Community Health Needs Assessment (CHNA)

FY 2026-2028 Implementation Strategy

Troy Community Hospital

275 Guthrie Drive, Troy, PA 16947

FY 2026

General Information

Contact Person: Joseph Sawyer, President

Date of Written Plan: June 3rd, 2025

Date Written Plan was Adopted by Organization's Authorized Governing Body: June 25th, 2025

Date Written Plan was Required to be Adopted: June 30th, 2025

Authorizing Governing Body that Adopted Written Plan: Troy Community Hospital Board of Directors

Name and EIN of Hospital Organization Operating Hospital facility: Troy Community Hospital 24- 0800337

Address of Hospital Organization: 275 Guthrie Drive, Troy, PA 16947

I. Purpose of Implementation Strategy

This Implementation Strategy has been prepared to comply with federal tax law requirements set forth in Internal Revenue Code section 501(r) requiring hospital facilities owned and operated by an organization described in Code section 501(c)(3) to conduct a community health needs assessment at least once every three years and adopt an implementation strategy annually to meet the community health needs identified through the community health needs assessment. This Implementation Strategy is intended to satisfy each of the applicable requirements set forth in proposed regulations released April 2013.

II. List of Community Health Needs Identified in Written Report

- Mental health problems: increasing services for mental & behavioral health
- Aging problems: increasing preventive health / chronic disease management services
- Diabetes: increasing preventive health / chronic disease management services
- Cancers: increasing cancer prevention screenings

- Heart disease and stroke: increasing preventive health / chronic disease management services

III. Health needs planned to be addressed by facility

- Cancers
- Heart Disease & Stroke

IV. Health needs facility does not plan to address

- Mental Health Problems
- Diabetes
- Aging Problems

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Priority: Cancers: increasing cancer prevention screenings
Focus Area: Cancer Screening
Goal: Increase rates of breast cancer screening for patients within the primary care network
Objective: Increase rates of breast cancer screenings

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	Provider discussion with patients at Primary Care Physician (PCP) visit if identification of need for Breast Cancer (BC) screening.	Patients aged 50-75 seen in Primary Care Practices.	% of patients aged 50-75 with Breast Cancer screen completed.	Improve BC screening as noted in the EPIC Report.	Data reviewed monthly.
Intervention #2	Outreach by Population Health Coordinators to promote follow-up by patients with PCP or schedule patient for mammogram.	Patients identified by reporting from EPIC and payers needing BC screening.	% of patients aged 50-75 with Breast Cancer screen completed.	Improve BC screening as noted in the EPIC Report.	Data reviewed monthly.

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Priority: Cancers: increasing cancer prevention screenings
Focus Area: Cancer Screening
Goal: Increase rates of colorectal cancer (CRC) screening for patients within the primary care network
Objective: Increase rate of colorectal cancer screenings

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	Provider discussion with patients at Primary Care Physician (PCP) visit if Identification of need for CRC screening.	Patients aged 45-75 seen in Primary Care practices in the last year.	% of patients with CRC screening completed.	Improve CRC screening as noted in the EPIC Report.	Data reviewed monthly.
Intervention #2	Outreach by Population Health Coordinators to promote follow-up by patients with PCP on best screening options.	Patients identified by reporting from EPIC and payers needing CRC screening.	% of patients with CRC screening completed.	Improve CRC screening as noted in the EPIC Report.	Data reviewed monthly.

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Priority: Chronic Disease Management
Focus Area: Heart Disease & Stroke
Goals: Reduce Readmission Rates
Objective: Reduce readmission rates for Congestive Heart Failure (CHF) and Chronic Obstructive Pulmonary Disease (COPD) patients

	Intervention Description	Population Description	Effect Measure	Evaluation of Intervention	Program Frequency
Intervention #1	Discharge Interventions Ensure patients are discharged on the correct medications and determine any barriers to compliance (med reconciliation)	Patients admitted to the hospital and treated for COPD or CHF exacerbations	Increase in % of patients discharged with successful med reconciliation	Determine success in reducing COPD and CHF readmissions by comparing readmission rates from current fiscal year to previous fiscal year as noted in the EPIC Report.	Quarterly

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Intervention #2	Discharge Interventions Utilize Care Pathways.	Patients admitted to the hospital and treated for COPD or CHF exacerbations.	Increase in % of patients enrolled in a care pathway.	Determine success in reducing COPD and CHF readmissions by comparing readmission rates from current fiscal year to previous fiscal year as noted in the EPIC Report.	Quarterly

Intervention #3	Patients contacted within 2 business days post discharge by office nurse or care coordinator.	Patients admitted to the hospital and treated for COPD or CHF exacerbations.	Increased % of patients contacted within 2 business days post discharge by office nurse or care coordinator.	Determine success in reducing COPD and CHF readmissions by comparing readmission rates from current fiscal year to previous fiscal year as noted in the EPIC Report.	Quarterly

Intervention #4	Increased follow-up/transitional care management (TCM) appts. scheduled for COPD/CHF patients within 7 days of discharge from the hospital.	Patients admitted to the hospital and treated for COPD or CHF exacerbations.	Increased % of patients scheduled for follow-up/TCM appointments within 7 days of discharge from the hospital.	Determine success in reducing COPD and CHF readmissions by comparing readmission rates from current fiscal year to previous fiscal year as noted in the EPIC Report.	Quarterly