



**Bryn Mawr Rehab Hospital**  
Main Line Health®

Well ahead.®

# 2016 Community Health Needs Assessment (CHNA): *Community Health Needs Priorities and Implementation Plan*

Adopted: June 2, 2016  
MLH Board of Governors

Updated: July 26, 2017

# Overview and Background: Bryn Mawr Rehab Hospital

## About Bryn Mawr Rehab Hospital (BMRH)

Bryn Mawr Rehabilitation Hospital, a member of Main Line Health, is a leader in the field of physical medicine and rehabilitation. As a 148-bed, not-for-profit hospital, Bryn Mawr Rehab offers the full continuum of rehabilitation services, including acute inpatient care, as well as outpatient services for adults and adolescents. The range of illnesses and injuries treated at Bryn Mawr Rehab Hospital includes traumatic, mild traumatic and non-traumatic brain injury, stroke and other neurological disorders, spinal cord injury and amputee and orthopaedic injuries and illnesses. In addition, the Main Line Health Outpatient Rehab Network provides rehabilitation services at convenient locations in Philadelphia's western suburbs for patients of all ages. The Hospital has also achieved Magnet® designation, the nation's highest distinction for excellence in nursing care. For more information about Bryn Mawr Rehab Hospital, visit [mainlinehealth.org/rehab](https://mainlinehealth.org/rehab).

## CHNA Health Needs Selected as Priorities by BMRH: (All priorities are of equal weight)

Priority Topic	Community Interest	Worse than Benchmark* or a Trend	Healthy People 2020	National Prevention Strategy	CMS Equity Plan	Sub-Pop with Special Needs
Community Education and Resource for Healthy Living	✓			✓		
Injury Prevention	✓	✓	✓	✓		
Public Transportation	✓					✓
Mental Health of Rehabilitation Patients	✓	✓	✓	✓		✓
Culture / Diversity / Disparities of Care	✓			✓	✓	

A community need was determined to be a priority if it met the following criteria: 1) addressed at least two of the following -- a) met a community stakeholder interest, b) involved a benchmark / trend needing improvement, c) is listed as a community health benchmark, or d) addresses the needs of an at risk population; and 2) was in the scope of services/purview of Bryn Mawr Rehab Hospital.

\* Benchmark sources include Healthy People 2020 and Southeastern PA geography data from PHMC Community Health Database

**PRIORITY COMMUNITY NEED TOPIC**  
**COMMUNITY EDUCATION AND HEALTHY LIVING**

## **Priority Statement: Be a community resource for health education and healthy living in the BMRH CHNA area.**

### **Supporting Information (Overweight and Obesity):**

- Over 35% of adults in the BMRH CHNA area are overweight and 26.2% are obese. (PMHC Community Health Database, 2015)
- Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, some of the leading causes of preventable death. (National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition, Physical Activity and Obesity, March 2016)

### **Supporting Information (Diabetes):**

- Diabetes can cause serious health complications including heart disease, stroke, blindness, kidney failure, and lower-extremity amputations. (CDC, Diabetes, March 2016)
- Eleven percent (11%) of adults 18+ and twenty percent (20%) of seniors (60+) have been diagnosed with diabetes in the BMRH CHNA area. (PHMC, Community Health Database, 2015) Diabetes is the fifth leading cause of death in the BMRH CHNA area. (Pennsylvania Department of Health, 2009-2012)
- A person with prediabetes has a blood sugar level higher than normal, but not high enough for a diagnosis of diabetes. Without lifestyle changes to improve their health, 15% to 30% of people with prediabetes will develop type 2 diabetes within five years. (CDC, Diabetes, March 2016)
- Physical inactivity and obesity are strongly associated with the development of type 2 diabetes. People who are genetically susceptible to type 2 diabetes are more vulnerable when these risk factors are present. (National Institute of Diabetes and Digestive and Kidney Diseases, February 2016)

**Supporting Information (Stroke):**

- The mortality rate for stroke in the BMRH CHNA area is 35.3 per 100,000 population compared to the Healthy People 2020 goal of 34.8 per 100,000. (PHMC, Community Health Database, 2015)
- You may be able to prevent stroke or reduce your risk through healthy lifestyle changes. In addition, medication can reduce stroke risk for some people. (Centers for Disease Control and Prevention, February 2016)
- Stroke is a leading cause of serious long-term disability. (Centers for Disease Control and Prevention, February 2016)

**Supporting Information (Arthritis):**

- An estimated 207,900 adults (24.6% of all adults 18+) in the BMRH CHNA have been doctor diagnosed with arthritis. Of those, 114,100 are over the age of 60 (48.8% of all seniors 60+). (PMHC Community Health Database, 2015)
- It is the most common cause of disability in the U.S. (Centers for Disease Control and Prevention, February 2016)
- Almost 44% of U.S. adults with doctor-diagnosed arthritis report no leisure time physical activity compared with 36% of adults without arthritis. (Centers for Disease Control and Prevention, February 2016)

**Goal 1: Provide education sessions to all interested parties including community organizations, senior centers, retirement communities, schools – students, educators and coaches, and patients / families with the intent to improve the overall health status of the CHNA population.**

*Action Plan:*

- Maintain a relevant series of educational programs (schedule at least 24 presentations per year in senior living facilities and to civic organizations) including: (BMRH)
  - Concussion and Seniors
  - Becoming Stroke Savvy
  - Diabetes and Exercise
  - Diversity in the Workplace
  - Healthy Shopping
  - Healthy Weight Loss
  - Home Safe Home
  - Little Changes for Better Health
  - Living with Arthritis
  - Osteoporosis Prevention through Nutrition and Exercise
  - Safe Driving for Seniors
  - Stress Management

**Resources:** Staff time

**Sponsor:** Manager, Community Outreach

- Develop an education program on prevention, recognition and treatment of concussions for coaches, athletes, parents / guardians and the community by December 2017. (BMRH)

**Resources:** Staff time

**Sponsor:** Manager, Community Outreach

**Goal 2: Support patients and families with emotional support and regular social contact which is essential to reclaiming an active and satisfying life.**

*Action Plan:*

- BMRH will continue to host the following support groups each year during this CHNA Implementation Plan cycle: (BMRH)
  - Post Concussion
  - Amputee
  - Brain Injury / Stroke for the Caregiver\*
  - Brain Injury / Stroke for the Survivor\*
  - Aphasia
  - Pain Management
  - Spinal Cord
  - Inpatient Brain Injury
  - Inpatient Stroke

**Resources:** Staff time and facility resources

**Sponsor:** Manager, Community Outreach

\*Managed in coordination with the MLH Behavioral Health program.

**PRIORITY COMMUNITY NEED TOPIC**  
**INJURY PREVENTION**

**PRIORITY STATEMENT: Reduce the number of accidental injuries occurring in the BMRH area and provide care and support for persons sustaining these injuries.**

**Supporting Information (Driving Safety):**

- Motor vehicle crashes are the leading cause of death for U.S. teens. Six teens ages 16 to 19 die every day from motor vehicle injuries. Per mile driven, teen drivers ages 16 to 19 are nearly three times more likely than drivers aged 20 and older to be in a fatal crash. (CDC, Injury Prevention and Control: Motor Vehicle Safety, March 2016)
- In 2012, there were almost 36 million licensed drivers ages 65 and older in the United States. Driving helps older adults stay mobile and independent, but the risk of being injured or killed in a motor vehicle crash increases as you age. Per mile traveled, fatal crash rates increase noticeably starting at ages 70–74 and are highest among drivers age 85 and older. This is largely due to increased susceptibility to injury and medical complications among older drivers rather than an increased tendency to get into crashes. (CDC, Injury Prevention and Control: Motor Vehicle Safety, March 2016)
- The death rate per 100,000 population for young people involving a drunk driver is 1.4% in Pennsylvania. School-based instructional programs are effective at teaching teens not to ride with drunk drivers. More evidence is needed to see if these programs can also reduce drunk driving and related crashes. (CDC, Injury Prevention and Control: Motor Vehicle Safety, March 2016)

### Supporting Information (Traumatic Brain Injury / Concussions):

- Traumatic brain injury (TBI) is a major cause of death and disability in the United States. Those who survive a TBI can face effects lasting a few days to disabilities which may last the rest of their lives. Effects of TBI can include impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression). Most TBIs that occur each year are mild, commonly called concussions. (CDC, Injury Prevention and Control: Traumatic Brain Injury and Concussion, March 2016)
- Falls are the leading cause of TBI, accounting for 40% of all TBIs in the United States that resulted in an ED visit, hospitalization, or death. Falls disproportionately affect the youngest and oldest age groups. Motor vehicle crashes were the leading cause of hospitalizations for adolescents and persons ages 15-44 years. Assaults account for 10% of all TBIs. (CDC, Injury Prevention and Control: Traumatic Brain Injury and Concussion, March 2016)

### Supporting Information (Falls):

- Twenty-one percent (21%) of seniors (60+) experienced a fall in the past year. (PHMC, Community Health Database, 2015)
- For seniors (65+) in the United States, one out of five falls causes a serious injury such as broken bones or a head injury. Each year, 2.5 million older people are treated in emergency departments for fall injuries. Over 700,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture. More than 95% of hip fractures are caused by falling. (CDC, Home and Recreational Safety, March 2016)

**Goal 1: Educate elementary, middle and high school students, colleges and community organizations on the risks of impaired / distracted driving with the potential for reducing accident injuries and fatalities.**

*Action Plan:*

- Present 100 Cruisin' Smart ® programs to target audiences (~20,000 audience members) each year. (BMRH)

**Resources:** Staff time, Survivors of life altering car accidents, school administrations, printed materials and budgeted funds

**Sponsor:** Manager, Community Outreach

**Goal 2: Help people recovering from major injuries or people living with a range of disabilities, overcome physical, cognitive and visual deficiencies in order to regain a quality of life and benefit from economic opportunities when people are able to travel independently.**

*Action Plan:*

- BMRH will continue to offer its “Driver Rehabilitation” program for persons with disabilities reaching 350 individuals per year. (BMRH)

**Resources:** Staff time; adaptive driving vehicles

**Sponsor:** Director of Therapy Services

**Goal 3: Reduce the number of falls occurring in the community each year, particularly the percentage of seniors who experience a fall in the CHNA area. (BMRH)**

*Action Plan:*

- BMRH will sponsor six “Home Safe Home” presentations per year in senior living facilities and to civic organizations. (BMRH)

**Resources:** Staff time

**Sponsor:** Manager, Community Outreach

- BMRH will sponsor a hospital-wide “Fall Awareness Day” each year for staff, patients and the community. (BMRH)

**Resources:** Staff time

**Sponsor:** Director of Nursing

**PRIORITY COMMUNITY NEED TOPIC**  
**PUBLIC TRANSPORTATION**

**PRIORITY STATEMENT: Coordinate with SEPTA and Chester County officials to obtain regular bus service to the Bryn Mawr Rehab Hospital campus for patients (particularly seniors) and family.**

**Supporting Information / Background:**

- Bryn Mawr Rehab Hospital (BMRH) is located along Paoli Pike in a semi-rural area of Malvern, PA .
- The BMRH campus is not served by a SEPTA bus line, thus reducing accessibility to the campus and BMRH services for patients (and their visitors).
- Forty percent (40%) of inpatient rehabilitation admission in SEPA are from Philadelphia, a population that is more dependent on public transportation to get to medical care appointments. (PHC4 database)

**Goal 1: Negotiate with officials from Chester County government and SEPTA to establish scheduled bus service to the BMRH campus thus increasing accessibility of patients needing services from BMRH.**

*Action Plan:*

- BMRH (and appropriate MLH System leadership) will meet with transportation officials from Chester County and SEPTA by June 2019 for the purpose of increasing accessibility to the hospital campus for patients requiring BMRH services. (BMRH)

**Resources:** BMRH / MLH staff time

**Sponsor:** Director of Therapy Services

**PRIORITY COMMUNITY NEED TOPIC**  
**MENTAL HEALTH OF PATIENTS**

**PRIORITY STATEMENT: Improve the availability and access to mental health resources for physical rehabilitation patients in the community, while improving outcomes and quality of care.**

**Supporting Information / Background:**

- Those who survive a traumatic brain injury (TBI) can face effects lasting a few days to disabilities which may last the rest of their lives. Effects of TBI can include impaired thinking or memory, movement, sensation (e.g., vision or hearing), or emotional functioning (e.g., personality changes, depression).
- Depression and anxiety are often reactions for an individual who has experienced physical changes due to a life-altering injury, as well as to the day-to-day consequences, of the injury and subsequent disability. (UPMC, 2016)
- The BMRH town hall meeting identified mental health issues as a major health issue for many rehabilitation patients.

**Goal 1: Continue community outreach and education for persons in need of care with the intent of reducing the percentage of persons in the community not receiving treatment.**

*Action Plan:*

- The MLH Behavioral Health Education and Training Committee will initiate an education program to identify behavioral health patients and available resources that will be offered to MLH staff twice a year during this Implementation Plan cycle. (BMRH) (System partner – MLH Behavioral Health)

**Resources:** Staff time and budgeted resources

**Sponsor:** Main Line Health Behavioral Health Leadership

**Goal 2: Continue to support patients and families by providing in-house psychology services along with making appropriate referrals to community resources.**

*Action Plan:*

- BMRH will continue to provide in-house psychology services to patients and families throughout this Implementation Plan cycle. Suicide intervention is a component of the BMRH in-house psychology service. (BMRH) (System partner – MLH Behavioral Health)

**Resources:** Staff time and budgeted resources

**Sponsor:** Director of Psychology Services

**COMMUNITY NEED TOPIC**  
**CULTURE / DIVERSITY / DISPARITIES OF CARE**

**PRIORITY STATEMENT: Create a culturally competent health care system to improve outcomes and quality of care and contribute to the elimination of racial, ethnic and socio-economic disparities of care**

**Supporting Information / Background:**

- The suburban population served by Bryn Mawr Rehab Hospital is predominately white, educated and generally affluent. Though there are pockets of diverse populations in the BMRH community that may contain persons with varying health needs which may need to be addressed, there is limited information on these sub-populations.
- Cultural awareness and competence improves the quality of care and health outcomes. Being culturally competent and understanding the varying health needs of diverse populations is important to eliminate disparities of care and to remove any cultural barriers for accessing care.
- Over 80% of the Main Line Health hospitals' medical and allied health staff are in private practice.

## Goal 1: Continue the System-wide Diversity / Respect / Inclusion (DRI) Journey toward a culturally competent health care system.

### *Action Plan:*

- All MLHS management and employees will complete the DRI classroom training during this Implementation Plan cycle. (BMRH) (In conjunction with MLH System)

**Resources:** Allocation of system and hospital resources to accommodate the training of all MLHS staff

**Sponsor:** System executive sponsors

- Provide all System managers and employees with a monthly DRI message. Each message map includes educational messages on such matters as holidays and observances being celebrated during the month, suggestion on promoting DIR among staff and patients, etc. (BMRH)

**Resources:** Allocation of system and hospital resources to produce and distribute maps

**Sponsor:** Senior Vice President, Human Resources

- Engage the Hospital DIR Councils in implementing the DRI message on each campus. (BMRH)

**Resources:** Allocation of Council members time and necessary executive leadership to implement initiatives

**Sponsor:** Hospital president

- Continue to fund the Culture Vision ® software as a tool for MLH hospital staff to improve their understanding when encountering patients, families and visitors of various racial and ethnic backgrounds. (In conjunction with MLH System)

**Resources:** Budgeted operational funds

**Sponsor:** Senior Vice President, Human Resources

**Goal 2: Continue to sponsor the MLH System's Annual Healthcare Disparities Colloquium to inform employees and medical staff about recognizing and potentially eliminating barriers or disparities in care in MLH hospitals and other System entities.**

*Action Plan:*

- MLH hospitals will continue to support an annual event to present research data and discuss strategies to eliminate disparities of care. (In conjunction with MLH System)

**Resources:** Allocation of staff time to undertake research and attend annual event

**Sponsor:** Chief Academic Officer, MLH and Associate Director, Lankenau Medical Center

**Goal 3: Assure that all medical and surgical specialties across MLH accept governmental insurance plans.**

*Action Plan:*

- Prepare a white paper on how to assure acceptance of government insurance across MLH medical and surgical specialties to adequately serve the populations in the MLH service area. Distribute the plan for discussion at senior levels of the MLH System and the medical staff. (In conjunction with MLH System)

**Resources:** Executive staff time and professional writer to prepare document

**Sponsor:** Senior Vice President / Chief Medical Officer

**Goal 4: Provide an educational and workforce program to individuals who have a disability and train employers on how to support individuals with disabilities in the workplace.**

*Action Plan:*

- BMRH will continue to run the adult-only Project SEARCH in the CHNA community with a goal of enrolling 30 participants per year within two community sites, with a further goal that at least 75% of participants secure competitive employment in the community. (Project SEARCH is an educational and work transition program for adults with disabilities, to achieve sustainable employment and greater independence.) (BMRH)

**Resources:** Staff time, Community business partners, classroom space.

**Sponsor:** Manager, Community Outreach

**COMMUNITY NEEDS**  
**Not addressed in this Implementation Plan**

Bryn Mawr Rehab Hospital (BMRH) is a specialty hospital providing inpatient and outpatient physical rehabilitation care through the hospital and a network of outpatient sites. As a rehabilitation hospital, its focus is on treating patients with joint replacements, strokes, spinal cord illness or injury, brain injury, and orthopaedic rehab. BMRH has chosen to address those health needs that appropriately fit its role in the community—education and prevention of health risks that can cause the need for rehabilitation care, injury prevention and needs specific to physical rehabilitation patients in its CHNA area.

The CHNA area for BMRH and the suburban CHNA area of its Main Line Health acute care hospital partners (Bryn Mawr Hospital, Lankenau Medical Center, Paoli Hospital and Riddle Hospital) overlap to a large extent. Most of the overall suburban area health needs identified for the MLH acute hospitals are similar to the overall health needs for the BMRH CHNA area. The MLH acute hospitals have identified the following as priority needs which they will address during this CHNA cycle: Healthy Weight / Diabetes, Metabolic Syndrome, Heart Health / Stroke, Behavioral Health (Mental Health and Substance Abuse), Smoking and Tobacco Use, Injury Prevention, Dental Health, Seniors, and Pre-natal Care / Low Weight Infants. Between BMRH, the MLH acute hospitals, their MLH System affiliated partners, and through community partners the identified health needs in the BMRH CHNA area are being addressed.

The MLH hospitals do not feel that availability of low cost health insurance or the cost of prescriptions is within their purview to address. It is the intent of the MLH hospitals to keep their costs as low as possible while maintaining high quality care. In addition, the MLH hospitals have available a charity care policy to assist individuals and families who need help paying for their hospital care. (See [www.mainlinehealth.org/charitycare](http://www.mainlinehealth.org/charitycare))

A list of additional available community resources is included as an appendix to the Bryn Mawr Rehabilitation Hospital CHNA document.

**MAIN LINE HEALTH SYSTEM  
AND  
COMMUNITY PARTNERS**

## MLH System Partners

- MLH Acute hospitals (Bryn Mawr Hospital, Lankenau Medical Center, Paoli Hospital and Riddle Hospital)
- Mirmont Treatment Center
- MLH Behavioral Health Services

## Community Partners

### Community:

- Chester County Food Bank (horticulture department grows vegetables and contributes to the food bank)
- Re-Med
- Home of the Sparrow
- The Joy of Sox
- Surrey Services
- Office of Vocational Rehabilitation
- Devereux
- Association of Rehabilitation Nurses – Greater Philadelphia Chapter
- St. Agnes Day Room
- Cradles to Crayons
- National Multiple Sclerosis Society
- ALS Association of Greater Philadelphia
- ALS Clinic at Pennsylvania Hospital
- ALS Center of Hope at Hahnemann Hospital
- Melmark Home in Berwyn
- CADES in Swarthmore
- Inglis House
- Philadelphia Nursing Home
- Fox Subacute Centers at Warrington
- Clara Burke Subacute Center in Plymouth Meeting

## Community Partners

### Education:

- Widener University
- Thomas Jefferson University
- West Chester University
- Penn State University
- Arcadia University
- Drexel University
- University of Scranton
- Temple University
- Philadelphia University
- Neumann University
- Elizabethtown University
- Harcum College
- Delaware Technical & Community College
- Lebanon Valley College
- University of the Sciences
- Immaculata University
- Villanova University
- Eastern University
- Center for Arts and Technology – Brandywine

- Misericordia University
- University of Pittsburgh

### SEARCH Partners:

- Main Line Health
- YMCA of Greater Brandywine
- Philadelphia Freedom Valley YMCA
- hibu (formerly Yellow Book)
- Dunwoody Village

### Career Mentoring:

- Chester County Chamber of Business & Industry (high school juniors and seniors in leadership program)
- Chester County and Delaware County Health Care Partnership Board (provided health care showcases for students)

# COMMUNITY HEALTH METRICS

## Tracking the following community health metrics:

### Percentage of:

- Health Status (Good / Excellent) of Adults (18+)
- Health Status (Good / Excellent) of Seniors (60+)
- Adults overweight and obese
- Diagnosed with diabetes
- Diagnosed with high blood pressure / Taking medication to control high blood pressure
- Receiving treatment for mental health condition
- Diagnosed with depression
- Daily servings of fruits and vegetables
- Exercise per week
- Falls (seniors)
- Motor vehicle accidents (students / young adults and seniors)
- Needs transportation service / used transportation program (seniors)

### Rates for:

- Stroke mortality
- Diabetes mortality
- Accidents mortality

**Any comments on this document should be in writing and sent to the following address:**

Community Health Needs Assessment – MLH Hospitals  
c/o Marketing and Business Development Office  
Main Line Health – Suite 300  
240 N. Radnor-Chester Road  
Radnor, PA 19087