Saint Luke's

Saint Luke's South Hospital
Community Health Needs Assessment Implementation Plan

2021

◆ Saint Luke's South Hospital

Saint Luke's South Hospital
CHNA Implementation Strategy

Adopted by the Saint Luke's South Hospital Board of Directors on December 3, 2020

This implementation strategy describes how Saint Luke's South Hospital (SLS or the hospital) plans to address significant needs described in the Community Health Needs Assessment (CHNA) published by the hospital on December 3, 2020. See the CHNA report at https://www.saintlukeskc.org/community-health-needs-assessments-implementation-plans. SLS plans to implement the initiatives described herein during calendar years 2021 through 2023.

Conducting the CHNA and developing this implementation strategy were undertaken by the hospital to assess and address significant health needs in the community served by SLS, and in accordance with Internal Revenue Service regulations in Section 501(r) of the Internal Revenue Code.

This implementation strategy addresses the significant community health needs described in the CHNA report. This document identifies the significant needs the hospital plans to address through various strategic initiatives and also explains why the hospital does not intend to address certain other significant needs identified in the CHNA report.

This document contains the following information:

1. About SLS
2. Definition of the Community Assessed by SLS
3. Summary of Significant Community Health Needs
4. Implementation Strategy to Address Significant Health Needs
5. Significant Community Health Needs SLS Will Not Address
6. Adoption of the Implementation Strategy by SLS's Authorized Body

1. About SLS

Located in Overland Park, Kansas, Saint Luke South Hospital (SLS) offers 24-hour emergency services, has a Birth & Women's Center with a Level IIIa neonatal intensive care unit (NICU), and operates the Jacobson & McElliott Diabetes & Endocrinology Center and the Goppert Breast Center. Inpatient physical rehabilitation services are housed in the Saint Luke's Rehabilitation Institute, located on the hospital's campus. The Rehabilitation Institute offers advanced therapies for people recovering from traumatic brain injuries, spinal cord injuries, or strokes.

In addition to its main campus facility, SLS also includes seven Saint Luke's Community Hospitals, which offer inpatient and emergency care in local Kansas neighborhoods. Additional information about Saint Luke's South Hospital is available at: https://www.saintlukeskc.org/locations/saint-lukes-south-hospital.

SLS is part of the Saint Luke's Health System (SLHS), which is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. SLHS is dedicated to enhancing the physical, mental,

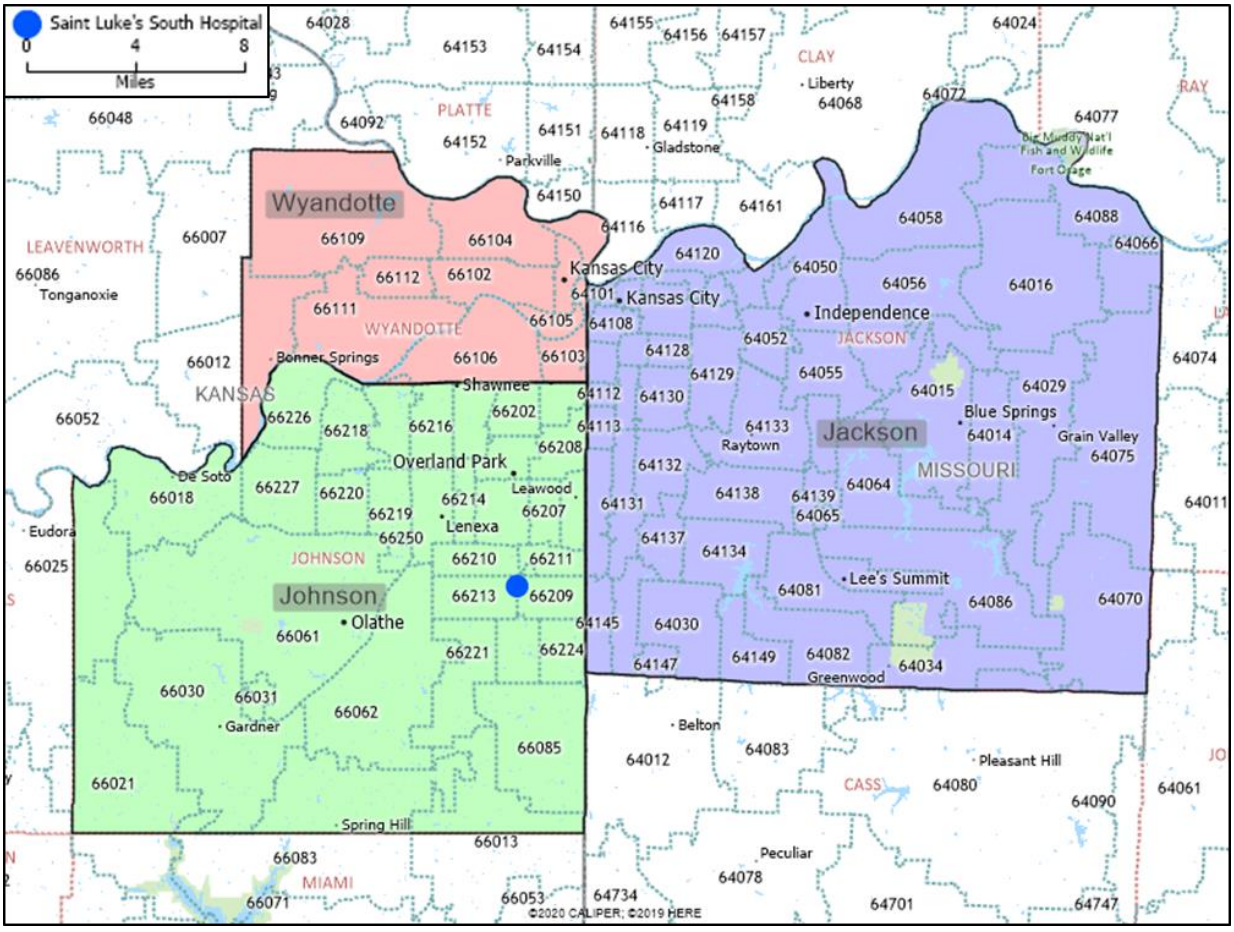
and spiritual health of the diverse communities it serves. SLHS includes 18 hospitals and campuses across the Kansas City region, home care and hospice, behavioral health care, dozens of physician practices, a life care senior living community, and additional facilities and services. Additional information about SLHS is available at: https://www.saintlukeskc.org/about-saint-lukes.

2. Definition of the Community Assessed by SLS

For purposes of the hospital's 2020 CHNA, the community assessed by SLS was defined as a three-county area that includes Johnson County, Kansas; Jackson County, Missouri; and Wyandotte County, Kansas. In calendar year 2019, the three counties accounted for approximately 76 percent of the hospital's inpatient volumes and 88 percent of emergency department visits.

The total population of the community in 2019 was 1,484,043.

The following map portrays the community served by SLS.



3. Summary of Significant Community Health Needs

As determined by analyses of quantitative and qualitative data, an overarching focus on advancing racial and ethnic health equity, recognizing that racism has yielded measurable health

disparities, has the best potential to improve community health. Within this context, the hospital's CHNA identified the following significant health needs in the three-county community assessed by SLS:

- Access to care
- COVID-19 pandemic and effects
- Mental health
- Needs of growing senior population
- Poverty and social determinants of health
- Unhealthy behaviors

The CHNA report for SLS describes each of the above community health needs and why they were determined to be significant.

4. Implementation Strategy to Address Significant Health Needs

This implementation strategy describes how SLS plans to address the significant community health needs identified in the 2020 CHNA report. A committee comprised of SLS staff, SLS board members, and community representatives who are unaffiliated with SLS or SLHS reviewed findings in that report and identified significant community health needs that the hospital intends and does not intend to address during calendar years 2021 through 2023.

As part of that decision-making process, the committee considered criteria such as:

- Whether the need is being addressed by other organizations;
- The extent to which the hospital expertise or competencies to address the need;
- The availability of resources and evidence-based interventions needed to address the need effectively;
- The frequency with which stakeholders identified the need as a significant priority; and
- The potential for collaborations with other community organizations to help address the issue.

By applying these types of criteria, SLS determined that it will implement initiatives to address the following four significant health needs – in addition to an overarching focus on advancing racial and ethnic health equity:

- Access to care
- Poverty and Social Determinants of Health
- Needs of Growing Senior Population
- Unhealthy Behaviors

The following pages describe the actions SLS intends to implement to address each of the above needs, including planned collaborations between the hospital and other organizations.

Cross-Cutting Initiatives

Recognizing that racism has yielded measurable health disparities, the SLS CHNA report indicates that an overarching focus on advancing racial and ethnic health equity has the best potential to improve community health. Accordingly, SLS will support the inclusion of racial and ethnic health equity (pillar, goals, and/or objectives) in the SLHS Destination 2025 Strategic Plan (five-year-plan) and in the yearly SLS Operational Plan.

The SLHS Destination 2025 Strategic Plan may have goals and objectives that focus on:

1. Internal policies and structures.

2. Programs for training on unconscious bias, health inequities, diversity, and inclusivity (for leadership, staff, and medical staff).

3. Capturing data by race and ethnicity at the entity level and assessing that data to identify and address any disparities in patient outcomes, patient satisfaction, readmission rates, approvals for financial assistance, and collections actions.

As another cross-cutting initiative that applies to each of the categories of significant community health needs below, SLS also intends to develop community health baseline measures to monitor key indicators and assess the impact of this 2021-2023 implementation strategy.

Access to Care

To address this need, SLS will implement the following initiatives:

1. Support SLHS initiatives to expand access for Medicaid recipients to Convenient Care Clinics.

2. Support initiatives to provide access to the SLHS Financial Assistance Policy at Convenient Care Clinics.

3. Support SLHS initiatives to expand access to Telehealth services for residents of Jackson, Wyandotte, and Johnson counties.

4. Continue providing taxicab and Uber/Lyft vouchers for low-income patients who need transportation post-discharge.

5. Continue providing Telehealth services for victims of domestic violence at the Safehome Shelter.

6. Support SLHS advocacy efforts to expand Medicaid eligibility in Kansas.

7. Evaluate opportunity to develop and implement a community education program regarding Medicaid enrollment.

8. Identify and enroll Medicaid-eligible individuals during hospital episodes of care (use Humanarc).

9. Continue providing case management for high-utilizer and vulnerable patients with referrals to health care and social services.

10. Continue providing access to the SLS Medication Assistance Access Program for patients who are underinsured and/or uninsured.

11. Continue providing Allied Health Professions training programs which contribute to the supply of health professionals across the region.

12. Support SLHS and SLPG initiatives to recruit new mental health professionals, including psychiatrists and social workers that represent under-represented racial and ethnic cohorts.

13. Evaluate the opportunity to expand behavioral health services for SLS employees and their families.

14. Continue participating in SLHS (and Saint Luke's Physician Group) initiatives to recruit other providers that represent under-represented racial and ethnic cohorts.

15. Continue collaborations between SLS and Federally Qualified Health Centers that serve Johnson County.

16. Continue providing on-site access to a MedSafe box where community members can appropriately dispose of unused prescription medications.

17. Continue supporting the PATH Fund at Saint Luke's Rehabilitation Institute which provides Durable Medical Equipment (DME) and limited outpatient therapy for uninsured and Medicaid patients.

18. Continue supporting the Compassionate Care Fund that supports access to medications and health care services for those adversely impacted by health disparities and social determinants of health.

Principal Collaborators. In implementing the above Access to Care initiatives, SLS intends to collaborate with other SLHS entities (including hospitals, SLPG, and the Saint Luke's Foundation), the Safehome Shelter, the Kansas Hospital Association, area colleges and universities, area schools and community centers, Johnson County Health Partnership, and other organizations.

Poverty and Social Determinants of Health

To address this need, SLS will implement the following initiatives:

1. Participate in SLHS Anchor Institution strategies to be included in the SLHS Destination 2025 Strategic Plan:

    a. Expand hiring programs that build pipelines for people of color and local hiring and workforce development programs.

    b. Hold on-site (and participate in off-site) job fairs.

2. Expand programs to interest (and begin to train) high-school aged students in the health professions.

3. Continue offering the Saint Luke's Community Resource Hub to expand patient, employee, and community awareness of available health and social services.

4. Continue screening all patients for social determinants of health issues.

    a. Document needs in EPIC based on Health Leads screening toolkit.

    b. Place consults in Care Progression for interventions.

    c. Refer patients to information available on the Saint Luke's Community Resource Hub.

5. Identify a strategy to address food insecurity.

6. Implement a base wage of $15 per hour for SLHS employees.

Principal Collaborators. In implementing the above Poverty and Social Determinants of Health initiatives, SLS intends to collaborate with other SLHS entities (including hospitals and SLPG), Blue Valley High School, and area food banks.

Needs of Growing Senior Population

To address this need, SLS will implement the following initiatives:

1. Implement (as an early adopter) the Saint Luke's At Home program which provides medical care to homebound patients aged 65 years and older.

2. Continue providing outreach services and health screenings for low-income and disabled seniors living in identified buildings and communities.

3. Continue providing free out-bound transportation for seniors.

4. Continue providing free community health education programs/seminars on topics about aging, grandparenting, and managing chronic diseases.

5. Continue helping patients apply for Medicare, Medicaid, and insurance benefits to support needed medical and home-based services.

6. Continue providing psychosocial evaluations/screenings to patients who present certain risk factors for mental health issues.

7. Expand the Meds to Beds program, which provides patients with access to medications prior to discharge.

Principal Collaborators. In implementing the above Needs of Growing Senior Population initiatives, SLS intends to collaborate with other SLHS entities (including hospitals and SLPG) and area senior services agencies.

Unhealthy Behaviors

To address this need, SLS will implement the following initiatives:

1. Continue providing inpatient assessments for tobacco and alcohol and make referrals to resources for patients who are in need of services.

2. Continue providing support groups for patients with chronic diseases (e.g., diabetes, cancer, heart disease, obesity/overweight, and others) that focus on managing conditions and prevention.

3. Continue providing stroke-related community health education and virtual support groups.

4. Continue expanding and exploring partnerships with local and statewide advocacy coalitions and initiatives to promote healthy eating and food security.

5. Continue partnerships with local and state governments on healthy trails and sidewalk initiatives and expand its Walk with Ease program.

6. Continue providing the virtual weight management program.

7. Explore the opportunity to collaborate with school and community centers to provide education seminars on the appropriate use of alcohol and the risks associated with abuse.

8. Explore the opportunity to participate in ad campaigns (community health education) to promote safe drinking (partnership with law enforcement and hospital partners and local public health departments).

9. Advocate for Tobacco 21 to be implemented on a state-wide basis and for initiatives focused on reducing vaping.

Principal Collaborators. In implementing the above Unhealthy Behaviors initiatives, SLS intends to collaborate with other SLHS entities (including hospitals and SLPG), local and statewide food security coalitions, local health departments, local law enforcement agencies, and tobacco cessation advocacy organizations.

5. Needs SLS Will Not Address

No hospital organization can address all of the health needs present in its community. SLS is committed to serving the community by adhering to its mission, using its skills and capabilities, and remaining a strong organization so that it can continue to provide a wide range of community benefits.

SLS does not intend to address two of the seven significant community health needs identified through its 2020 CHNA, as follows.

COVID-19 pandemic and effects. SLS recognizes the significant challenges of the COVID-19 pandemic and its effects. SLS addresses the needs of COVID-19 patients by providing access to care. The hospital also supports community-focused SLHS initiatives in the Kansas City region.

Mental and behavioral health. While the hospital's 2020 CHNA identified Mental and Behavioral health as a significant community health need, SLS does not provide psychiatric or behavioral health care and thus does not have the expertise or dedicated resources to address this need. The committee charged with developing the 2021-2023 SLS Implementation Strategy identified five other needs as higher priorities.

6. Implementation Strategy Adoption

The Board of Directors for SLS reviewed and adopted this implementation strategy at its December 3, 2020 board meeting.

Contact us

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Saint Luke's SOUTH HOSPITAL

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