

Ascension St. Vincent's Clay County

Implementation Strategy for the 2021 CHNA
Clay county, Florida



Ascension

IS

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The purpose of this implementation strategy is to describe how the hospital plans to address prioritized health needs from its current Community Health Needs Assessment (CHNA). The significant health needs that the hospital does not intend to address are identified and a rationale is provided. Special attention has been given to the needs of individuals and communities who are more vulnerable, unmet health needs or gaps in services, and input gathered from the community.

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The 2021 Implementation Strategy was approved by the Ascension Florida and Gulf Coast Board of Directors on August 2, 2022 (2022 tax year), and applies to the following three-year cycle: July 2022 to June 2025. This report, as well as the previous report, can be found on our public website.

We value the community's voice and welcome feedback on this report. Please visit our public website (<https://healthcare.ascension.org/chna>) to submit your comments.

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Introduction

As one of the leading non-profit and Catholic health systems in the United States, Ascension is committed to delivering compassionate, personalized care to all, with special attention to persons living in poverty and those most vulnerable.

Ascension St. Vincent's Clay County

As a Ministry of the Catholic Church, Ascension St. Vincent's Clay County (ASVC) is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorships, and has been providing medical care to Jacksonville, Florida. Ascension Florida and Gulf Coast is a regional health system that includes Ascension St. Vincent's based in Jacksonville, Florida, Ascension Sacred Heart based in Pensacola, Florida, and Ascension Providence in Mobile, Alabama. Ascension Florida and Gulf Coast operates ten hospitals and more than 200 other sites of care, employing more than 13,000 associates.

Across the region, Ascension Providence, Ascension Sacred Heart and Ascension St. Vincent's each have served North Florida and South Alabama communities for more than 100 years. Ascension Florida and Gulf Coast continues the long and valued tradition of addressing the health of the people in our community, with special attention to the poor and vulnerable. Our health system is following in the footsteps of the Daughters of Charity, a community of religious women who built the original Catholic hospitals in Mobile, Jacksonville and Pensacola.

For more information about Ascension St. Vincent's Clay County, visit healthcare.ascension.org.

Overview of the Implementation Strategy

Purpose

This implementation strategy (IS) is the hospital's response to the health needs prioritized from its current Community Health Needs Assessment (CHNA). It describes the actions the hospital will take to address prioritized needs, allocate resources, and mobilize hospital programs and community partners to work together. This approach aligns with Ascension St. Vincent's Clay County's commitment to offer programs designed to address the health needs of a community, with special attention to persons who are underserved and vulnerable.

IRS 501(r)(3) and Form 990, Schedule H Compliance

The CHNA and IS satisfy certain requirements of tax reporting, pursuant to provisions of the Patient Protection and Affordable Care Act of 2010, more commonly known as the Affordable Care Act (ACA). As part of the ACA, all not-for-profit hospitals are required to conduct a CHNA and adopt an implementation strategy every three years.

Requirements for 501(c)(3) Hospitals Under the Affordable Care Act are described in Code Section 501(r)(3) and include making the CHNA report (current and previous) widely available to the public. In accordance with this requirement, electronic reports of both the CHNA and the current implementation strategy can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension St.Vincent's Clay County's Administration offices.

Process to Prioritize Needs

Included in Code Section 501(r)(3) is the requirement that hospitals must provide a description of the process and criteria used to determine the most significant health needs of the community identified through the CHNA, along with a description of the process and criteria used to determine the prioritized needs to be addressed by the hospital. Accordingly, Ascension St.Vincent's Clay County used a phased prioritization approach to identify the needs of Clay County, Florida. The first step was to determine the broader set of identified needs. Through the CHNA assessment, identified needs were then narrowed to a set of significant needs which were determined most crucial for community stakeholders to address.

Following the completion of the CHNA assessment, significant needs were further narrowed down to a set of prioritized needs that the hospital will address within the implementation strategy. To arrive at the prioritized needs, Ascension St.Vincent's Clay County used the following process and criteria: A modified version of the nationally recognized Mobilizing for Action through Planning and Partnerships (MAPP) model guided the CHNA. The MAPP tool, developed by the National Association of County and City Health Officials (NACCHO) in cooperation with the Public Health Practice Program Office, Centers for Disease Control and Prevention (CDC), is a public health standard assessment methodology. The MAPP assessments work together to identify shared community health needs. This document is a health needs assessment, and its purpose is to uncover or substantiate the health needs and health issues in the service areas. Considerations derived from primary and secondary data provide a framework from which critical community health needs are prioritized. The criteria used to prioritize the significant needs were:

- Importance of the problem to the community.
- Impact of the problem on vulnerable populations.

Needs That Will Be Addressed

Needs That Will Not Be Addressed

Based on the prioritization criteria, the health needs identified through the CHNA that Ascension St. Vincent's Clay County does not plan to address at this time include:

- Chronic Disease: Obesity - This need was not selected because while we continue to provide health education on healthy eating and medical support for bariatrics, due to limited resources, ASVC is focused on other prioritized identified needs.
- Mental/Behavioral Health - This need was not selected because there are other organizations in the community that are specialized in addressing this prioritized identified need.
- Social Determinants of Health: Income - This need was not selected because there are other organizations in the community that are specialized in addressing this prioritized identified need.

While these needs are not the focus of this implementation strategy, Ascension St. Vincent's Clay County may consider investing resources in these areas as appropriate, depending on opportunities to leverage organizational assets in partnership with local communities and organizations. Also, this report does not encompass a complete inventory of everything Ascension St. Vincent's Clay County does to support health within the community.

To find a list of resources for each need not being addressed, please refer to the Ascension St. Vincent's Clay County's 2021 CHNA: <https://healthcare.ascension.org/CHNA>.

Acute Community Concern Acknowledgement

A CHNA and Implementation Strategies (IS) offer a construct for identifying and addressing needs within the community(s) it serves. However, unforeseen events or situations, which may be severe and sudden, may affect a community. At Ascension, this is referred to as an acute community concern. This could describe anything from a health crisis (e.g., COVID-19), water poisoning, environmental events (e.g., hurricane, flood), or other event that suddenly impacts a community. In which case, if adjustments to an IS are necessary, the hospital will develop documentation, in the form of a SBAR (Situation-Background-Assessment-Response) evaluation summary, to notify key internal and external stakeholders of those possible adjustments.

Written Comments

This IS has been made available to the public and is open for public comment. Questions or comments about this implementation strategy can be submitted via the website:

<https://healthcare.ascension.org/chna>.

Approval and Adoption by Ascension Florida and Gulf Coast Board of Directors

To ensure the Ascension St. Vincent's Clay County's efforts meet the needs of the community and have a lasting and meaningful impact, the 2021 implementation strategy was presented and adopted by the Ascension Florida and Gulf Coast Board of Directors on August 2, 2022. Although an authorized body of the hospital must adopt the IS to be compliant with the provisions in the Affordable Care Act, adoption of the IS also demonstrates that the board is aware of the IS, endorses the priorities identified and supports the action plans that have been developed to address prioritized needs.

Action Plans

The IS below is based on prioritized needs from the hospital's most recent CHNA. These strategies and action plans represent where the hospital will focus its community efforts over the next three years. While these remain a priority, the hospital will continue to offer additional programs and services to meet the needs of the community, with special attention to those who are poor and vulnerable.

STRATEGY #1
Hospital Name Ascension St. Vincent's Clay County
Prioritized Health Need #1 Access to Care
Strategy Improve Access to Care by increasing the overall % of Virtual Care Visits of Ascension Medical Group (AMG) patients, as compared to the total number of AMG patient visits, over 3 years.
Strategy Source Improving Access to Care: Telemedicine Across Medical Domains https://www.annualreviews.org/doi/10.1146/annurev-publhealth-090519-093711
Objective By the Year End reporting of FY23, FY24, and FY25, the percentage of Virtual Care Visits for FLJAC AMG Patients, as compared to total number of FLJAC AMG patient visits will increase to 11%, 12%, and 13% respectively.
Target Population <ul style="list-style-type: none"> ● Target Population: Ascension St. Vincent's Medical Group patients (Primary Care and Speciality Care) ● Medically Underserved Population: inclusive of all patients we serve, uninsured, Medicaid, etc
Collaborators <ul style="list-style-type: none"> ● Other Ascension hospitals: Ascension St. Vincent's Riverside, Ascension St. Vincent's Southside ● Joint Venture: N/A ● Collaborators: Ascension St. Vincent's Medical Group ● Consultants: N/A ● Other non-profit hospital: N/A
Resources List organization(s) and the resources that each organization will be committing to the (e.g., people, process, funding), delete if not applicable. <ul style="list-style-type: none"> ● Collaborators: Ascension St. Vincent's Medical Group will support the program by incorporating training of staff and implementing programs to support telehealth

ACTION STEPS	ROLE/OWNER
Training of office staff and Providers on the use of Virtual Visits	AMG
Training of Scheduling office to offer and book Virtual Visits	AMG Scheduling/DASH Call Center
Providers having set time available for Virtual Visits	AMG
Local Leadership's championing of virtual care program	AFGC Leadership
Monthly reporting into Growth Council	Strategy
Output(s) and/or Outcome(s) <ul style="list-style-type: none"> • Baseline: % of FLJAC Virtual Visits, compared to all FLJAC AMG Visits, at the FY22 Year End. • Target: increase to 11% at FY23 Year End, 12% at FY24 Year End, 13% at FY25 Year End • Data Source; Data Owner: Athena data via Tableau reporting platform; Ana Guarino 	
ANTICIPATED IMPACT	
The anticipated impact of these actions is improving access to medical care by increasing virtual office visits, allowing patients who have difficulty with transportation, mobility, child care, etc; to visit with a medical provider.	

STRATEGY #2
Hospital Name Ascension St.Vincent's Clay County
Prioritized Health Need #1 Access to Care
Strategy Increase Access to Care by Care Continuity connecting Emergency Dept patients who do not have a Provider (aka unattached patients) assisted through the ED Concierge program
Strategy Source Improving Care Coordination and Reducing ED Utilization Through Patient Navigation https://www.ajmc.com/view/improving-care-coordination-and-reducing-ed-utilization-through-patient-navigation
Objective By June 30, 2025, Care Continuity will offer assistance to a targeted number of ASVC ED Charity/Self-Pay patients, assisting 10% to connect to an outpatient Provider for continuity of care.
Target Population <ul style="list-style-type: none"> • Target Population: Unattached Ascension St.Vincent's Clay County Emergency Department patients • Medically Underserved Population: Charity/Self-pay patients
Collaborators <ul style="list-style-type: none"> • Other Ascension hospital: N/A • Joint Venture: N/A • Collaborators: Care Continuity & Ascension Medical Group (AMG)
Resources

List organization(s) and the resources that each organization will be committing to the (e.g., people, process, funding), delete if not applicable. <ul style="list-style-type: none"> • Other Ascension hospital(s): N/A • Joint Venture: N/A • Collaborators: Care Continuity • Consultants: N/A • Other non-profit hospital: N/A 	
ACTION STEPS	ROLE/OWNER
Onboarding of Care Continuity into AFGC	Strategy
Implementation of program with ED and Nursing leadership	Care Continuity
Deployment of staff into ED	Care Continuity
Set up and connection of workstations in ED	AFGC
Monthly reporting into Growth Council	Strategy
Output(s) and/or Outcome(s) <ul style="list-style-type: none"> • Baseline: zero as program has not been implemented at this time • Target: <ul style="list-style-type: none"> ○ By June 30, 2023: <ul style="list-style-type: none"> ■ Increase Charity/Self-Pay patients offered assistance through ED Concierge program ■ 10 % of Charity/Self-Pay patients offered assistance, connected with a provider ○ By June 30, 2024 & June 30, 2025 <ul style="list-style-type: none"> ■ Increase Charity/Self-Pay patients offered assistance through ED Concierge program ■ 10 % of Charity/Self-pay patients offered assistance, connected with a provider • Data Source; Data Owner: Strategy Dashboard; Strategy 	
ANTICIPATED IMPACT	
The anticipated impact of these actions will be increasing continuity of care and access to medical services for patients who visit the Emergency Department, with special attention to charity/self-pay patients.	

Evaluation

Ascension St. Vincent's Clay County will develop a comprehensive measurement and evaluation process for the implementation strategy. The Ministry will monitor and evaluate the action plans outlined in this plan for the purpose of reporting and documenting the impact these action plans have on the community. Ascension St. Vincent's Clay County uses a tracking system to capture community benefit activities and implementation. To ensure accountability, data will be aggregated into an annual Community Benefit report that will be made available to the community.