

 Saint Luke's

Community Benefit Implementation Plan

2018

› Saint Luke's Hospital of Kansas City



I. Introduction

Saint Luke's Hospital of Kansas City (SLH) and its affiliated Saint Luke's College of Health Sciences (SLCHS) are part of Saint Luke's Health System (SLHS), a faith-based, not-for-profit health system covering both western Missouri and eastern Kansas.

Saint Luke's Hospital of Kansas City (SLH)

4401 Wornall Road, Kansas City, MO 64111, (816) 932-2000

- 478 beds
- Network of more than 600 physicians representing more than 60 medical specialties
- Primary teaching hospital for University of Missouri—Kansas City School of Medicine
- Home to:
 - Saint Luke's Marion Bloch Neuroscience Institute
 - Saint Luke's Mid America Heart Institute
 - Saint Luke's Cancer Institute
 - Saint Luke's College of Health Sciences
 - Saint Luke's Cardiovascular Consultants
 - Saint Luke's Hospital Crittenton's Children Center

Saint Luke's College of Health Sciences (SLCHS)

624 Westport Road, Kansas City, MO 64111, (816) 932-6700

- Fully accredited by the Commission on Collegiate Nursing Education
- Offers baccalaureate of science in nursing degree and master of science in nursing degree (advanced practice registered nurse)

Mission: Saint Luke's Hospital is a not-for-profit tertiary referral center committed to the highest levels of excellence in providing health services to all patients in a caring environment. We are dedicated to medical research and education. As a member of Saint Luke's Health System, we are committed to enhancing the physical, mental and spiritual health of the diverse communities we serve.

Vision: The best place to get care, the best place to give care.

II. Purpose of the Implementation Plan

This Implementation Plan addresses the community health needs identified in the 2018 Community Health Needs Assessment (CHNA) prepared for Saint Luke's Hospital. This Plan serves as Saint Luke's Hospital's implementation strategy for meeting those needs including setting the goals and objectives for providing community benefits. The Plan also meets the requirements for community benefit planning as set forth in federal law, including but not limited to: The Patient Protection and Affordable Care Act of 2010.

III. How the Implementation Plan Was Developed

This Implementation Plan was developed based on the findings established in the Community Health Needs Assessment (CHNA) prepared for Saint Luke's Hospital, as well as a thorough review of existing community benefit activities.

IV. Community Health Needs

Saint Luke's Hospital analyzed public health data, interviewed a variety of health care professionals, and sought input from community leaders to identify the following major health needs:

- Saint Luke's Hospital of Kansas City
 1. Access to Care
 2. Behavioral Health
 3. Diabetes
 4. Congestive Heart Failure
 5. Hypertension

- Saint Luke's Hospital Crittenton Children's Center
 1. Family Engagement
 2. Gaps in Behavioral Health Access

V. What Saint Luke's Hospital Will Do to Address Priority Needs

Outlined below is Saint Luke's Hospital's commitment to address community health needs named in section (IV).

Implementation Strategy — Access to Care

Saint Luke's Hospital's implementation strategy to increase health care access includes addressing the following:

- *Affordability* (health insurance coverage)
- *Availability* (medical infrastructure or distribution of medical services throughout the community)
- *Awareness* (health medical literacy to make sure people understand basic health information and services needed to make appropriate health decisions)

It is important to note that following the implementation of the Patient Protection and Affordable Care Act (PPACA), both Missouri and Kansas chose not to expand their Medicaid Programs as outlined in the law.

Milestone / Sub-Activity	Description	Measures	Start Date	End Date
1	Access to Care			
1.1	Goal: Improve affordability of health care services for those in the population served by SLH			
1.1.1	Saint Luke's Hospital will continue to collaborate with Artist's Helping the Homeless to secure post-discharge transportation and housing through the Bodhi Housing Program. Homeless patients over the age of 18 in need of a safe environment to continue healing after discharge is provided through this program.	Number of post-discharge transports used for homeless patients	1/1/2019	12/31/2021
1.1.2	Saint Luke's Health System will continue to advocate for the community on key health policy issues at the state and national level, including Medicaid reform, access to care, and health care financing for the low-income population.	On-going advocacy efforts maintained	1/1/2019	12/31/2021
1.1.3	Saint Luke's Hospital and Saint Luke's Health System will continue to accept Missouri and Kansas Medicaid.	On-going policy maintained	1/1/2019	12/31/2021
1.1.4	Saint Luke's Hospital's Medication Assistance Program assists all patients in securing medications needed at discharge.	Number of patients assisted	1/1/2019	12/31/2021
1.2	Goal: Improve availability of health care services for those in the population served by SLH			
1.2.1	Continue to provide access to care through 24/7 Emergency Department with helicopter pad access	Access maintained	1/1/2019	12/31/2021
1.2.2	Saint Luke's Hospital will continue to meet the acute care needs of the community through the availability of highly specialized services at these Center's of Excellence: Saint Luke's Marion Bloch Neuroscience Institute, Saint Luke's Mid America Heart Institute, Saint Luke's Cancer Institute, and Saint Luke's Muriel I. Kauffman Women's Heart Center.	Services maintained	1/1/2019	12/31/2021
1.2.3	Saint Luke's Health System's Community Hospitals, located in Johnson and Wyandotte Counties (KS), provide additional high-quality emergency services with the ability to keep patients closer to home if inpatient services are necessary.	Access points maintained	1/1/2019	12/31/2021
1.2.4	Saint Luke's Hospital's collaboration with Swope Health Services and Kansas City Care Clinic (KC Care) trains and provides community health workers to address gaps in care coordination and helps patients understand and utilize resources available to them after being discharged from the hospital. A community health worker is assigned to Saint Luke's Hospital to work with patients to: find and secure a Primary Care Medical Home and help find community based resources to address any barriers to receiving health care. In addition, Saint Luke's Hospital sponsors a physician to help provide care at the KC Free Clinic located near Saint Luke's Hospital.	Number of patients seen by a Community Health Worker	1/1/2019	12/31/2021
1.2.5	Saint Luke's Health System will continue on-going primary care physician recruitment efforts in order increase Primary Care access to the population we serve.	On-going physician recruitment efforts / Number of Primary Care providers added	1/1/2019	12/31/2021
1.2.6	Saint Luke's Health System's partnership with Hy-Vee Grocery Store chains throughout the Kansas City area will help provide high-quality and affordable primary care closer to where people live and work. Plans are under way to open several clinics located within the Hy-Vee Grocery Stores where patients will have access to in-store dietitians and pharmacists, as well as health, wellness and preventive care services all in one stop.	On-Going Services	1/1/2019	12/31/2021
1.3	Goal: Improve awareness of health care services for those in the population served by SLH			
1.3.1	Saint Luke's Hospital will continue to host clinic-based and community based wellness education for patients.	On-Going Clinic-based Education / Number of community-based wellness education events	1/1/2019	12/31/2021
1.3.2	In order to continue to understand and meet the unique needs of the community, Saint Luke's Hospital will develop stronger partnerships with key non-profit organizations in the Kansas City metro area that serve the urban core and/or vulnerable or underserved populations. Recently, with the guidance of members from the Saint Luke's Health System Diversity and Inclusion Council, Saint Luke's Hospital selected four key programs to support and they include; Hope House, Guadalupe Center, KC Care Clinic, and SAFEHOME.	Number of partnerships	1/1/2019	12/31/2021

Implementation Strategy – Behavioral Health

Behavioral health disorders are common in the United States, as one in six U.S. adults live with a mental illness. Although tens of millions of American have a mental illness, only about half receive treatment. Behavioral health encompasses a variety of disorders including autism, attention deficit hyperactivity disorder (ADHD), bipolar disorder, eating disorders, obsessive-compulsive disorder, and more. Behavioral and physical health are related, and individuals with mental health disorders often have coexisting conditions. It is important to manage and treat mental illness so that individuals can function at their highest level and contribute to the overall benefit of communities.

Milestone / Sub-Activity	Description	Measures	Start Date	End Date
2	Behavioral Health			
2.1	Goal: Improve Access to Mental Health Services			
2.1.1	Saint Luke's Hospital will continue to provide access to the Saint Luke's Behavioral Assessment Center on a 24/7 basis	Access maintained	1/1/2019	12/31/2021
2.1.2	Saint Luke's Hospital will continue to support a Social Worker in the Emergency Department on a 24/7 basis.	Number of patients seen by Social Work in the Emergency Department	1/1/2019	12/31/2021
2.1.3	Saint Luke's Health System will continue to advocate on key health policy issues at the state and national level involving access to behavioral health services, especially for the low-income populations.	On-going advocacy efforts maintained	1/1/2019	12/31/2021
2.1.4	Saint Luke's Health System will continue recruiting efforts for quality psychiatrists in order to expand access to behavioral health services.	On-going physician recruitment efforts / Number of psychiatrists added	1/1/2019	12/31/2021
2.2	Goal: Reduce Substance Abuse			
2.2.1	Saint Luke's Health System will continue to advocate on key health policy issues at the state and national level involving access to behavioral health services, especially for services related to substance abuse.	On-going advocacy efforts maintained	1/1/2019	12/31/2021
2.2.2	Saint Luke's Health System will continue to support and collaborate with Kansas City Assessment and Triage Center to provide community mental health, drug, alcohol and medical detox services.	Support rendered	1/1/2019	12/31/2021

Implementation Strategy – Diabetes

Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the United States. It is the 7th leading cause of death in the United States, and 10th leading cause of death in Jackson County. High diabetes rates in Jackson County, Missouri, indicate that patients are not accessing primary or preventive health care, and that undiagnosed diabetes is going untreated.

Milestone / Sub-Activity	Description	Measures	Start Date	End Date
3	Diabetes			
3.1	Goal: Reduce the prevalence of diabetes.			
3.1.1	Offer smoking cessation classes, body composition assessment, healthy cooking demonstrations, and community education series through Saint Luke's Hospital's Charles & Barbara Duboc Cardio Health & Wellness Center	Number of patients served	1/1/2019	12/31/2021
3.1.2	Provide continued support for the American Heart Association (AHA) in its effort to build healthier lives free of cardiovascular diseases and stroke. The hospital will continue to support AHA in local community efforts including Go Red for Women and the Heart Walk.	Support rendered	1/1/2019	12/31/2021
3.1.3	Saint Luke's Hospital will continue to work closely with saint Luke's Physician group to provide access to the Diabetes Center that offers comprehensive services featuring an integrated care team, where patients can access endocrinology specialists, certified nurse educators, and certified dietitian diabetes educators all within the same suite.	Number of patients referred	1/1/2019	12/31/2021
3.1.4	Saint Luke's Hospital, through the Muriel I. Kauffman Women's Heart Center, will continue to support the Food as Medicine Everyday (FAME) program, which is a 12-week series that present nutritional education and simple, hands-on cooking techniques to prepare nutrient-rich, whole foods based meals. The guiding principles of FAME include promoting whole and low processed foods, promoting a plant based diet, promoting anti-inflammatory food choices, identifying individual food choices, and caring about food.	Number of patients or community members served	1/1/2019	12/31/2021
3.1.5	Saint Luke's Hospital will continue to pioneer diabetes research efforts and are presently focused on studying drug treatments that have the potential to improve outcomes for patients with diabetes and cardiovascular diseases.	On-going research efforts maintained	1/1/2019	12/31/2021

Implementation Strategy – Congestive Heart Failure

Heart Failure (HF) is a very common and complex clinical syndrome that results from structural or functional impairment of ventricular filling or ejection of blood. The lifetime risk of developing HF is 20 percent for Americans over 40 years of age. HF with reduced Ejection Fraction (EF) and HF with preserved EF each make up about half of the overall HF burden. Coronary artery disease (CAD) with antecedent myocardial infarction (MI) is a major cause of HF with reduced EF (weak heart muscle) although there are many other risk factors. Hypertension remains the most important cause of HF with preserved EF (stiff, noncompliant heart). Obesity, CAD, diabetes mellitus, atrial fibrillation (AF), and hyperlipidemia are also highly prevalent in this population.

HF is the primary diagnosis in more than 1 million hospitalizations annually. Patients hospitalized for HF are at high risk for all-cause re-hospitalization, with a 1-month readmission rate of 21 percent. Although survival has improved, the absolute mortality rates for HF remain approximately 50 percent within five years of diagnosis.

Saint Luke's Hospital of Kansas City (SLH) is actively engaged in raising awareness of HF and providing comprehensive care for the patients in both inpatient and outpatient settings, from those with a new diagnosis to those needing advanced HF therapies such as Left Ventricular Assist Device (LVAD) and transplant.

Milestone / Sub-Activity	Description	Measures	Start Date	End Date
4	Congestive Heart Failure			
4.1	Goal: Reduce the prevalence of Congestive Heart Failure			
4.1.1	SLH provides comprehensive care from a dedicated HF team, including eight Board Certified HF physician specialists and 6 HF/Transplant nurse practitioners, patient and family educators, transplant and LVAD coordinators, cardiothoracic surgeons, palliative care team members, cardiovascular nurses, and other multidisciplinary team members (cardiac rehab, chaplain, dietician, social workers, care coordinators)	On-going Services	1/1/2019	12/31/2021
4.1.2	SLH has held Advanced Certification in HF by The Joint Commission since 2014 and Certification in HF since 2012.	Certification maintained	1/1/2019	12/31/2021
4.1.3	Saint Luke's Hospital Foundation has sponsored the distribution of bathroom scales for HF patients who cannot afford scales to monitor their weight following a HF admission.	Number of scales distributed	1/1/2019	12/31/2021
4.1.4	The Case Management team arranges continuity of care appointments for patients who are underinsured to ensure they receive necessary follow up.	Number of patients seen by the Case Management team	1/1/2019	12/31/2021
4.1.5	SLH's HF program has a quality initiative to increase appropriate cardiac rehab referrals both from inpatient stays and ambulatory clinics to assist HF patients to be as active as possible and to control other risk factors.	Number of cardiac rehab referrals	1/1/2019	12/31/2021
4.1.6	SLH partners with community organizations, including home health agencies, primary care provider offices and skilled nursing facilities to raise awareness regarding outpatient monitoring of HF patients in their care. This has included collaboration on ambulatory pathways and optimization of transition of care processes	Number of community collaborations related to HF	1/1/2019	12/31/2021
4.1.7	SLH has participated in the annual national HF Awareness Week "Do Your Part, Know Your Heart" campaign. This is a community focused HF awareness initiative that encourages individuals to take an active role in maintaining their heart health. SLHS has sponsored annual HF awareness community events to help individuals understand how to identify risk factors, recognize symptoms, and understand how nutrition, medication, and cardiac rehab contribute to effective management HF	Participation completed / Individuals served during campaign	1/1/2019	12/31/2021
4.1.8	SLH's HF department holds free quarterly HF support group sessions for anyone in the community. At these meetings, informative topics are presented and participants have the chance to share successes and challenges with others who share the same condition. Multidisciplinary members of SLH's staff present and are available for the sessions	Number of sessions offered / Number of attendees	1/1/2019	12/31/2021
4.1.9	Saint Luke's Health System will continue to support the American Heart Association in its efforts to build healthier lives free of cardiovascular diseases and stroke, and support Go Red for Women and the Heart Walk.	Support rendered	1/1/2019	12/31/2021
4.1.10	SLHS offers cardiowellness services through the Charles and Barbara Duboc Cardio Health and Wellness Center to decrease cardiovascular risks.	On-going Services	1/1/2019	12/31/2021

Implementation Strategy – Hypertension/High Blood Pressure Need

High blood pressure, or hypertension, is the most neglected disease in America. It is the single most important risk factor contributing to stroke, blindness, two types of congestive heart failure, heart attack, atrial fibrillation (a common heart rhythm disorder associated with stroke), erectile dysfunction, and kidney failure causing need for dialysis. By taking individual ownership of controlling blood pressure, the risk of cardiovascular disease is markedly reduced or negated.

Milestone / Sub-Activity	Description	Measures	Start Date	End Date
5	Hypertension / High Blood Pressure			
5.1	Goal: Reduce the prevalence of hypertension			
5.1.1	Saint Luke's Hospital is actively engaged locally, regionally and nationally in the Million Hearts® Initiative, which is a joint initiative launched by the Department of Health and Human Services, Centers for Disease Control and Prevention and Centers for Medicare and Medicaid Services. The Million Hearts® Initiative is focused on two national goals: empower Americans to make healthy choices (such as preventing tobacco use and reducing sodium and trans fat consumption) and improve care for people who do need treatment by encouraging a targeted focus on the "ABCS" (Aspirin for people at risk, Blood pressure control, Cholesterol management and Smoking cessation).	Initiative maintained / Number served	1/1/2019	12/31/2021
5.1.2	Saint Luke's Hospital, Muriel I Kauffman Women's Heart Center Million Hearts® initiative chose one risk factor to focus on, blood pressure. The blood pressure reduction project has implemented a salt reduction program, partnered with nutritional services to provide low sodium or reduced sodium food options at Saint Luke's Hospital, created an indoor walking trail designed for our visitors and staff, and has placed fifteen blood pressure kiosks throughout Saint Luke's facilities in the region to improve ease of access to care.	Number of low sodium meals consumed / walking paths maintained / Number of blood pressure tests conducted	1/1/2019	12/31/2021
5.1.3	Saint Luke's Hospital has also championed blood pressure reduction programs throughout the Kansas City region, partnering with community organizations, community leaders and corporate partners to help address hypertension throughout the Kansas City metropolitan area.	Number of collaborations	1/1/2019	12/31/2021
5.1.4	Saint Luke's Hospital will also continue the commitment to the prevention of heart disease and stroke by offering smoking cessation classes, body composition assessment, healthy cooking demonstrations, and community education series through Saint Luke's Hospital's Charles & Barbara Duboc Cardio Health & Wellness Center	Number of patients or community members served	1/1/2019	12/31/2021
5.1.5	Saint Luke's Health System will continue to support the American Heart Association in its efforts to build healthier lives free of cardiovascular diseases and stroke, and support Go Red for Women and the Heart Walk.	Support rendered	1/1/2019	12/31/2021

Outlined is Saint Luke's Hospital Crittenton Children's Center commitment to address community health needs named in section (IV).

Implementation Strategy – Family Engagement

Despite ongoing advances in evidence-based treatments and dissemination strategies, engaging families in mental health treatment of their children remains a serious challenge. Engagement in mental health concerns includes the recognition of distress, connection with resources for mental health support and participation in treatment and social support activities. The level of parental (caring adult) engagement is a predictor of recovery and ongoing health for children and adolescents with mental health concerns. Crittenton acknowledges the challenges many parents and guardians face, such as transportation difficulties, constraints due to employment commitments, personal health problems, etc. To that end, in addition to the community support connections and information provided for all patients, Crittenton will continue three of its programs: Intensive In-Home Treatment, Bridge Clinic, and Outpatient Clinic. By providing these services in familiar settings (the Crittenton Campus or in the patient's home) and facilitating coordination of the individual service providers (so the patient doesn't have to), barriers to engagement are markedly reduced and outcomes are stronger.

Milestone / Sub-Activity	Description	Measures	Start Date	End Date
6	Family Engagement			
6.1	Goal: Increase family engagement with all those served by Crittenton Children's Center			
6.1.1	Intensive In-Home Treatment – this service is provided by licensed social workers and professional counselors at the child's home. Individual and family therapy as well as case management of interaction with schools, medical care providers and other social supports encourages healthy relationships within the whole family as well as successful functioning for the child experiencing mental health difficulties.	Number of families served	1/1/2019	12/31/2021
6.1.2	Outpatient Clinic – Crittenton re-opened an outpatient clinic on the main campus in order to ensure that patients leaving Crittenton inpatient programs, as well as foster children in our care, are assured access to timely, high quality outpatient care. Improvements in patient treatment compliance and outcomes are leading to expansion of the clinic scope in all services: psychiatric diagnostics and consultation, individual and family therapy, psychological testing and group therapy	Number of Outpatient Clinic visits	1/1/2019	12/31/2021
6.1.3	Bridge Clinic – this appointment occurs post-discharge from acute hospitalization, but before the 7-day follow-up outpatient appointment. The session is conducted prior to leaving the campus by an outpatient mental health provider and includes detailed discussion of discharge and safety plans, reminder and further rehearsal of coping skills, medication regimen and assurance of access to medications, reminder and review of logistics associated with 7-day outpatient follow-up, and general discussion of any patient concerns.	Number of Bridge Clinic appointments completed	1/1/2019	12/31/2021
6.1.4	Crittenton foster care and adoption case managers and family recruitment/support personnel will continue to work side-by-side with Jackson and Cass County courts, law enforcement, Missouri Children's Division, guardians ad litem, and other associated service providers as needed to meet the individual needs of each child in foster care on our assigned caseload. In addition, Crittenton leaders participate in regional and state-appointed committees to work across systems to address barriers and leverage strengths that lead to highest quality care and outcomes for children in foster care.	Number of children served by Crittenton's foster care program	1/1/2019	12/31/2021
6.1.5	Crittenton will continue to support its nationally acclaimed model, Trauma Smart®, in which communities of children (schools and early childhood education programs) and the adult caregivers that surround them learn new strategies that improve their competence in the relationships essential for emotional and physical health and resilience to chronic adversity. This model has a specific parent-training portion that gets the family more engaged in a child's treatment and environment.	Number of schools or organizations using Trauma Smart	1/1/2019	12/31/2021

Implementation Strategy – Gap in Behavioral Health Access

Access to behavioral health resources is not sufficient for youth in Crittenton Children Center's defined community. According to the Child Mind Institute, many children do not receive mental health treatment for disorders that limit daily function. When a child does receive treatment, it is often limited and fragmented. This gap in behavioral health access can be attributed to lack of inpatient psychiatric beds, proper provider training, and insufficient identification of those suffering from mental health disorders.

Milestone / Sub-Activity	Description	Measures	Start Date	End Date
7	Gaps in Behavioral Health Access			
7.1	Goal: Improve behavioral health access for minors			
7.1.1	Crittenton is an active participant in metropolitan and statewide initiatives designed to cohesively coordinate care for patients. For example, it works with advocacy groups including but not limited to the Missouri Coalition of Children's Agencies, National Crittenton Foundation, and Kansas City Child Abuse Roundtable.	On-going Participation	1/1/2019	12/31/2021
7.1.2	Crittenton regularly hosts community educational programs that proactively facilitate learning and discussion among the community resources and professionals with whom they relate on behalf of clients. Topics include suicide, depression and anxiety, bullying, resiliency, LGBTQ, social media, and psychotropic medications.	Number of education programs	1/1/2019	12/31/2021
7.1.3	Crittenton routinely opens its campus for community training, conducts tours, and discusses trends and solutions for youth with area crisis intervention counselors.	Number of on-site trainings	1/1/2019	12/31/2021
7.1.4	Crittenton will continue to support its nationally acclaimed model, Trauma Smart®, in which communities of children (schools and early childhood education programs) and the adult caregivers that surround them learn new strategies that improve their competence in the relationships essential for emotional and physical health and resilience to chronic adversity.	Number of schools or organizations using Trauma Smart	1/1/2019	12/31/2021
7.1.5	Crittenton will continue to employ and recruit numerous specialists in child and adolescent psychiatry with particular expertise in acute care for young children, treatment of aggressive behaviors in youth, children with co-occurring medical conditions, pervasive developmental disabilities, and substance abuse. The entire Crittenton multidisciplinary team is trained in multiple evidence-based, trauma-informed interventions that are applied throughout the entire continuum of care.	On-going efforts	1/1/2019	12/31/2021
7.1.6	Crittenton will continue to provide expertise for other community providers who cannot afford or attract full time medical professionals. This expertise may be provided in person, or via telehealth outreach strategies such as Saint Luke's Health System e-psych and m-psych solutions.	On-going Services	1/1/2019	12/31/2021
7.1.7	Crittenton will look into a strategy around treatment foster homes for children with elevated behavioral needs.	Category Considered / Next steps determined	1/1/2019	12/31/2021
7.1.8	Crittenton will continue to partner with Lee's Summit School District to offer classes for children with substance abuse and mental health issues.	Number of students supported	1/1/2019	12/31/2021
7.1.9	Crittenton staff will continue to offer media coverage and support for crisis event and about mental health access.	Number of media spots covered	1/1/2019	12/31/2021
7.1.10	Crittenton will continue to partner with area schools to provide training and education around suicide prevention.	Number of training or education sessions	1/1/2019	12/31/2021
7.1.11	Crittenton will continue to provide an array of support groups related to mental health.	Number of Support Group Classes	1/1/2019	12/31/2021

VI. Approval

The Saint Luke's Hospital Board of Directors approved this Community Benefit Implementation Plan on September 28, 2018. This implementation plan specifies community health needs that Saint Luke's Hospital has determined to meet in whole or in part and that are consistent with its mission. The Saint Luke's Hospital Board of Directors reviews the Community Benefit Implementation Plan on an annual basis, and reserves the right to amend it as circumstances warrant.

➤ **Contact us**

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