Ascension St. Vincent Indianapolis

Implementation Strategy for the 2021 CHNA
Marion County, Indiana

Ascension

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 St. Vincent Indianapolis Board of Directors on September 15, 2022 (2021 tax year) and applies to the following three-year cycle: July 2022 to June 2025 (FY2023 - FY2025). This report, as well as the previous report, can be found at 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 Indianapolis

As a Ministry of the Catholic Church, Ascension St. Vincent Indianapolis is a non-profit hospital governed by a local board of trustees represented by residents, medical staff, and sister sponsorships, and, for many years, has been providing medical care to Marion County.

Ascension St. Vincent Indianapolis is continuing the long and valued tradition of addressing the health of the people in our community, following in the footsteps of legacy, in 1881, Bishop Silas Chatard invited four Daughters of Charity to start a hospital in Indianapolis. The Daughters arrived with $34.77 and converted St. Joseph's Seminary into a hospital. The hospital grew and two of the former locations, Capital Avenue and Vermont Street have Indiana Historical Markers to commemorate those locations. ASV Indianapolis built the current location in 1972. ASV Indianapolis Hospital is a 935-bed, full-service hospital and offers the following services: blood disorders, cancer, cardiovascular services, cosmetics & plastic surgery, dermatology, diabetes care, digestive health, ear nose and throat, emergency medicine, home care, hospice, immediate care, interventional radiology, laboratory services, maternity services, medical imaging, mental & behavioral health, nutrition support, orthopedics, pediatrics, primary care, rehabilitation services, respiratory care, senior services, sleep disorders, spiritual care, supportive care services, surgery, transplant – kidney & pancreas, trauma, urology, wellness medicine, women's health, and wound treatment. ASV Indianapolis includes St. Vincent Hospital and Health Care Center, which operates the following four specialty entities under one license: St. Vincent Indianapolis Hospital, St. Vincent Women's Hospital, Peyton Manning Children's Hospital at St. Vincent, and St. Vincent FSEDs. Additional sites on this campus include ASV Seton LTAC and ASV Stress Center. ASV Indianapolis' primary service area is Marion County which is in Central Indiana.

For more information about Ascension St. Vincent Indianapolis, visit Ascension St. Vincent Hospital - Indianapolis.

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 Indianapolis' 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 Community Health Needs Assessments | Ascension and paper versions can be requested at Ascension St. Vincent Indianapolis' information desk located in the main lobby.

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 Indianapolis used a phased prioritization approach to identify the needs within Marion County. The first step was to determine the broader set of identified needs. Through the CHNA, identified needs were then narrowed to a set of significant needs which were determined most crucial for community stakeholders to address. For more information on the methods and analysis used to determine community health needs, please visit 2021 CHNA - Ascension St. Vincent Indianapolis - Marion County

Following the completion of the CHNA, 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 Indianapolis used the following process and criteria: hospital leaders reviewed the 2021 CHNA significant health needs and the data used to define each as significant, then voted on the top 3-5 needs they determined the hospital could address in the next three years.

The criteria used to prioritize the significant needs were:

- Alignment with the organization's mission, values, and strategic priorities.
- Alignment with existing service and area of expertise.
- Concern for low-income or vulnerable persons.
- Ability for organization to have an impact.
- Ability to leverage organizational assets.

Needs That Will Be Addressed

Following the completion of the current CHNA, Ascension St. Vincent Indianapolis has selected the prioritized needs outlined below for its FY2023 - FY2025 Implementation Strategy. Ascension has defined “prioritized needs" as the significant needs which have been prioritized by the hospital to address through the three-year CHNA cycle:

- **Access to Care** – This need was selected because access to care indicators such as adults reporting fair or poor health, low birthweight babies, per capita supply of healthcare providers, preventable hospital stays, and/or core preventive services compared unfavorably to peer counties or U.S. averages and because community meeting participants identified access to care (including preventive services) as a priority.

- **Mental Health** – This need was selected because mental health indicators such as number of mentally unhealthy days, number of mental health providers per population, depression rate and/or suicide rate compared unfavorably to peer counties or U.S. averages and because community meeting participants identified mental health and adverse childhood experiences (ACEs) as a priority.

- **Poverty, Maternal, and Infant Health** – This need was selected because community members identified it as a significant need and the following indicators compared unfavorably to state and national benchmarks:
    - Poverty rates in Marion County were above U.S. averages for all races and ethnicities combined and individually (Black, Hispanic, and White populations).
    - The Community Need Index (CNI) weighted average for Marion County was 3.6. The CNI is calculated for every ZIP Code in the United States. The median score for the U.S. is 3.0, and ZIP Codes are assigned to five categories ranging from “Lowest Need” (scores of 1.0 to 1.7) to “Highest Need” (scores ranging from 4.2 to 5.0). At 3.6 (weighted by the population of each ZIP Code), the weighted average CNI score for Marion County is above the U.S. median and indicates that a sizable portion of the population lives in “highest need ZIP Codes”.
    - Maternal and child health indicators such as infant mortality, preterm births, low birthweight infants, mothers smoking during pregnancy, and/or mothers on Medicaid were unfavorable compared to state and national benchmarks.

Ascension St. Vincent Indianapolis understands the importance of all the health needs of the community and is committed to playing an active role in improving the health of the people in the communities it serves. For the purposes of this Implementation Strategy, Ascension St. Vincent Indianapolis has chosen to focus its efforts on the priorities listed above.

Needs That Will Not Be Addressed

Based on the prioritization criteria, the health needs identified through the CHNA that Ascension St. Vincent Indianapolis does not plan to address in this Implementation Strategy include:

- **Communicable Diseases/STDs** – The hospital, together with Ascension Medical Group (AMG), a physician-led provider organization, provides diagnoses, treatments, and counseling for community members with communicable diseases and STDs. Additionally, the hospital remains committed to partnering with community groups to address this identified health need and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce communicable diseases/STDs, the hospital will not directly address this need in the current Implementation Strategy.
- **COVID-19 Pandemic** - The hospital, together with AMG, continues to provide treatment for community members diagnosed with COVID-19, as it has done since the beginning of the pandemic. As federal, state, and local authorities are providing leadership for prevention and surveillance activities, the hospital will not directly address the COVID-19 pandemic in the current Implementation Strategy.
- **Food Security** - The hospital works to improve food security of community members through a variety of means, such as continuation of partnerships with schools to support weekend feeding programs or school nutrition programs, financial donations to charitable organizations, and/or food drives. Moreover, the hospital, together with AMG, screens patients for food insecurity and provides referrals to community resources and/or hospital-based local resources. Additionally, the hospital remains committed to partnering with community groups to address this identified health need and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to improve food security, the hospital will not directly address this need in the current Implementation Strategy.
- **Obesity, Physical Inactivity, and Associated Chronic Disease** – The hospital, together with AMG, provides education on various health topics related to obesity, physical inactivity, and associated chronic disease through health fairs and screenings, health education, wellness programs, lectures, school health education programs, and/or community support groups. Additionally, the hospital remains committed to partnering with community groups to address these identified health needs and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce this need, the hospital will not directly address this need in their current Implementation Strategy.
- **Racial and Ethnic Health Disparities** - The hospital is a ministry of Ascension St. Vincent, which is committed to serving all individuals, with special attention to those living in poverty and who are most vulnerable. In 2020, this commitment was reinforced with the launch of a system-wide initiative to advance health equity and social justice through the ABIDE (Appreciation, Belongingness, Inclusivity, Diversity, and Equity) Framework. Moreover, the use of Community Health Workers across the market is a strategy that is deemed, "likely to decrease disparities", per County Health Rankings and Roadmaps. Additionally, the hospital remains committed to partnering with community groups to address the issue of health disparities and will continue to

seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce this need, the hospital will not directly address this need in the current Implementation Strategy.

- **Smoking and Tobacco Use** - The hospital, together with AMG, screens patients for tobacco use and promotes the use of the evidence-based state tobacco cessation quitline (1-800-Quit-Now). Additionally, the hospital remains committed to partnering with community groups to address this identified health issue and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce smoking and tobacco use, the hospital will not directly address this need in the current Implementation Strategy.
- **Substance Use Disorders and Overdoses** - The hospital, together with AMG, does provide diagnoses, treatment, and counseling for community members with substance use disorders and overdoses, most notably through emergency services. Additionally, the hospital remains committed to partnering with community groups to address this identified health need and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, have focused efforts to reduce substance use disorders and overdoses, the hospital will not directly address this need in the current Implementation Strategy.
- **Violence and Crime** - The hospital, together with AMG, screens patients to identify safety concerns as well as for social determinants of health factors related to violence and crime. Moreover, supporting services and referrals are provided by Community Health Workers in the Ascension St. Vincent Health Access Department, to respond to violence and crime encountered by patients. Additionally, the hospital remains committed to partnering with community groups to address these identified health needs and will continue to seek opportunities to do so. As federal, state, and local authorities, as well as community-based organizations, are working to reduce violence and crime, the hospital will not directly address this need in the current Implementation Strategy.

While these needs are not the focus of this Implementation Strategy, Ascension St. Vincent Indianapolis 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 Indianapolis 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 Indianapolis 2021 CHNA.

Acute Community Concern Acknowledgement

A CHNA and Implementation Strategy 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 Implementation Strategy is 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 St. Vincent Indianapolis Board of Directors

To ensure the Ascension St. Vincent Indianapolis' 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 St. Vincent Indianapolis Board of Directors on September 15, 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.

GOAL: **Increase access to comprehensive, high-quality health care services.**	
Hospital Name Ascension St. Vincent Indianapolis	
Prioritized Health Need #1 Access to Care	
Strategy #1 Increase the proportion of people with a usual primary care provider. (AHS-07)	
Strategy Source Healthy People 2030, Healthcare Access and Quality	
Objective 1. By June 30, 2025, Ascension St. Vincent Indianapolis will increase the number of patients established with a medical home by 2.0% each year, amongst individuals who complete a Medical Home Pathway, from baseline established in FY2023. 2. By June 30, 2025, Ascension St. Vincent Indianapolis and Care Continuity, will increase the number of self-pay/charity Emergency Department patients connected with a provider by 5.0%, from baseline established in FY2023.	
Target Population ● People with lower incomes, older adults, people with undocumented status, people experiencing homelessness, people with disabilities, people at risk for chronic conditions or with pre-existing medical conditions, Black or African American persons, Hispanic or Latino persons or other racial and ethnic minority groups who experience discrimination, and the LBGTQ community. ● Medically Underserved Population: People who are uninsured or underinsured and people who are underserved by mental and medical health resources.	
Collaborators ● Health Access Department ● Consultants: Care Continuity	
Resources ● Community Health Workers (CHW) from Health Access Department ● Consultants: Care Continuity ● Existing community partners	
ACTION STEPS	**ROLE/OWNER**
Objective 1: Community Health Workers assess and address barriers to establishing a medical home, refers patients to a medical	Health Access Department

home, educates, assists with scheduling, confirms attendance at appointment, and follows up for ongoing concerns to complete the medical home pathway.	
Complete all reporting requested by the Community Development and Health Improvement (CDHI) Department, such as quarterly progress reports.	Health Access Department
Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	CDHI Department
Objective 2: ED Concierge team members receive referral from an Emergency Department provider.	Care Continuity
ED Concierge team members engage patients, assists with scheduling doctor appointments, arranges transportation, and follows with appointment reminders and confirmation.	Care Continuity
Complete all reporting requested by CDHI, such as quarterly progress reports.	Care Continuity
Output and/or Outcome Objective #1 ● Baseline: The number of medical home pathways completed in FY2023. ● Target: The number of patients established with a medical home will increase by 2.0% each year, from baseline. ● Data Source; Data Owner: Optum Care Coordination Program, Medical Home Completed Templates Report; Health Access Department **Output and/or Outcome Objective #2** ● Baseline: The number of self-pay/charity Emergency Department patients connected with a provider via Care Continuity in FY2023. ● Target: The number of self-pay/charity Emergency Department patients connected with a provider via Care Continuity will increase by 5.0%, from baseline. ● Data Source; Data Owner: Care Continuity Report, Care Continuity	
ANTICIPATED IMPACT	
The anticipated impact of these actions is an increase in the number of community members who receive comprehensive, high quality health care services by establishing a medical home and connection to a provider.	

GOAL: Increase access to comprehensive, high-quality health care services.	
Hospital Name Ascension St. Vincent Indianapolis	
Prioritized Health Need #1 Access to Care	
Strategy #2 Increase the proportion of people with health insurance. (AHS-01)	
Strategy Source Healthy People 2030, Healthcare Access and Quality	
Objective By June 30, 2025, Ascension St. Vincent Indianapolis will increase the number of people enrolled in a health insurance plan by 5.0% each year, amongst individuals who complete an enrollment pathway, from baseline established in FY2023.	
Target Population ● People with lower incomes, older adults, people with undocumented status, people experiencing homelessness, people with disabilities, people at risk for chronic conditions or with pre-existing medical conditions, Black or African American persons, Hispanic or Latino persons or other racial and ethnic minority groups who experience discrimination, and the LBGTQ community. ● Medically Underserved Population: People who are uninsured or underinsured and people who are underserved by mental and medical health resources.	
Collaborators ● Collaborators: Family and Social Services Agency (FSSA) ● Health Access Department	
Resources ● Community Health Workers (CHW) from Health Access Department ● Existing community partners	
ACTION STEPS	**ROLE/OWNER**
Community Health Worker verifies appropriate application is completed, reviews referrals for social determinants of health (SDOH), assesses and addresses barriers, monitors patient progress, and provides ongoing management to complete the Enrollment Pathway.	Health Access Department
Complete all reporting requested by the Community Development and Health Improvement (CDHI) Department, such as quarterly progress reports.	Health Access Department
Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	CDHI Department
Output and/or Outcome ● Baseline: The number of completed enrollments in FY2023. ● Target: The number of patients established with a health insurance plan will increase by 5.0% each year, from baseline.	

• Data Source; Data Owner: Optum Care Coordination Program, Completed Enrollments Report; Health Access Department
ANTICIPATED IMPACT
The anticipated impact of these actions is an increase in the number of community members who receive comprehensive, high quality health care services by establishing enrollment in a health insurance plan.

GOAL: **Increase access to comprehensive, high-quality health care services.**	
Hospital Name Ascension St. Vincent Indianapolis	
Prioritized Health Need #1 Access to Care	
Strategy #3 Strengthen community engagement by supporting coalitions and implementing partners.	
Strategy Source Centers for Disease Control and Prevention, Principles of Community Engagement 2nd Edition	
Objective By June 30, 2025, Ascension St. Vincent Indianapolis will strengthen community engagement to expand the reach of evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion.	
Target Population • People with lower incomes, older adults, people with undocumented status, people experiencing homelessness, people with disabilities, people at risk for chronic conditions or with pre-existing medical conditions, Black or African American persons, Hispanic or Latino persons or other racial and ethnic minority groups who experience discrimination, and the LBGTQ community. • Medically Underserved Population: People who are uninsured or underinsured and people who are underserved by mental and medical health resources.	
Collaborators • Local community coalitions • Non-profit organizations • Governmental agencies	
Resources • ASVI Foundation • ASVI staff for board and coalition support • Community benefit funding	
ACTION STEPS	**ROLE/OWNER**
FY23: Identify a lead, assemble a workstream and identify or develop an assessment tool.	Regional President and Community Development and Health Improvement (CDHI) Department

FY24: Assess, identify opportunities, and make recommendations for strengthening community engagement.	Workstream group and CDHI Department
FY24: Develop strategy for community engagement.	Workstream group
FY25: Execute strategic plan for community engagement and investment at system and regional level.	Workstream Lead and CDHI Department
Ongoing: Complete all reporting requested by CDHI.	Workstream Lead
Ongoing: Track and enter all community benefit hours and dollars into CBISA per fiscal year.	Workstream Lead and CDHI Department

Output and/or Outcome

- Baseline: Current level of community partnerships supporting evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion at the hospital's highest level of engagement capacity.
- Target: Maintained or improved level of community partnerships supporting evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion at the hospital's highest level of engagement capacity.
- Data Source; Data Owner: Community Engagement Summary Report, Workstream Lead

ANTICIPATED IMPACT

The anticipated impact of these actions is an increase in the number of community members who receive comprehensive, high quality health care services by supporting and engaging with coalitions and implementing partners addressing access to health care services.

GOAL:
Improve mental health.

Hospital Name
Ascension St. Vincent Indianapolis

Prioritized Health Need #2
Mental Health

Strategy #1
Reduce the suicide rate. MHMD-01

Strategy Source
Healthy People 2030, Mental Health and Mental Disorders

Objective
By June 30, 2025, Ascension St. Vincent Indianapolis, in collaboration with the Stress Center, will provide at least one session of QPR (Question, Persuade, Refer) Training for community members.

Target Population

- Community members, first responders, educators, students, faith-based organizations
- Medically Underserved Population: People who are uninsured or underinsured and people who are underserved by mental and medical health resources.

Collaborators

- ASVI Stress Center

Resources

- ASVI Stress Center staff and QPR Trainers

● Substance Abuse and Mental Health Services Administration (SAMHSA) Grant	
ACTION STEPS	**ROLE/OWNER**
FY23: Identify a hospital lead, identify partners, and develop a resource list. Plan promotion activities.	Community Development and Health Improvement (CDHI) Department and President/Administrator
FY24 & FY25: Promote and offer the event.	CDHI Department and Hospital Lead
FY24 & FY25: Obtain applicable outputs and/or outcomes.	CDHI Department and Hospital Lead
Ongoing: Complete all reporting requested by CDHI.	Hospital Lead
Ongoing: Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	Hospital Lead
Output and/or Outcome ● Baseline: QPR Training currently not offered by the hospital. ● Target: Deliver at least one session of QPR Training by the hospital. ● Data Source; Data Owner: QPR Summary Report, Hospital Lead	
ANTICIPATED IMPACT	
The anticipated impact of these actions is an increase in the number of community members who can identify the warning signs of suicide crisis and respond appropriately to prevent suicide.	

GOAL: **Improve mental health.**
Hospital Name Ascension St. Vincent Indianapolis
Prioritized Health Need #2 Mental Health
Strategy #2 Strengthen community engagement by supporting coalitions and implementing partners.
Strategy Source Centers for Disease Control and Prevention, Principles of Community Engagement 2nd Edition
Objective By June 30, 2025, Ascension St. Vincent Indianapolis will strengthen community engagement to expand the reach of evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion.
Target Population ● Community members ● Medically Underserved Population: People who are uninsured or underinsured and people who are underserved by mental and medical health resources.
Collaborators ● Local community coalitions ● Non-profit organizations ● Governmental agencies
Resources

- ASVI Foundation
- ASVI staff for board and coalition support
- Community benefit funding

ACTION STEPS	ROLE/OWNER
FY23: Identify a lead, assemble a workstream and identify or develop an assessment tool.	Regional President and Community Development and Health Improvement (CDHI) Department
FY24: Assess, identify opportunities, and make recommendations for strengthening community engagement.	Workstream group and CDHI Department
FY24: Develop strategy for community engagement.	Workstream group
FY25: Execute strategic plan for community engagement and investment at system and regional level.	Workstream Lead and CDHI Department
Ongoing: Complete all reporting requested by CDHI.	Workstream Lead
Ongoing: Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	Workstream Lead and CDHI Department

Output and/or Outcome

- Baseline: Current level of community partnerships supporting evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion at the hospital's highest level of engagement capacity.
- Target: Maintained or improved level of community partnerships supporting evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion at the hospital's highest level of engagement capacity.
- Data Source; Data Owner: Community Engagement Summary Report, Workstream Lead

ANTICIPATED IMPACT

The anticipated impact of these actions is to improve mental health by supporting and engaging with coalitions and implementing partners addressing mental health concerns.

GOAL:
Improve the health of the mother-baby dyad before, during, and after pregnancy and prevent maternal and infant deaths.

Hospital Name
Ascension St. Vincent Indianapolis

Prioritized Health Need #3
Poverty, Maternal, and Infant Health

Strategy #1
Increase the proportion of pregnant women who receive early and adequate prenatal care. MICH-08

Strategy Source
Healthy People 2030, Pregnancy and Childbirth

Objective

By June 30, 2025, Ascension St. Vincent Indianapolis will increase the number of women who receive prenatal care within the first trimester (12 weeks and six days of conception) by 5.0%, amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices, from baseline established in FY2023.

Target Population

- Pregnant women, infants, and families
- Medically Underserved Population: People who are uninsured or underinsured, people who are underserved by mental and medical health resources, and Black women.

Collaborators

- Ascension Medical Group
- Primary Care Center
- Health Access Department

Resources

- Community Health Workers (CHW) from Health Access Department
- AMG Staff
- PCC Staff

ACTION STEPS	ROLE/OWNER
Assigned associates confirm all pregnant women have a documented, prenatal care visit via virtual or in-person during the first trimester.	PCC/AMG Office Manager
Assigned associates follow-up on missed visits and schedule appointments via virtual or in-person during the first trimester.	PCC/AMG Office Manager
Complete all reporting requested by the Community Development and Health Improvement (CDHI) Department	PCC/AMG Office Manager
Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	PCC/AMG Office Manager

Output and/or Outcome

- Baseline: Percent of women who receive prenatal care within the first trimester (12 weeks and six days of conception) amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices, established in FY2023.
- Target: Increase the percentage of women who receive prenatal care within the first trimester (12 weeks and six days of conception) amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices by 5.0%, by the end of FY2025.
- Data Source; Data Owner: Ascension Quality Scorecard, Quality and Patient Safety Director

ANTICIPATED IMPACT

The anticipated impact of these actions is an increase in the number of pregnant women who receive prenatal care within the first trimester.

GOAL:
Improve the health of the mother-baby dyad before, during, and after pregnancy and prevent maternal and infant deaths.

Hospital Name Ascension St. Vincent Indianapolis
Prioritized Health Need #3 Poverty, Maternal, and Infant Health
Strategy #2 Increase the proportion of women who receive perinatal mental health care and adequate postpartum care.
Strategy Source Ascension LTARP Measure, Healthy 2030 (Pregnancy and Childbirth), American College of Obstetricians and Gynecologists (ACOG)
Objective 1. By June 30, 2025, Ascension St. Vincent Indianapolis will implement a pilot program to standardize perinatal mood and anxiety disorder (PMAD) screening and referrals, amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices. 2. By June 30, 2025, Ascension St. Vincent Indianapolis will increase the number of women who receive postpartum care within 56 days of delivery by 5.0% amongst the Primary Care Center (PCC) and select Ascension Medical Group (AMG) OB practices, from baseline established in FY2023.
Target Population ● Pregnant women, infants, and families ● Medically Underserved Population: People who are uninsured or underinsured, people who are underserved by mental and medical health resources, and Black women.
Collaborators ● Primary Care Center ● Ascension Medical Group ● Stress Center
Resources ● PCC Staff ● AMG Staff ● Stress Center Staff

ACTION STEPS	ROLE/OWNER
Objectives 1 and 2: FY23: Assemble planning committee, develop strategic plan, and implement standardized screening and referral process.	PCC Social Worker (Indianapolis and Central Region) and Director of Community Development (South Region)
FY24 & FY25: Provide regularly scheduled training for providers/associates providing care to women and babies on PMADs and adequate postpartum care.	PCC Social Worker (Indianapolis and Central Region) and Director of Community Development (South Region)
FY24 & FY25: Assigned associates confirm all new moms have a documented, postpartum care visit via virtual or in-person within 56 days of delivery.	PCC Staff/AMG Staff

FY24 & FY25: Assigned associates follow-up on missed visits and schedule appointments via virtual or in-person within 56 days of delivery.	PCC Staff/AMG Staff
FY24 & FY25: Collaborate with community programs and partners in closing the gap in care and support for high risk populations (Healthy Families, WIC, NFP, etc) and to promote services to the community.	PCC Social Worker (Indianapolis and Central Region) and Director of Community Development (South Region)
Ongoing: Complete all reporting requested by the Community Development and Health Improvement (CDHI) Department, such as quarterly progress reports.	PCC Social Worker (Indianapolis and Central Region) and Director of Community Development (South Region)
Ongoing: Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	PCC Social Worker (Indianapolis and Central Region) and Director of Community Development (South Region)
Ongoing: Track and evaluate need for additional services.	PCC Social Worker (Indianapolis and Central Region) and Director of Community Development (South Region)

Output and/or Outcome Objective #1

- Baseline: No standardized PMAD screening and referral program in place.
- Target: Standardized PMAD screening and referral program in place amongst PCC and select AMG OB practices.
- Data Source; Data Owner: PMAD Pilot Program Summary Report, PCC Social Worker

Output and/or Outcome Objective #2

- Baseline: Percent of women receiving postpartum care within 56 days of delivery, amongst PCC and select AMG OB practices, established in FY2023.
- Target: Increase the percentage of women receiving postpartum care within 56 days of delivery by 5.0%, amongst PCC and select AMG OB practices, by the end of FY2025.

Data Source; Data Owner: Ascension Quality Scorecard, Quality and Patient Safety Director

ANTICIPATED IMPACT

The anticipated impact of these actions is an increase in the number of women who receive postpartum care and are screened and treated for perinatal mood and anxiety disorders during and after pregnancy.

GOAL:
Improve the health of the mother-baby dyad before, during, and after pregnancy and prevent maternal and infant deaths.

Hospital Name

Ascension St. Vincent Indianapolis

Prioritized Health Need #3

Poverty, Maternal, and Infant Health

Strategy #3

Reduce the proportion of babies born with low birth weight.

Strategy Source

The Community Health Access Project
https://chap-ohio.com/

Objective

By June 30, 2025, Ascension St. Vincent Indianapolis will increase the number of babies born weighing more than 5 lbs. 8 oz. by 5.0%, each year, amongst the individuals who complete a Pregnancy Pathway, from baseline established in FY2023.

Target Population

- Target Population: Pregnant women, infants, and families
- Medically Underserved Population: People who are uninsured or underinsured, people who are underserved by mental and medical health resources, and Black women.

Collaborators

- Health Access Department

Resources

- Community Health Workers (CHW) from Health Access Department

ACTION STEPS	ROLE/OWNER
Engage patients and teach about healthy pregnancy.	Health Access Department
Refer to a provider for prenatal care.	Health Access Department
Review referral for social determinants needs, contact patients for assessment and follow up.	Health Access Department
Identify and address barriers to prenatal care, confirm prenatal appointment adherence.	Health Access Department
Confirm full term (>37 weeks), normal birth weight (>=5 lbs, 8 oz)	Health Access Department
Provide follow up and ongoing management as needed.	Health Access Department
Complete all reporting requested by the Community Development and Health Improvement (CDHI) Department	Health Access Department
Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	CDHI Department

Output and/or Outcome

- Baseline: Completed Pregnancy Pathways in FY2023.
- Target: Increase completed Pregnancy Pathways by 5.0%, each year, from baseline.
- Data Source; Data Owner: Optum Care Coordination Program, Pregnancy Pathway Report; Health Access Department

ANTICIPATED IMPACT

The anticipated impact of these actions is an increase in the number of babies born with a healthy birth weight.

GOAL:
Improve the health of the mother-baby dyad before, during, and after pregnancy and prevent maternal and infant deaths.

Hospital Name Ascension St. Vincent Indianapolis
Prioritized Health Need #3 Poverty, Maternal, and Infant Health
Strategy #4 Strengthen community engagement by supporting coalitions and implementing partners.
Strategy Source Centers for Disease Control and Prevention, Principles of Community Engagement 2nd Edition
Objective By June 30, 2025, Ascension St. Vincent Indanapolis will strengthen community engagement to expand the reach of evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion.
Target Population ● Target Population: Pregnant women, infants, and families ● Medically Underserved Population: People who are uninsured or underinsured, people who are underserved by mental and medical health resources, and Black women.
Collaborators ● Local community coalitions ● Non-profit organizations ● Governmental agencies
Resources ● ASVI Foundation ● ASVI staff for board and coalition support ● Community benefit funding

ACTION STEPS	**ROLE/OWNER**
FY23: Identify a lead, assemble a workstream and identify or develop an assessment tool.	Regional President and Community Development and Health Improvement (CDHI) Department
FY24: Assess, identify opportunities, and make recommendations for strengthening community engagement.	Workstream group and CDHI Department
FY24: Develop strategy for community engagement.	Workstream group
FY25: Execute strategic plan for community engagement and investment at system and regional level.	Workstream Lead and CDHI Department
Ongoing: Complete all reporting requested by CDHI.	Workstream Lead
Ongoing: Track and enter all community benefit hours and dollars into community benefit tracking software (CBISA) per fiscal year.	Workstream Lead and CDHI Department

Output and/or Outcome ● Baseline: Current level of community partnerships supporting evidence-based programs, advocacy, and/or services through financial support, facilitation, and/or promotion at the hospital's highest level of engagement capacity. ● Target: Maintained or improved level of community partnerships supporting evidence-based

programs, advocacy, and/or services through financial support, facilitation, and/or promotion at the hospital's highest level of engagement capacity. ● Data Source; Data Owner: Community Engagement Summary Report, Workstream Lead
ANTICIPATED IMPACT
The anticipated impact of these actions is to improve the health of the mother-child dyad before, during, and after pregnancy and prevent maternal and infant deaths, by supporting and engaging with coalitions and implementing partners addressing maternal and infant health.

Evaluation

Ascension St. Vincent Indianapolis 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 Indianapolis 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.