

East Jefferson General Hospital

Implementation Plan

December 2015



East Jefferson General Hospital

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Introduction

East Jefferson General Hospital is a more than 420-bed community hospital located on Lake Pontchartrain. In response to its community commitment, East Jefferson General 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 East Jefferson General 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 East Jefferson General 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 East Jefferson General 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 East Jefferson General 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, East Jefferson General 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 **East Jefferson General Hospital** community is defined as 16 zip codes – including 2 parishes that hold a large majority (75%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

East Jefferson General Hospital Community

Table 1

East Jefferson General Hospital Study Area Definition – Zip Codes					
City	Zip Code	Parish/County	City	Zip Code	Parish/County
Metairie	70001	Jefferson Parish	LA Place	70068	St. John the Baptist Parish
Metairie	70002	Jefferson Parish	Norco	70079	St. Charles Parish
Metairie	70003	Jefferson Parish	Saint Rose	70087	St. Charles Parish
Metairie	70005	Jefferson Parish	New Orleans	70118	Orleans Parish
Metairie	70006	Jefferson Parish	New Orleans	70121	Jefferson Parish
Destrehan	70047	St. Charles Parish	New Orleans	70123	Jefferson Parish
Kenner	70062	Jefferson Parish	New Orleans	70124	Orleans Parish
Kenner	70065	Jefferson Parish			

Figure 1: East Jefferson General Hospital Community Map



Methodology

Tripp Umbach facilitated and managed an implementation planning process on behalf of East Jefferson General 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; resource awareness and health literacy; access to healthy options; and behaviors that impact health).

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 East Jefferson General Hospital.
- ❑ **Community Health Needs Assessment Review:** Tripp Umbach worked with the East Jefferson General Hospital to present a review of the Community Health Needs Assessment findings to hospital leaders in a meeting held on October 19, 2015.
- ❑ **Inventory of Internal Hospital Resources:** An online survey was developed based on the underlying factors identified as driving the significant health needs in the East Jefferson General 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 East Jefferson General Hospital that meet significant community health needs.
- ❑ **Review of CHNA, Internal Practices, and Plan Development:** Tripp Umbach facilitated a brief overview of the CHNA findings and community health priorities identified by community leaders during the community health needs assessment process. Hospital leadership then participated in a discussion to determine which of the previously identified community health priorities could be and which could not be addressed by East Jefferson General Hospital. Once the most appropriate priorities for the hospital to address were selected; Tripp Umbach facilitated a review of strategy and evidence-based practices among hospital leaders. Hospital leadership reviewed and discussed the strategy and subsequent action steps needed 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 East Jefferson General 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 19, 2015 with East Jefferson General 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 East Jefferson General 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 determined that they were capable of meeting each of the community health priorities identified in the 2015 CHNA. As a result, hospital leaders believe the following health needs are those to which East Jefferson General Hospital is best positioned to dedicate resources to address within their community.

**Access to health services;
Behavioral health and substance abuse; 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 East Jefferson General Hospital population. A summary of the community health priorities in the East Jefferson General 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 waiver¹, 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 East Jefferson General 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 East Jefferson General 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: Access to Health Services
UNDERLYING FACTORS: Residents need solutions that reduce the financial burden of health care; provider to population ratios that are not adequate enough to meet the need; need for care coordination; and limited access to healthcare as a result of transportation issues
ANTICIPATED IMPACT: Increase the access that residents in communities served by East Jefferson General Hospital have to health services

¹ In 2015, there are multiple Medicaid Waivers operating in Louisiana. Residents qualify for one of the Medicaid Waivers whereby receiving health services from health providers, which accept the Medicaid Waiver, and are then eligible for Medicaid reimbursement.

Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Offer access to information and assistance related to the affordability of health services	Patients receiving care at East Jefferson General Hospital regardless of ability to pay	<p>Year 1-3:</p> <ol style="list-style-type: none"> 1. Offer information related to navigating the healthcare payment system including Medicaid enrollment. <ol style="list-style-type: none"> A. Patient financial services to include: <ol style="list-style-type: none"> a. Proactively contacting patients b. Assistance with Medicaid applications and financial assistance applications c. Financial assistance and sliding scale fees for patients that qualify B. Provide cash pricing on the hospital website. C. Offer assistance with costs of medications including: low cost prescription programs, pharmacy discount programs, and equally effective low cost generic medications, procure free or discount cards from Pharmaceutical companies. D. Provide referrals and information regarding reduced cost services available in the community. 2. Offer assistance with the cost of health services secured at East Jefferson General Hospital through: <ol style="list-style-type: none"> A. The Financial Assistance Policy 	<p>Year 1-3:</p> <p>1A: Document # patients served 1B: Document the availability of cash pricing 1C: Document # of patients served 2A: Document the availability of the FAP</p>	<p>Year1-3:</p> <p>Potential Partners: HCR</p> <p>Resources: Salaries and staff time, and unfunded care budget</p>
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase the number of physicians trained in the local	Physician shortage areas	<p>Year 1-3:</p> <ol style="list-style-type: none"> 1. Offer Family Medicine Residency to provide training and education for physicians through: <ol style="list-style-type: none"> A. Graduate Medical Education clinical training 	<p>Year 1-3:</p> <p>1: Document # students, residents and fellows trained at East Jefferson</p>	<p>Year1-3:</p> <p>Potential Partners: Medical schools, MPSI, etc.</p>

NEED: Access to Health Services UNDERLYING FACTORS: Residents need solutions that reduce the financial burden of health care; provider to population ratios that are not adequate enough to meet the need; need for care coordination; and limited access to healthcare as a result of transportation issues ANTICIPATED IMPACT: Increase the access that residents in communities served by East Jefferson General Hospital have to health services				
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
communities		2. Increase the number of health professionals serving local communities through physician recruitment.	General Hospital annually 2: Number of physicians recruited	Resources: Costs, staff time, funding, and compensation for oversight
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Provide necessary health services to residents seeking care at EJGH	Patients seeking care at East Jefferson General Hospital regardless of ability to pay	Year 1-3: 1. Provide necessary medical care to patients seeking care at EJGH and through EJGH clinics in the community through: <ul style="list-style-type: none"> A. Care provided in East Jefferson General Hospital emergency department B. Providing care to patients with Medicaid insurance C. Offer education to patients regarding safety net resources available in their communities including transportation. D. Offer low cost imaging and diagnostic testing when appropriate and available 	Year 1-3: 1A: Document annual unfunded care 1B: Develop methods to track the amount of Medicaid services provided annually. 1C: NA 1D: Develop methods to track the level of prescription assistance secured on behalf of patients. 1E: Document the number of referrals made for low cost diagnostics	Year1-3: Potential Partners: Low cost prescription resources and diagnostic and imaging partners (e.g., Susan G. Komen, American Cancer Society, American Heart Association, American Dermatology Association, etc.) Resources: Financial resources, use of durable medical equipment, and staff time

NEED: Access to Health Services

UNDERLYING FACTORS: Residents need solutions that reduce the financial burden of health care; provider to population ratios that are not adequate enough to meet the need; need for care coordination; and limited access to healthcare as a result of transportation issues

ANTICIPATED IMPACT: Increase the access that residents in communities served by East Jefferson General Hospital have to health services

Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Provide care coordination to residents seeking care at EJGH	Patients seeking care at East Jefferson General Hospital regardless of ability to pay	<p>Year 1-3:</p> <ol style="list-style-type: none"> 1. Provide team-based care with persistent nurse /physician follow-up that will help patients: <ol style="list-style-type: none"> A. Schedule appointments B. Navigate the referral process C. Ensure that the patients get the healthcare they need. 2. Asses the need for care coordination upon discharge and provide care coordinators, warm hand-offs and referrals when possible. 3. Contact at-risk individuals through <ol style="list-style-type: none"> A. EMT follow up B. Post-discharge tele-nursing 4. Provide post-discharge programs targeting at-risk patients (e.g., stroke, oncology, heart attack, joint replacement, patients using Ems frequently, etc.) while increasing after-hours access to patients with targeted diagnosis. 5. Provide support groups to patients related to a variety of diagnosis. 6. Provide patient portal for patients to access medical records, “physician finder”, and health information. 	<p>Year 1-3:</p> <ol style="list-style-type: none"> 1. Document the number of patients served 2. Document the number of patients receiving care coordination (i.e., the transfer center, etc.) 3. Document the number of contacts 4. Document the number of patients served 5. Document the number of groups offered annually 6. # of patient portal users 	<p>Year1-3:</p> <p>Potential Partners: Post-acute providers in the service area</p> <p>Resources: Staff time, committed space, care coordinator salary, etc.</p>
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners

NEED: Access to Health Services UNDERLYING FACTORS: Residents need solutions that reduce the financial burden of health care; provider to population ratios that are not adequate enough to meet the need; need for care coordination; and limited access to healthcare as a result of transportation issues ANTICIPATED IMPACT: Increase the access that residents in communities served by East Jefferson General Hospital have to health services				
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase access to accurate information and health services related to maternal health	Expecting mothers in the East Jefferson General Hospital community.	Year 1-3: 1. Provide free prenatal classes on-site along with free online education for women that are child bearing age. 2. Participate in community events related to maternal health. 3. Make prenatal and infant education classes more readily available by offering classes at Destination Maternity. 4. Ensure safe delivery of babies for patients presenting in labor at the EJGH ED.	Year 1-3: 1: Document class offerings annually 2: Document # and location of events annually 3: Document existence of web information 4: Document # ER of deliveries	Year1-3: Potential Partners: Baby First, Destination Maternity Resources: Staff time, committed space, medical equipment, website resources

KEY COMMUNITY HEALTH PRIORITY #2:

ADDRESSING BEHAVIORAL HEALTH ISSUES INCLUDING SUBSTANCE ABUSE

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

1. There are not enough providers to meet the demand and the spectrum of services available in most areas is not comprehensive enough to treat individual needs.
2. Care coordination is needed among behavioral health, substance abuse, and primary care/medical providers.

Community leaders at the community forum identified the need to address behavioral health needs as a top health priority. Community leaders, stakeholders and survey respondents agree that behavioral health and substance abuse is a top health priority discussions focused primarily on the limited number of providers, and the need for care coordination and the fact that individuals with behavioral health and substance abuse needs often have poor health outcomes. According to the New Orleans City Health Department, New Orleans residents carry a heavy burden from mental health, substance abuse and other behavioral health issues.

While East Jefferson General Hospital provides programs and services which target behavioral health issues, the need to address behavioral health issues including substance abuse was identified through the most recent community health needs assessment. Recognizing that East Jefferson General 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: Behavioral Health and Substance Abuse

UNDERLYING FACTORS: Greater need than current number of providers can meet; and need for care coordination across the spectrum of services

ANTICIPATED IMPACT: Increasing access to and awareness about behavioral health care services.

Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Provide inpatient psychiatric services to residents requiring care that are 65+	Seniors (65+) requiring geriatric psychiatric care at EJGH	<p>Year 1-3:</p> <ul style="list-style-type: none"> A. Provide inpatient geriatric psychiatric care to seniors 65+ years of age. B. Provide social work services for care coordination to assist with resource information, referrals, safety assessments, and assistance with financial information and applications, and placement to ensure safe discharge. C. Provide medication reconciliation upon discharge. D. When possible, follow up with discharged patients 	<p>Year 1-3:</p> <p>Document: # of patients served</p>	<p>Year1-3:</p> <p>Potential Partners: Referral resources in the community</p> <p>Resources: Staff time, Dedicated space, etc.</p>
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Ensure safety in cases of emergency behavioral health needs	Patients that seeking acute episodic behavioral health care at EJGH regardless of ability to pay	<p>Year 1-3:</p> <ul style="list-style-type: none"> E. Provide access to emergency behavioral health hold, information and referrals for patients that require acute episodic care services which may include A. Adult and pediatric behavioral health hold until placement can be made, B. Referrals made to outside organizations, and C. Information provided to the patient regarding available community based resources. 	<p>Year 1-3:</p> <p>Document: # of psychiatric holds taking place in the ED annually</p>	<p>Year1-3:</p> <p>Potential Partners: Referral resources in the community</p> <p>Resources: Staff time, Dedicated space, etc.</p>
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners

NEED: Behavioral Health and Substance Abuse
UNDERLYING FACTORS: Greater need than current number of providers can meet; and need for care coordination across the spectrum of services
ANTICIPATED IMPACT: Increasing access to and awareness about behavioral health care services.

Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase awareness of available behavioral health and social service resources	Patients that seek services at the hospital	Year 1-3: A. Make the resource inventory, which includes behavioral health resources publicly available as a component of the EJGH CHNA. B. Make referrals to community-based services when they are available and there is a patient need	Year 1-3: A. Develop a measure to track the number web hits on the CHNA site	Year1-3: Potential Partners: No external partners Resources: Website resources
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Provide referrals for behavioral health and substance abuse	Patients that require outpatient behavioral health services	Year 1-3: A. Patients that require outpatient and/or substance abuse treatment will be provided referrals to outpatient community-based settings. B. Upon discharge from the Geriatric Psychiatric unit, patients will be provided the necessary resources through social work services which may include: medication assistance, referrals for outpatient treatment, placement, etc.	Year 1-3: # of consultations # of screens	Year1-3: Potential Partners: Community based behavioral health and substance abuse resources 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
2. Presence of barriers related to language.
 - ✓ System navigation.
 - ✓ Need to increase culturally sensitive clinical care and educational outreach to vulnerable populations.

Improving resource awareness and health literacy was identified as a top health priority for the East Jefferson General Hospital service area. While there has been a great deal of development in community-based health services since the last needs assessment 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 services providers (e.g. the health information exchanges, electronic medical records, etc.) are in the earliest stages of development. Additionally, there are limited English speaking skills making health literacy and system navigation a health concern. 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 East Jefferson General Hospital provides programs and services which aims 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 East Jefferson General 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: Resource Awareness and Health Literacy

UNDERLYING FACTORS: Lack of awareness about health resources, challenges navigating health resources, and barriers related to literacy and language.

ANTICIPATED IMPACT: Increase the awareness of residents and providers related to health service and resource availability as well as access to accurate information related to healthcare in the communities served by East Jefferson General Hospital

Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
<p>Increase access to accurate health education and outreach services on site at the hospital, in the community, and online.</p>	<p>Residents of communities served by East Jefferson General Hospital</p>	<p>Year 1-3:</p> <ol style="list-style-type: none"> 1. Provide a variety of events, topics, screenings and health information that are relevant to the needs of the EJGH community. <ol style="list-style-type: none"> A. Community seminars, screenings and events (e.g., nutrition, smoking cessation, cancer, chemotherapy, women’s health, etc.). B. Support and educational groups C. Information dissemination through social media and targeted marketing D. Patient portal E. Educational material and classes offered online F. Diabetes education G. EJGH Cancer program H. Support of local community based organizations 	<p>Year 1-3:</p> <p>1A: Document # of events each year, # of event attendees, and # residents screened</p> <p>1B: Document # support groups and community events</p> <p>1C: Document the reach of community outreach marketing efforts and topics covered</p> <p>1D: Document patient portal web traffic: total number of visits</p> <p>1E: Document web hits online education topics</p> <p>1F-G: Document # served</p> <p>1H: Document support provided</p>	<p>Year1-3:</p> <p>Potential Partners:</p> <p>Amer. Cancer Society Amer. Diabetes Assoc. Amer. Heart Association Amer. Lung Association Susan G. Komen, LA Breast and Cervical Health Program, American College of dermatology, and the Leukemia and Lymphoma Society, schools, churches, businesses,</p> <p>Resources:</p> <p>Budget/funding, staff time, web resources, space, educational material, etc.</p>
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
<p>Provide health services in the</p>	<p>Patients with limited English</p>	<p>Year 1-3:</p> <ol style="list-style-type: none"> 1. Provide language translation when indicated 	<p>Year 1-3:</p> <p>1A: Document # of uses of</p>	<p>Year1-3:</p>

NEED: Resource Awareness and Health Literacy
UNDERLYING FACTORS: Lack of awareness about health resources, challenges navigating health resources, and barriers related to literacy and language.
ANTICIPATED IMPACT: Increase the awareness of residents and providers related to health service and resource availability as well as access to accurate information related to healthcare in the communities served by East Jefferson General Hospital

Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
patients language of preference when offering care at East Jefferson General Hospital	speaking skills receiving care at East Jefferson General Hospital	through: A. Language Line B. In-person translation through individual certified interpreters.	translation services 1B: Document # of uses of translation services	Potential Partners: One World Language, Resources: Cost of language line, translators, and/or certified staff salary.
Objective -	Target Population	Planned Annual Activity	Timeframe/ Measures	Potential Resources/ Partners
Increase cultural competence of all persons employed by EJGH	EJGH Employees and the patients they serve	Year 1-3: 1. Provide training as a component of employee orientation regarding cultural competence and respect of multiculturalism.	Year 1-3: 1A: Document # of trainees	Year1-3: Potential Partners: Municipal agencies, schools, businesses, and corporations. Resources: Cost of training materials, space, and staff time.