STAR)

Description: Annual gathering of trauma professionals from the state's Trauma Centers to conduct peer review discussion of trauma cases from the previous year at each facility.

Category: B2
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan (388-7809)
Objective: Peer review discussions to educate trauma providers and better prepare them for cases that may come through their trauma center.
Persons: 80
Expenses: 480
Revenues: 0
Benefit: 480

WV State Trauma Symposium

Description: Conference is designed for trauma surgeons, general surgeons, emergency room physicians, nurses, mid-level providers and pre-hospital health care, coding specialists and health information

professionals. The conference is a collaborative effort between experts in various trauma disciplines from around West Virginia. An eight hour trauma nursing workshop was held on the opening day of the conference featuring topics on surgical trauma, pediatric trauma and complications. The speakers will present progressive and challenging issues in the field of trauma care. A poster session will also be held highlighting trauma research throughout the state.

Category: B2
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan (8-7809)

Objective: Facilitate the event and ensure the conference runs smoothly. CAMC provided personnel for registration and support at the event.

Persons: 127
Expenses: 960
Revenues: 0
Benefit: 960

	Expenses	Offsets	Benefit	Persons
*** Nurses/Nursing Students (B2)	2,539,085	296,407	2,242,678	439

Other Health Professional Education (B3)

CAMC Allied Health Professional Education

Description: CAMC provides a clinical setting and staff instruction/supervision for students enrolled in local allied health professional education programs. CAMC provides the clinical setting and supervision to students for Imaging, Nuclear Medicine, Respiratory Therapy, Physical Therapy and other allied health professionals enrolled in educational programs for which we have an educational affiliation agreement.

Category: B3
Gender: Both Males and Females
Department: 46872 (Planning)
Department Contact: David Jarrett (388-7854)
Objective: To provide a clinical setting for student learning.
Persons: 412
Expenses: 501,241
Revenues: 0
Benefit: 501,241

Medical Explorers

Description: A program designed to introduce youth in Kanawha and Putnam counties who are 14 years of age and have completed the 8th grade or are ages 15 to 20 and have designated health care as their health cluster to the health care environment.

Category: B3
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (388-3376)
Community Need: Unemployment/Jobs/Poverty
Objective: Increase health career awareness by educating middle and high school students about health professions and careers.
Persons: 60
Expenses: 2,628
Revenues: 0
Benefit: 2,628

Permissive Hypotension in Trauma

Description: Community trauma outreach to area EMS personnel on the benefits of permissive hypotension resuscitation in trauma patients. The goal blood pressure for these patients is a mean arterial pressure of 40-50mmHg or a systolic blood pressure less than or equal to 80. The key is to avoid normalizing blood pressure in a context where blood loss may be enhanced.

Category: B3
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan (388-7809)
Objective: Better survival outcomes for trauma patients.
Persons: 20
Expenses: 125
Revenues: 0
Benefit: 125

Physician Assistant Student Rotations

Description: The hospitalist program had 10 physician assistant students from Mountain State University and Alderson Broaddus during a six week rotation in the hospital. CAMC's hospitalists spent 25% of the students' six-week rotation directly instructing/interacting with the students.

Category: B3
Gender: Both Males and Females
Department: 42005 (Hospitalist Program)
Department Contact: Diane Bossie (388-5848)
Persons: 10
Expenses: 16,000
Revenues: 0
Benefit: 16,000

Rural Trauma Team Development Course

Description: The course is designed by the American College of Surgeons Committee on Trauma to help rural hospitals with the development of their trauma teams. CAMC is the tertiary hub hospital for central and southern West Virginia and operates the only level 1 Trauma Center in the region. The program standardizes care of trauma patients in the rural setting to improve outcomes.

Category: B3
Gender: Both Males and Females
Department: 41232 (Trauma Services)
Department Contact: Kim Morgan (388-7809)
Objective: The purpose of the course is to increase efficiency of resource utilization and improve the level of care provided to the patient. We want to educate the audience regarding the state's regional and local trauma system. The course outlines the components of the various stages of trauma assessment. It outlines the components of the primary survey, decision to transfer, secondary survey, and demonstrates the concepts of the primary survey.

Persons: 15
Expenses: 314
Revenues: 0
Benefit: 314



	Expenses	Offsets	Benefit	Persons
*** Other Health Professional Education (B3)	520,308	0	520,308	517

Scholarships/Funding for Professional Education (B4)

University of Charleston Health Program Support

Description: Financial support for faculty for the nursing and pharmacy programs at the University of Charleston.
Category: B4
Gender: Both Males and Females
Department: 21926 (Human Resources Workforce Dev)
Department Contact: Debby Roquet (388-3376)
Objective: To maintain an adequate number of health professionals in the community to fill existing and future

health care profession needs.

Persons: Unknown
Expenses: 285,000
Revenues: 0
Benefit: 285,000

	Expenses	Offsets	Benefit	Persons
*** Scholarships/Funding for Prof Ed (B4)	285,000	0	285,000	0

**** Health Professions Education	41,445,607	6,872,386	34,573,221	2,370
Financial and In-Kind Contributions (E)				
Cash Donations (E1)				

Civic Affairs Council

Description: The Civic Affairs Council is comprised of employees who review the applications for charitable donations and make awards based on specific community benefit criteria. Funding provided to area high schools for Project Graduation, March of Dimes, Daymark, Inc., Salvation Army, WV Health Right, American Lung Association, Girl Scouts, Boy Scouts, REA of Hope, Alzheimer's Association, Children's Therapy Clinic, Charleston Daily Mail's Neediest Cases, Union Mission, The Gabriel Project of WV, National Muscular Dystrophy Association, Ronald McDonald House, YMCA of Kanawha Valley, American Cancer Society, Childlaw Services, Inc., Prester Foundation, Habitat for Humanity, Highland Hospital, Heart and Hand, and Secret Santa.

Category: E1

Gender: Both Males and Females

Department: 10000 (Civic Affairs)

Department Contact: Tom Kuhn (8-7386)

Community Need: Unemployment/Jobs/Poverty

Objective: Provide financial support to programs and services in our service area to support health, educational, social services, civic and economic development requests.

Persons: Unknown

Expenses: 33,310

Revenues: 0

Benefit: 33,310

	Expenses	Offsets	Benefit	Persons
***Cash Donations (E1)	33,310	0	33,310	0

In-Kind Donations (E3)

Community Board Participation by CAMC Personnel

Description: David L. Ramsey, President and CEO: HealthNet Aeromedical Board of Directors, WV Hospital Association, VHA Central Atlantic Board of Directors, University of Charleston Board of Directors and Vitality Committee, Clay Center for the Arts & Sciences – WV Advisory Board, WV Chamber of Commerce Board of Directors, WV School of Osteopathic Medicine, Health Insight Board, CAMC Housing Corporation Board, CAMC Foundation Board.

Glenn Crotty, Jr. M.D., COO: Board member for the Partnership for Excellence (Ohio, Indiana and West Virginia state Baldrige program, Baldrige National Quality Award Examiner, Regional Board of the American Red Cross, Physician Volunteer for WV Health Right, Charleston Area Alliance, and University of Charleston Graduate School of Business Advisory Board.

Dianna Branham, Nurse Manager: University of Charleston Advisory Board for the BSN Program and Kanawha Valley Community and Tech Center RN Advisory Board.

Mary Emmett, Corporate Director, CHERI: Grants Review Committee of the Health Services and Resources Administration for Community Grants and Innovation in Community Health.

Brenda Grant, Chief Strategy Officer: Vice-Chair United Way Board, United Way Executive Committee, Community Services Committee and Governance Committee; Kanawha Coalition for Community Health Improvement Steering Committee, The Partnership for Excellence Examiner Training, and Greater Kanawha Valley Foundation Value Chain Committee and National Quality Forum's Population Health Field Test Group.

Sharon Hall, President, CAMC Health Education and Research Institute: Boards of the WV School of Osteopathic Medicine, OPTI Strategic Planning Committee and Executive Committee, WV University School of Medicine Visiting Committee, WV Telehealth Alliance Board of Directors, United Way, WVU Physicians of Charleston Board, WVU Dean Search Committee, AAMC Group of Resident Affairs Leadership Task Force, ACGME Focus Group, ASHP Commission on Credentialing, Higher Education Policy Commission, and Greater Kanawha Valley Foundation.

Jerry Handley, Media Production Specialist: WV Broadcasting Hall of Fame Program Committee. Ed Haver, Director, Cardiac Rehab/Ornish Program: Chairperson for the State AACVPR MAC J11 Reimbursement Committee, AACVPR Program Certification Reviewer, and as a WVACVPR reimbursement contact person.

Beverly Kitchen, RN, Regional Care Coordinator Right From the Start: March of Dimes boards and committees and Chair of the March of Dimes Program Services, Upper Kanawha Valley Starting Points, Newborn Hearing Screening Advisory Board, and Perinatal Partnership Maternal Drug Committee.

Tuanya Layton, Imaging Quality Manager: West Virginia Association of Nuclear Medicine Technology Board, Bridge Valley Community and Technical College Nuclear Medicine Technology Advisory Committee, Chair of the WV State Medical Imaging Board of Examiners, Appalachian Association of Nuclear Medicine Technologist Executive Board.

Kim Lowe, Pharm.D., BCNP: West Virginia Association of Nuclear Medicine Technology Board and the Bridge Valley Community and Technical College Nuclear Medicine Technology Advisory Committee.

Tracy Matthews, Coordinator: President of the West Virginia Board of Respiratory Care.

Chuck Menders, Director Respiratory Care: West Virginia Asthma Coalition, WV Society for Respiratory Care as a State Delegate.

Kathy Newsome, Imaging Manager: West Virginia Association of Nuclear Medicine Technology Board, Bridge Valley Community and Technical College Nuclear Medicine Technology Advisory Committee.

Barbara McKee, Nursing Education Specialist: WV/AHA Emergency Cardiac Care Committee and the WV Nurses Association Education Council and the Code Blue Committee.

Ronald Moore, Chief Nursing Officer participated as a team leader on the Future of Nursing WV Committee of the West Virginia Hospital Association.

Becky Oakley, Nurse Manager: Metro 911 board of Directors, West Virginia Office of EMS Technical Services Network Board of Directors, EMSOR (EMS Office of the Region Board of Directors), West Virginia OEMS Medical Command Committee and the HealthNet Aeromedical Services Communication Leadership Team.

Len Picha, Respiratory Therapist: West Virginia Asthma Coalition.

Dawn Schoolcraft, Associate Administrator, Women and Children's Hospital: board of Ronald McDonald House.

Bev Thornton, Education Division Director: Multidisciplinary Patient Education Council, Diabetes Education Program Advisory Board and Healthiest Planning Committee.
Andrew Weber, Vice-President/Administrator, Women and Children's Hospital: Vice-President of Kids Count Board and Fund for the Arts board member.

Robert Whittler, Vice President, Government and Community Affairs: Board for WV Health Right, WomenCare, Center for Rural Health Development, WV Board of Osteopathic Medicine, West Virginia Rural Health Association and Logan Healthcare Foundation.

Mike Williams, Vice-President/Administrator, General Hospital: Secretary of the State Trauma Advisory Committee and the East End Association.

Ken Wilson, Maintenance Director: Monthly meetings to review issues pertaining to client rights, grievances to persons under the care of Prestera and ResCare in group homes or other settings.

Brad Young, Technology Assessment Officer: West Virginia Chapter of the Health Information and Management Systems Society, WV Health Information Network – Medical Exchange Committee.

Category: E3
Gender: Both Males and Females
Department: 21900 (CAMC Administration)
Department Contact: David Ramsey (388-7627)
Objective: To share CAMC's leadership, knowledge and experience in the fields of healthcare, management, and education with community boards and associations to enhance the community.
Expenses: 202,439
Revenues: 0
Benefit: 202,439

Ronald McDonald House Housekeeping Support

Description: Donated housekeeping services to Ronald McDonald House.
Category: E3
Gender: Both Males and Females
Department: 41804 (Housekeeping)
Department Contact: Joe Tucker (388-6241)
Community Need: Unemployment/Jobs/Poverty
Persons: Unknown
Expenses: 9,137
Revenues: 0
Benefit: 9,137

	Expenses	Offsets	Benefit	Persons
***In-Kind Donations (E3)	211,576	0	211,576	0
**** Financial and In-Kind Contributions	244,886	0	244,886	0

Community Building Activities (F)
 Economic Development (F2)



Local Wealth Creation - Farm to Hospital

Description: Value - Chain food system incorporating local growers to replace imports from the outside economy with herbs and vegetables that can be grown locally for the same or lower cost with the same or higher quality.
Category: F2
Gender: Both Males and Females
Department Contact: Brenda Grant, Mike Marinaro, Steve Perry (388-7885)
Community Need: Obesity/Overweight/Poor Eating Habits
Objective: To decrease sodium and fat in foods prepared in CAMC hospitals through the use of fresh herbs and

vegetables. To open new avenues for existing and new growers with a guaranteed market for their produce.

Partners: Greater Kanawha Valley Foundation
Persons: Unknown
Expenses: 5,870
Revenues: 0
Benefit: 5,870

	Expenses	Offsets	Benefit	Persons
***Economic Development (F2)	5,870	0	5,870	0

Community Support (F3)

Community Ebola Disaster Preparation

Description: Worked with local health care providers, local community leaders, the Kanawha Charleston Health Department, West Virginia Department of Health and Human Resources, CDC and APIC to prevent and/or be prepared to respond to a natural disaster involving the Ebola Virus.

Category: F3
Gender: Both Males and Females

Department: 46874 (Safety)
Department Contact: Lillian Morris (388-8208)

Objective: Assist in the development of a community and statewide plan to cope with an outbreak of a deadly pathogen such as Ebola.

Partners: Health care providers, County and State Health Department, the CDC, APIC, and other state and federal agencies.

Persons: Unknown
Expenses: 25,550
Revenues: 0
Benefit: 25,550

Partners In Health Network

Description: The network serves to improve the delivery of health care in the region by providing a network administrative center, physician liaison, patient surveys, outreach activities, networking, credentialing, purchasing program, critical access hospital support, educational activities, workshops, and presentations designed for small rural hospitals and health clinics in the region.

Category: F3
Gender: Both Males and Females

Department: 46876 (Partners In Health)
Department Contact: Tom Kuhn (388-7386)

Objective: Assist small rural hospitals and health clinics to remain viable.

Persons: Unknown
Expenses: 101,482
Revenues: 0
Benefit: 101,482

	Expenses	Offsets	Benefit	Persons
***Community Support (F3)	127,032	0	127,032	0

Environmental Improvements (F4)

United Way Day of Caring

Description: CAMC employees volunteered to participate in the United Way's Day of Caring and this year our staff members were assigned to work at a local after school program for disadvantaged youth. The activity rooms, kitchen, storage areas and bathrooms were given thorough cleaning. Staff also had time to participate in some activities with the children.

Category: F4
Gender: Both Males and Females

Department: 46872 (Planning)
Department Contact: Liz Tate (388-7619)
Community Need: Unemployment/Jobs/Poverty
Persons: 25
Expenses: 5,760
Revenues: 0
Benefit: 5,760



	Expenses	Offsets	Benefit	Persons
***Environmental Improvements (F4)	5,760	0	5,760	25

Other – Health Fair (F9)

Healthfest

Description: Health Fair for the community offering over 25 screenings and health information to the public as well as free athletic physicals for area youth.
Category: F9
Gender: Both Males and Females
Department: 21942 (Marketing)
Department Contact: Elizabeth Pellegrin (388-5757)
Community Need: Lack of Physical Activity
Objective: To serve the Kanawha Valley with free screenings to improve health, enhance preventive care and provide educational materials.
Persons: 1,600
Expenses: 111,413
Revenues: 29,514
Benefit: 81,899



Teddy Bear Fair

Description: Children's Health Fair.
Category: F9
Gender: Both Males and Females
Department: 43120 (Pediatrics)
Department Contact: Susan Russell (388-2885)
Community Need: Lack of Physical Activity
Objective: Allow children to visit the hospital in a non-threatening way, complete with playing with medical equipment and trying on surgical masks. They receive tours of the hospital, play games, receive car seat education, and health education materials.
Persons: 750
Expenses: 18,464
Revenues: 13,342
Benefit: 5,122



	Expenses	Offsets	Benefit	Persons
*** Other – Health Fair (F9)	129,877	42,856	87,021	2,350

******Community Building Activities 268,539 42,856 225,683 2,375**

Community Benefit Operations (G)

Dedicated Staff (G1)

Community Benefit Operations

Description: Planning Department staff dedicated to Community Benefit Reporting.
Category: G1

