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

2023

◆ Saint Luke's North Hospital

Saint Luke's North Hospital
CHNA Implementation Strategy

Adopted by the Saint Luke's North Hospital Board of Directors on November 28, 2023

This implementation strategy describes how Saint Luke's North Hospital (SLN or the hospital) plans to address significant needs described in the Community Health Needs Assessment (CHNA) approved by the hospital on November 28, 2023. See the CHNA report at Saint Luke's Hospital CHNAs and Implementation Strategies. SLN plans to implement the initiatives described herein during the calendar years 2024-2026.

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

1. About SLN

Saint Luke's North Hospital is comprised of two campuses – Barry Road and Smithville. Between the Barry Road and Smithville campuses, Saint Luke's North Hospital offers over 160 patient beds and more than 20 specialized health care services, including a behavioral health unit, emergency services, inpatient and outpatient diagnostic testing, acute inpatient units, maternity unit, inpatient and outpatient rehabilitation services, multiple surgical services, and a wound care clinic.

SLN – Barry Road is in Kansas City, Missouri, within Platte County, Missouri. Additional information about SLN – Barry Road is available at: Saint Luke's North Hospital - Barry Road.

SLN – Smithville is in Smithville, Missouri, within Clay County, Missouri. Additional information about SLN – Smithville is available at: [Saint Luke's North Hospital - Smithville.]

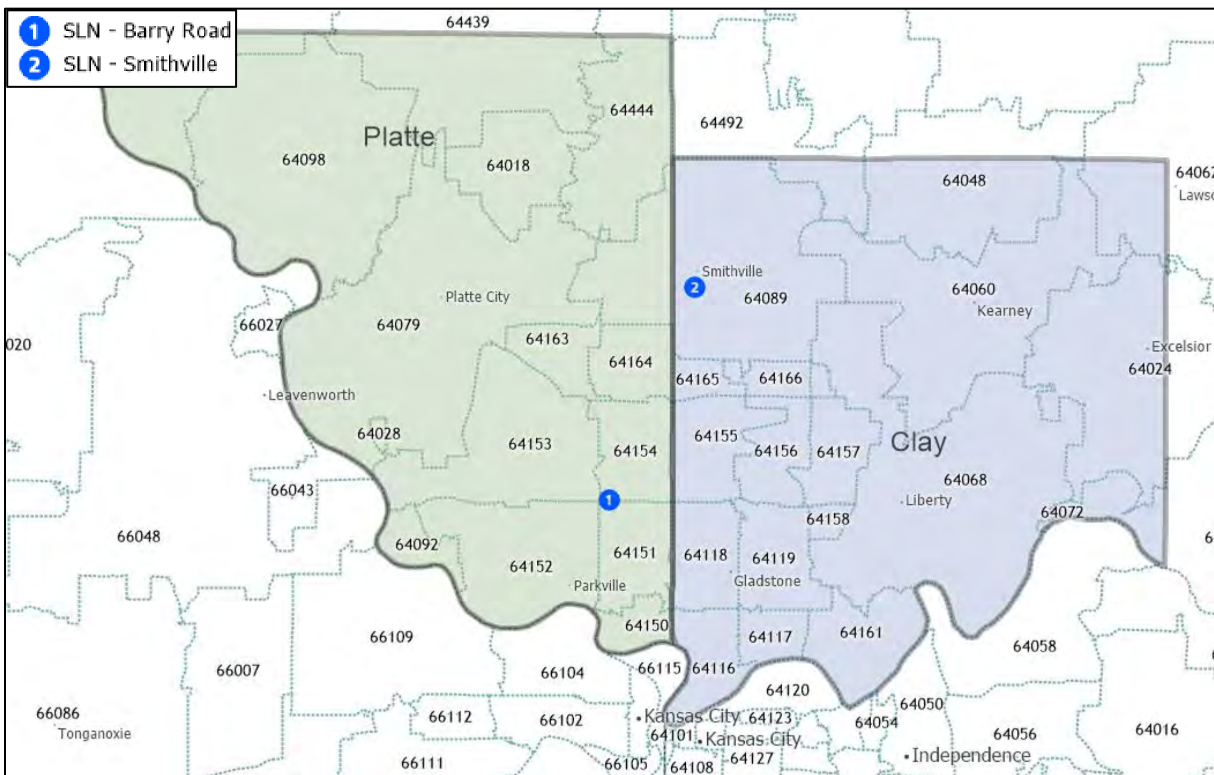
Saint Luke's North Hospital is part of the Saint Luke's Health System, which is a faith-based, not-for-profit health system committed to the highest levels of excellence in providing health care and health-related services in a caring environment. The system is dedicated to enhancing the physical, mental, and spiritual health of the diverse communities it serves. Saint Luke's Health System includes 14 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 is available at: [About Saint Luke's].

2. Definition of the Community Assessed by SLN

For purposes of this CHNA, SLN's community is defined as a two-county area that includes Platte County, Missouri, and Clay County, Missouri. In the calendar year 2022, the two counties accounted for approximately 60 percent of the hospital's inpatient volumes and 81 percent of emergency department visits.

The total population of the community in 2020 was 364,279.

The following map portrays the community assessed by SLN and the location of its two campuses.



Source: Caliper Maptitude, 2023.

3. Summary of Significant Community Health Needs

As determined by the Community Health Needs Assessment, an overarching focus on advancing health equity has the best potential to improve community health. Within that context, significant health needs in the community served by Saint Luke's North Hospital are:

- Access to Care;
- Behavioral Health;
- Needs of Older Adults; and
- Transportation.

The CHNA report for SLN 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 SLN plans to address the significant community health needs identified in the 2023 CHNA report. A committee comprised of SLN staff and SLN leadership reviewed findings in the CHNA report and identified significant community health needs that the hospital intends and does not intend to address during calendar years 2024 through 2026.

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 has 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 criteria, SLN determined that it will implement initiatives to address all four of the significant community health needs identified by the CHNA process.

The following pages describe the actions SLN plans to implement to address the identified needs, the anticipated impact of those actions, the resources the hospital facility plans to commit to address the health needs, and planned collaborations between the hospital and other community organizations.

Cross-Cutting Initiatives

Recognizing that racism has yielded measurable health disparities, the SLN CHNA report indicates that an overarching focus on advancing health equity has the best potential to improve community health. Accordingly, SLN will continue to implement initiatives focused on advancing health equity in the SLHS Destination 2025 Strategic Plan and in the yearly SLN Operational Plan.

The SLHS Destination 2025 Strategic Plan includes goals and objectives focused on strengthening organizational culture and investing in the healthcare workforce by implementing programs for training on unconscious bias, health inequities, diversity, inclusivity, and belonging for leadership, staff, and medical staff. SLN will use data analytics to identify and reduce disparities in patient outcomes, patient satisfaction, readmission rates, approvals for financial assistance, and collections actions. In addition, SLN will advance health equity in the communities served by increasing access, providing equitable care, and partnering with community organizations.

SLN will develop community health baseline measures to monitor key indicators and assess the impact of this 2024-2026 implementation strategy.

Action Plans

The action plans below are based on prioritized needs from the hospital's 2023 CHNA. These strategies and objectives outline where the hospital intends to focus its efforts to address significant community health needs during the calendar years 2024-2026. In addition to the action plans described below, SLN will continue to offer an array of existing activities and programs that focus on access to care, behavioral health, and social drivers of health. The following existing activities and programs will continue to be provided by SLN in 2024-2026.

Access to Care

- Support SLHS initiatives to expand access to telehealth services across the Northland for specialists, primary care physicians and qualified mental health professionals.
- Provide community and patient support for Medicaid enrollment and expand access to Medicaid recipients at Saint Luke's North Hospital locations.
- Provide education and training through community-based programs such as breastfeeding support group, mental health support group, behavioral health education, primary stroke center, and myocardial infarction programs.
- Advocate for and provide case management for vulnerable patients.
- Provide the Medication Assistance Access Program for patients who are underinsured or uninsured.
- Expand hiring programs that build pipelines for people of color and local hiring and workforce development programs.
- Expand programs to introduce school aged students to the health professions.
- Continue Hospital In Your Home program which provides innovative access to care in the comfort of the patients home.
- Continue collaborations with Northland Health Alliance, Northland Health Care Access, Federally Qualified Health Centers, public health departments, and community partners to serve the Northland.

Behavioral Health

- Operate the 24/7 Behavioral Assessment Center for patients experiencing behavioral health crisis.
- Provide qualified mental health professionals in the SLN Emergency Department.
- Expand psychiatry, psychology, and therapy services.

- Provide crisis intervention training (CIT), suicide prevention programs, QPR suicide prevention training, and mental health education in partnership with community organizations.
- Continue to evaluate opportunities to collaborate with the Behavioral Health Task Force of the Northland Health Alliance.

Social Drivers of Health

- Expand screening of patients for social drivers of health issues.
- Provide social work services and complex case management to meet patients' social needs and promote health equity by connecting under resourced patients to social and medical services post discharge.
- Operate and support the Saint Luke's Community Resource Hub to expand patient, employee, and community awareness of available health and social services.
- Continue to evaluate opportunities to collaborate with the Transportation and Access to Health Food Task Force of the Northland Health Alliance.

Priority Need: Access to Care
Goal: Improve access to care for chronic conditions management.
Strategy: Achieve equitable improvement of chronic conditions management.
Objectives **By December 31, 2026, Saint Luke's North Hospital will** 1. Optimize partnerships to offer community-based education for chronic conditions. 2. Build community member trust by improving diversity and cultural competence of the healthcare workforce. 3. Explore initiatives to reduce hospital admissions and emergency department visits for ambulatory sensitive conditions, including but not limited to Remote Patient Monitoring and Transitions of Care programs.
Target Population ● Older adults with chronic conditions ● General population with chronic conditions ● Community members who face inequities based on race, ethnicity, sexual orientation, gender identity, age, physical abilities, geographic location, educational background, and economic status
Planned Collaborators ● Other SLHS Hospitals ● Community Senior Centers ● Assisted and Senior Living Facilities ● Community Based Organizations and Social Service Agencies
Hospital Resources ● Clinical and non-clinical staff time ● Resources and supplies to implement and coordinate educational programming. ● Marketing and education
Data and Evidence Based Support ● Centers for Disease Control and Prevention, 6/18 Initiative ● County Health Rankings & Roadmaps, Strategies ● Healthy People 2030, Older Adults ● Institute for Healthcare Improvement ● The Community Guide, The Community Services Preventive Task Force
Anticipated Outcomes
Implementation of evidence-based community education programs for adults with specified chronic conditions.
Develop and implement an action plan to address health care equity for chronic conditions.
The healthcare workforce will deliver compassionate, culturally appropriate care to all patients.
Reduced hospital admissions and emergency department visits for ambulatory sensitive conditions.
Action Steps
2024: Assign a liaison to build community partnerships.
2024: Identify health care disparities in patient populations by stratifying clinical outcomes measures for chronic conditions by sociodemographic characteristics and develop action plans to address health care equity.
2024: Identify and prioritize chronic conditions to focus on (based on stratification of clinical outcomes).
2024: Identify and build relationships with partners who will participate in community-based education.
2024: Develop a plan for execution of community-based education including curriculum, educators, schedule, evaluation, and collaborators.
2024: Establish a multidisciplinary taskforce and develop a strategic plan to improve diversity and cultural competence of the workforce. The strategic plan will include curriculum, educators, evaluation, and collaborators.

2024: Explore initiatives to reduce hospital admissions and emergency department visits for ambulatory sensitive conditions, including but not limited to Remote Patient Monitoring and Transitions of Care programs.
2025: Launch community education program with partners for chronic conditions management.
2025: Execute strategic plan for improving diversity and cultural competence training.
2026: Assess effectiveness of all initiatives and programming. Adjust as needed to reach target outcomes.

Priority Need: Behavioral Health
Goal: Reduce the medical impact of social isolation and loneliness.
Strategy: Integrate social connection into care and leverage interventions that provide psychosocial support to patients and families.
Objectives **By December 31, 2026, Saint Luke's North Hospital will** 1. Provide health professionals with formal training and continuing education on the health and medical relevance of social connection, risks associated with social disconnection, and effective prevention and intervention strategies. 2. Establish an equitable program to fund and support community organizations providing evidence-based care for those who are at risk for or experiencing isolation or low social support.
Target Population ● Community members who are at risk for or are experiencing social isolation. ● Older adults ● Care providers ● Health professionals
Planned Collaborators ● Other SLHS Hospitals ● Community-based organizations ● Behavioral health providers ● Social support organizations
Hospital Resources ● Clinical and non-clinical staff time ● Funding for small grant program ● Resources and supplies to implement small grant program. ● Marketing and education
Data and Evidence Based Support ● County Health Rankings & Roadmaps, Strategies ● Healthy People 2030, Older Adults ● Surgeon General's Advisory on the Healing Effects of Social Connection and Community, 2023
Anticipated Outcomes
Health professionals will understand the medical relevance of social connection, risks associated with social disconnection, and will actively assess and offer effective interventions.
Provision of support and resources to community organizations providing evidence-based services for those who are at risk for, or are experiencing isolation, loneliness, or low social support.
Action Steps
2024: Identify a leader and assemble a committee focused on using evidence-based practice to advance social connection.
2024: Design, establish, and publicize an equitable program to fund (small grants) and support (volunteers, other resources) community organizations providing evidence-based care to adults who are at risk for or experiencing isolation or low social support. Focus areas include access to digital resources, health equity, provision of support groups or other events reducing the health and medical impact of social isolation.
2024: Utilizing the U.S. Surgeon General's Advisory on the Healing Effects of Social Connection and Community, develop a comprehensive plan to educate and train health professionals on the health and medical relevance of social connection.
2024-2025: Implement education and training programs for health professionals.
2025: Market and launch small grant program.
2026: Assess effectiveness of all initiatives and programming. Adjust as needed to reach target outcomes.

Priority Need: Needs of Older Adults
Goal: Improve health and well-being for older adults.
Strategy: Optimize person-centered care and support for the needs of older adults.
Objectives **By December 31, 2026, Saint Luke's North Hospital will** Focus on the needs of older adults for the priority areas of access to care for chronic conditions, social isolation, and social drivers of health in the healthcare environment and community-based settings.
Target Population ● Older adults ● Community members who face inequities based on race, ethnicity, sexual orientation, gender identity, age, physical abilities, geographic location, educational background, and economic status
Planned Collaborators ● Other SLHS Hospitals ● Public health departments ● Community healthcare providers
Hospital Resources ● Clinical and non-clinical staff time ● Resources and supplies to implement educational program
Data and Evidence Based Support ● County Health Rankings & Roadmaps, Strategies ● Healthy People 2030, Older Adults ● Surgeon General's Advisory on the Healing Effects of Social Connection and Community, 2023
Anticipated Outcomes
Development of sustainable, equitable initiatives, in partnership with the community, that will improve quality of life across the life span.
Action Steps
2024: Incorporate older adults as a population of focus across evidence-based practice teams.
2024: Develop specific action steps for older adults within each of the priority needs assessed for the community (social isolation, chronic condition management, and social drivers of health).
2024: Develop comprehensive Falls Risk program to address and prevent falls in older adults.
2024-2025: Implement actions steps for older adult initiatives.
2026: Assess effectiveness of all initiatives and programming. Adjust as needed to reach target outcomes.

Priority Need: Transportation
Goal: Improve health outcomes by improving the community's connection to social support.
Strategy: Improve access to transportation for patients seeking medical care and other healthcare services.
Objectives **By December 31, 2026, Saint Luke's North Hospital will** Strengthen community engagement to expand transportation options, reach, and reliability to increase patient access to medical care and other healthcare services.
Target Population ● Community members with transportation barriers due to age, geographic location, physical abilities, economic status, or other factors. ● Patients with transportation needs based on SDoH screenings.
Planned Collaborators ● Other SLHS Hospitals ● Kansas City Area Transportation Authority ● Community-based organizations ● Area medical and non-medical transportation providers ● Payors
Hospital Resources ● Saint Luke's Health System Transportation Committee ● Clinical and non-clinical staff time ● Funding ● Marketing and education
Data and Evidence Based Support ● Community Health Worker Tool Kit ● County Health Rankings & Roadmaps, Strategies ● Healthy People 2030, Transportation ● SDOH evidence-based resources
Anticipated Outcomes
Patients have reliable, affordable transportation options to access medical care and healthcare services.
Action Steps
2024: Develop a strategic plan for improving transportation to medical care and healthcare services that includes community partnerships and accountability metrics for transportation providers.
2024: Evaluate the use of community health workers as a resource to improve access and connection to community resources and meet SDOH needs for patients and improve community collaboration.
2024: Revise transportation policies, assess transportation vendors, review contracts with existing vendors, and develop new agreements to optimize costs and accountability metrics.
2026: Assess effectiveness of all initiatives and programming. Adjust as needed to reach target outcomes.

5. Needs SLN Will Not Address

Saint Luke's North Hospital is addressing all four significant health needs identified in its 2023 Community Health Needs Assessment (CHNA). This implementation strategy outlines specific initiatives set forth to address specific health needs identified in the 2023 CHNA. Saint Luke's North Hospital engages in many other community benefit, preventive, and wellness activities with the goal of improving the health and wellbeing of the diverse communities served.

6. Implementation Strategy Adoption

The Saint Luke's North Hospital Board of Directors reviewed and adopted this implementation strategy at its November 28, 2023, board meeting.

◆ Contact us

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Download the **SaintLukesKC** app

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