

Slidell Memorial Hospital

Implementation Plan

October 2015



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Introduction

Slidell Memorial Hospital is a 229-bed acute care hospital located in Slidell, LA. In response to its community commitment, Slidell Memorial Hospital contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between March 2015 and October 2015 (See the Slidell Memorial Hospital Community Health Needs Assessment for the full report).

This report is the follow-up implementation plan that fulfills the requirements of the Internal Revenue Code 501(r)(3); a statute established within the Patient Protection and Affordable Care Act (ACA) requiring that non-profit hospitals develop implementation strategies to address the needs identified in the community health needs assessment completed in three-year intervals. The community health needs assessment and implementation planning process undertaken by Slidell Memorial Hospital, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with leadership from Slidell Memorial Hospital and a project oversight committee, to accomplish the assessment and implementation plan.

This implementation plan includes strategies to address the community health priorities which were identified and prioritized based on the input of community leaders representing the communities served by Slidell Memorial Hospital. Those priorities are: 1) access to health services; 2) behavioral health and substance abuse; and 3) resource awareness and health literacy. As a non-profit hospital, Slidell Memorial Hospital intends to provide care to residents regardless of their insurance status.

Community Definition

While community can be defined in many ways, for the purposes of this report, the **Slidell Memorial Hospital (SMH)** community is defined as 6 zip codes – including 2 parishes that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

Slidell Memorial Hospital Community

Table 1

Slidell Memorial Hospital Study Area Definition – Zip Codes					
City	Zip Code	Parish	City	Zip Code	Parish
Louisiana			Mississippi		
Pearl River	70452	St. Tammany Parish	Carriere	39426	Pearl River County
Slidell	70458	St. Tammany Parish	Picayune	39466	Pearl River County
Slidell	70460	St. Tammany Parish			
Slidell	70461	St. Tammany Parish			

Slidell Memorial Hospital Community Map

Figure 1



Methodology

Tripp Umbach facilitated and managed an implementation planning process on behalf of Slidell Memorial Hospital, resulting in the development of an implementation strategy and plan to address the needs identified in their community health needs assessment completed in 2015 (i.e., access to health services; behavioral health and substance abuse; and resource awareness and health literacy).

Key elements of the implementation planning process included:

- ❑ **Implementation Strategy Process Planning:** A meeting was facilitated by the consultants and the CHNA oversight committee consisting of leadership from Slidell Memorial Hospital.
- ❑ **Community Health Needs Assessment Review:** Tripp Umbach facilitated a brief overview of Community Health Needs Assessment findings to hospital leaders and facilitated a discussion process during a Webinar held on September 2, 2015. Hospital leaders then participated in a discussion to determine which of the previously identified community health priorities could be and which could not be addressed by Slidell Memorial Hospital. Once needs were selected; hospital leadership were asked to provide rationale for the needs that the hospital could not meet.
- ❑ **Inventory of Internal Hospital Resources:** An online survey was developed based on the underlying factors identified as driving the significant health needs in the Slidell Memorial Hospital Community Health Needs Assessment. The survey was reviewed and administered by hospital leadership to key staff of the hospital which completed the survey. The internal survey identified what programs and services are offered at Slidell Memorial Hospital that meet significant community health needs.
- ❑ **Review of Best Practice Examples:** Tripp Umbach provided an inventory of national best practice resources which included resources from County Health Rankings (Population Health Institute of Wisconsin & Robert Wood Johnson Foundation), CDC the CDC's Guide to Community Preventive Services Task Force, Healthy People 2020, and other valid national resources. Hospital leadership reviewed the best practice inventory and selected practices that best fit with the expertise, resources, mission, and vision of Slidell Memorial Hospital.

- ❑ **Committee Review of Evidence-Based Practices and Plan Development:** Tripp Umbach facilitated a review of strategy and evidence-based practices among hospital leaders during a Webinar held on September 15, 2015. Based on the evidence-based practices previously provided, hospital leadership reviewed and discussed the strategy and subsequent action steps needed to implement best practices to begin to address the health needs identified in the service area. Hospital leaders aligned needs with best practice models and available resources, defined action steps, timelines, and potential partners for each need to develop the accompanying implementation plan.

- ❑ **Final Implementation Planning Report:** A final report was developed that details the implementation plan the hospital will use to address the community health priorities identified by the Slidell Memorial Hospital Community Health Needs Assessment which includes:
 - ✓ Objectives
 - ✓ Anticipated impact
 - ✓ Target population
 - ✓ Planned action steps
 - ✓ Planned resource commitment
 - ✓ Collaborating organizations
 - ✓ Evaluation methods and metrics

Community Health Needs and Implementation Plan

Community Health Needs Implementation Planning Meeting

Qualitative and informational data were presented during a meeting held on October 15, 2015 with Slidell Memorial Hospital leadership with the purpose of selecting significant community health needs for hospital implementation planning.

Tripp Umbach presented the results of the CHNA and the community health priorities (i.e., access to health services; behavioral health and substance abuse; and resource awareness and health literacy), which were determined by a process that included input from community leaders representing communities served by the hospital. These findings were used to engage the hospital leaders in a group discussion related to the needs that Slidell Memorial Hospital would address in implementation planning. The hospital leaders were asked to discuss a plan for health improvement in their community, and select the needs that they felt the hospital could address and assist the community in resolving, and those that they felt the hospital would not be well positioned to resolve.

During the process, hospital leaders were asked to ascertain the needs that were identified through the assessment process that they did not feel they could meet, and then, provide a rationale for the decisions. The following is a list of those needs that were identified as not being met by the hospital during this reporting period, including a rationale for those decisions.

Behavioral Health and Substance Abuse:

Due to resource constraints, SMH is currently not in a position to provide certain services outside of our primary scope. Behavioral health services have not been incorporated into our community benefit plan because it is not a competency of the hospital and infrastructure is unavailable to sustain programs. Referrals for mental health services are provided from local sources such as the National Association for Mental Illness, and the St. Tammany Parish Social Service Department. Factors such as transportation are not addressed in an inpatient hospital setting but individuals are connected to resources to aid in their access to healthcare facilities and services. As resources become available we will continue to use the CHNA as a guide for future priorities. An updated inventory of available community resources is provided as an appendix in the hospital's 2015 CHNA.

External Resources for Behavioral Health Services in available to residents served by SMH:

- ✓ Region XIII Gulf Coast MH Center, Pearl River County Office
- ✓ Northshore Families Helping Families
- ✓ Regina Coeli Child Development Center - Slidell Head Start
- ✓ COAST (Council on Aging St. Tammany)
- ✓ Southeast Louisiana VA HCS, Slidell VA Clinic
- ✓ Youth Service Bureau
- ✓ Advocacy Center
- ✓ NAMI St. Tammany (National Alliance on Mental Illness)
- ✓ St. Tammany Community Health Center and Mental Health Counseling Services
- ✓ St. Tammany Outreach for the Prevention of Suicide (STOPS)
- ✓ Magnolia Behavioral Healthcare IOP – Slidell
- ✓ Florida Parishes Human Services Authority
- ✓ STARC

Hospital leaders believe the following health needs are those to which Slidell Memorial Hospital is best positioned to dedicate resources to address within their community.

Access to health services and Resource awareness and health literacy

Tripp Umbach completed an independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by the focus groups, which resulted in the identification of key community health priorities that community leaders felt related to the Slidell Memorial Hospital population. A summary of the community health priorities in the Slidell Memorial Hospital community and the implementation strategy developed to address those needs follows:

KEY COMMUNITY HEALTH PRIORITY #1: INCREASING ACCESS TO HEALTHCARE

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders, and resident survey respondents:

1. Residents need solutions that reduce the financial burden of health care.
2. Provider to population ratios that are not adequate enough to meet the need.
3. Need for care coordination.
4. Limited access to healthcare as a result of transportation issues.

Increasing access to healthcare is identified as the number one community health priority by community leaders. Access to health care is an ongoing health need in rural areas across the U.S. Apart from issues related to insurance status and the Medicaid waiver , access to health care in the hospital service area is limited by provider to population ratios that cause lengthy wait times to secure appointments, location of providers, transportation issues, limited awareness of residents related to the location of health services, as well as preventive practices.

While Slidell Memorial Hospital provides access to affordable healthcare in numerous ways, the need to improve access was identified through the most recent community health needs assessment. Recognizing that Slidell Memorial Hospital is not the only medical resource in the hospital's service area, hospital leadership developed the following three-year strategy to further align the resources of the hospital with the health needs of the community:

NEED: Improving access to affordable healthcare UNDERLYING FACTORS: Access Related to Insurance Coverage, transportation, and resident awareness about what resources exist in the community. ANTICIPATED IMPACT: Improve the access residents have to health services in the hospital service area.				
Objective	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase the number of facilities offering health services to residents in Pearl River, LA and surrounding areas.	Residents in the service area	Year 1-3: SMH will increase access to health services by increasing the locations where services are provided in Pearl River, LA. SMH will establish and grow a functional community clinic, which will offer care to residents in Pearl River, LA and surrounding communities. Family practice and specialty care will be offered based on an independent CNA completed every 3 to 5 years.	Year 1: Measure referral sources	Year1-3: Potential Partners: Local providers making referrals Resources: This can include staff time, salary, event budgets, number of testing supplies, etc.
Objective - 1.2	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase the level of services available to the community	All residents in SMH service area	Year 1-3: SMH will continue to work with Ochsner Health System to increase access to health services through a formal partnership.	Year 1-3: Develop a measure of access to care	Year1-3: Potential Partners: Ochsner Health System Resources: Budget, staff time, collaborative time, etc.

NEED: Improving access to affordable healthcare UNDERLYING FACTORS: Access Related to Insurance Coverage, transportation, and resident awareness about what resources exist in the community. ANTICIPATED IMPACT: Improve the access residents have to health services in the hospital service area.				
Objective - 1.3	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase the number of physicians available in the service area	Patients served by Slidell Memorial Hospital	Year 1-3: SMH will continue to recruit physicians increasing the number of family practice providers in the service area over the next three years.	Year 1: Measure the number of physicians hired each year	Year1-3: Potential Partners: Physician recruiting firms Resources: Recruitment and relocation budget.
Increase residents awareness of and connection to health resources through a referral process	Residents in Slidell Memorial Hospital service area	Year 1-3: SMH will continue to make referrals for health services where they are necessary and appropriate to patients that receive care at Slidell Memorial Hospital and require follow up care. SMH will continue to provide referral services for community mental health and substance abuse resources, including St. Tammany Parish 2-1-1 Talk Line. Uninsured patients are referred to the St. Tammany Community Health Center for mental health, pediatric, and primary care services.	Year 1: Number of referrals documented	Year1-3: Potential Partners: St. Tammany Community Health Center; Ochsner Health System; SMH Physicians Network; National Alliance on Mental Illness – St. Tammany; ACER; St. Tammany Outreach for the Prevention of Suicide; St. Tammany Parish Social Service Resources; local non-profit organizations. Resources: Staff time

KEY COMMUNITY HEALTH NEED #3: RESOURCE AWARENESS AND HEALTH LITERACY

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. A lack of awareness about health resources
 - ✓ System navigation
2. Presence of barriers related to literacy and awareness
 - ✓ Need to increase educational outreach to vulnerable populations

Improving resource awareness and health literacy is identified as a top health priority for the Slidell Memorial Hospital service area. While there has been some development in health services since the last CHNA in 2013; there is limited awareness among residents regarding where to secure services and the health provider landscape remains largely disjointed. According to stakeholders and community leaders, efforts to better connect service providers (e.g., the health information exchanges, electronic medical records, etc.) are in the earliest stages of development. There is agreement across data sources in support of improving resource awareness, health literacy of residents, and cultural sensitivity of providers in the hospital service area.

While Slidell Memorial Hospital provides programs and services which strives to increase resource awareness and health literacy, the need to improve resource awareness and health literacy was identified through the most recent community health needs assessment. Recognizing that Slidell Memorial Hospital is not the only medical resource in the hospital's service area, hospital leadership developed the following three-year strategy to further align the resources of the hospital with the health needs of the community:

<p>NEED: Improving access to affordable healthcare AND Improving resource awareness and health literacy UNDERLYING FACTORS: Access related to insurance coverage, transportation, resident awareness about what resources exist in the community, literacy skills, reading level of informational documents, computer literacy and access to necessary technologies. ANTICIPATED IMPACT: Increase diagnosis and treatment of common health issues in the community by increasing the rate of detection and referrals for treatment at the point of diagnosis.</p>				
Objective - 2.1	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Provide biometric screenings and educational information regarding healthy behaviors throughout the year	General population (including at-risk populations) Residents in Slidell Memorial Hospital service area	<p>Year 1-3:</p> <p>SMH plans to offer biometric screenings in the community throughout the year.</p> <p>SMH plans to provide follow up to biometric screenings that includes results, an opportunity for clarification and education, questions and answers, and referrals for follow-up when needed.</p> <p>SMH plans to provide an average of 35+ preventative screenings and/or educational programs per month.</p>	<p>Year 1:</p> <p>Monthly reports are kept which track the type of events, location of attendees, date, test results, and the number of events per month/year.</p>	<p>Year1-3:</p> <p>Potential Partners: SMH Physicians Network; Ochsner Health System; The Blood Center; local non-profit organizations; local businesses; civic and service organizations.</p> <p>Resources: Staff time, salaries, event budget, testing supplies.</p>

<p>NEED: Improving access to affordable healthcare AND Improving resource awareness and health literacy UNDERLYING FACTORS: Access related to insurance coverage, transportation, resident awareness about what resources exist in the community, literacy skills, reading level of informational documents, computer literacy and access to necessary technologies. ANTICIPATED IMPACT: Increase diagnosis and treatment of common health issues in the community by increasing the rate of detection and referrals for treatment at the point of diagnosis.</p>				
Objective – 2.2	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase awareness about the impact diet and exercise has on health status	Residents in Slidell Memorial Hospital service area with one or more health concerns listed in their medical history	<p>Year 1-3:</p> <p>SMH will offer education and programming to patients who have health concerns which may respond to diet and exercise adjustments. The purpose of such programming will be to raise awareness about the impact that diet and exercise have on health status, while offering tools to make the necessary changes (e.g., nutritionist, physical training, etc.). Participants referred by primary care physician and/or personal trainers.</p> <p>SMH will continue to offer a one week fitness and nutrition summer camp for children ages 8-12 years old.</p>	<p>Year 1:</p> <p>Number of participants registered, pre- vs. post-program health status of participants.</p>	<p>Year1-3:</p> <p>Potential Partners: Local athletic clubs, SMH Physicians Network,</p> <p>Resources: Staff time, salaries.</p>

<p>NEED: Improving Resource Awareness and Health Literacy UNDERLYING FACTORS: Literacy skills, reading level of informational documents, computer literacy and access to necessary technology. ANTICIPATED IMPACT: Increase the awareness of residents about healthy practices, health behaviors, accessing health options and the availability and location of health services.</p>				
Objective - 3.1	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
SMH will offer public opportunities for residents to attend events to receive information to improve awareness regarding health education and available resources	General population (including at-risk populations) in Slidell Memorial Hospital service area	<p>Year 1-3: SMH will offer opportunities for residents to attend public events where information is offered in a variety of ways (e.g., verbally, written material, etc.). When possible and appropriate, SMH will offer residents the opportunity to engage health professionals about a variety of topics. Examples include, lunch and learn activities, health presentations, health fairs, and other public events.</p>	<p>Year 1: Monthly reports are kept which track the type of events, topics, location of events, number of attendees, date, and the number of events per month/year.</p>	<p>Year1-3: Potential Partners: SMH Physicians Network; Ochsner Health System; local non-profit organizations; local businesses; civic and service organizations. Resources: Staff time, salaries, event budgets.</p>

NEED: Improving Resource Awareness and Health Literacy UNDERLYING FACTORS: Literacy skills, reading level of informational documents, computer literacy and access to necessary technology. ANTICIPATED IMPACT: Increase the awareness of residents about healthy practices, health behaviors, accessing health options and the availability and location of health services.				
Objective – 3.2	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
SMH will continue to offer valid, high-quality educational information on the hospital using the internet	General population (including at-risk populations) in the SMH service area	Year 1-3: SMH will continue to offer the high-quality educational information that they currently have available on the internet (i.e., social media, the hospital website, etc.). Information offered using the internet includes event notifications, health education, and clinical information.	Year 1: Number of followers on social media, number of click-throughs for emails, number of opt-ins for emails, web analytics.	Year1-3: Potential Partners: East St. Tammany Chamber of Commerce, St. Tammany Parish Government, Blood Center, SMH Women’s Health Alliance.
Objective – 3.3	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
SMH will continue to offer telephone translation services to patients with limited English skills	Residents who prefer to receive health services in a language other than English	Year 1-3: SMH will continue to offer health services using the telephone translations services currently available when patients require translation services.	Year 1: Document the number of telephone translation uses.	Year1-3: Potential Partners: Providers of translation telephone services Resources: The cost of the Language line