

Ascension Via Christi

**Implementation Strategy for the 2022 CHNA
Sedgwick County, Kansas**



Ascension



The purpose of this implementation strategy is to describe how the hospitals plan to address the prioritized needs from the 2022 Community Health Needs Assessment. The significant health needs that the hospitals do 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.

The 2022 Implementation Strategy was approved and adopted by the authorized body of each of the following hospitals during Fall 2022 (2021 tax year), and applies to the following three-year cycle: July 1, 2022 to June 30, 2025.

Ascension Via Christi Hospitals Wichita, Inc.

929 N. St. Francis, Wichita, KS 67214
healthcare.ascension.org
P: 316-268-5000
Hospital EIN: 48-1172106
Board adoption: September 13, 2022

Ascension Via Christi Rehabilitation Hospital, Inc.

1151 N. Rock Road, Wichita, KS 67206
healthcare.ascension.org
P: 316-268-5000
Hospital EIN: 48-1158274
Board adoption: October 19, 2022

Ascension Via Christi Hospital St. Teresa, Inc.

14800 W. St. Teresa
healthcare.ascension.org
P: 316-796-7000
Hospital EIN: 27-1965272
Board adoption: September 13, 2022

Kansas Surgery and Recovery Center, LLC

2770 N. Webb Road, Wichita, KS 67226
kansas.surgery
P: 316-634-0090
Hospital EIN: 48-1148580
Board adoption: October 26, 2022

Rock Regional Hospital, LLC

3251 N Rock Rd, Derby, KS 67037
rockregionalhospitalderby.com
P: 316-425-2400
State License: H-087-014
Board adoption: October 27, 2022

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.



Table of Contents

Table of Contents	3
Introduction	4
Ascension Via Christi	4
Overview of the Implementation Strategy	4
Purpose	4
IRS 501(r)(3) and Form 990, Schedule H Compliance	4
Process to Prioritize Needs	5
Needs That Will Be Addressed	5
Needs That Will Not Be Addressed	6
Acute Community Concern Acknowledgement	6
Written Comments	7
Approval and Adoption by the Ascension Via Christi Board of Directors	7
Action Plans	8
Evaluation	15



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 Via Christi

As a Ministry of the Catholic Church, Ascension Via Christi (AVC) is a non-profit hospital system governed by a local board of trustees represented by residents, medical staff, and sister sponsorship's, and has been providing medical care to Sedgwick County. Serving Kansas since 1883, AVC is continuing the long and valued tradition of addressing the health of the people in our community, following in the legacy footsteps of the Sisters of the Sorrowful Mother and Sisters of St. Joseph. AVC operates four fully-owned and two joint venture hospital campuses in Sedgwick County, 75 related healthcare facilities, and employs approximately 6,400 associates, 1,700 active medical staff members, 163 physicians, and 125 advanced practice professionals.

AVC's fully-owned hospitals in Sedgwick County include Ascension Via Christi Hospital St. Teresa, Inc. (AVCH-ST), Ascension Via Christi Rehabilitation Hospital, Inc. (AVC-RH), and Ascension Via Christi Hospitals Wichita, Inc. (AVCH-W) which includes two hospitals – Ascension Via Christi St. Francis and Ascension Via Christi St. Joseph. AVC's two joint venture hospitals include Rock Regional Hospital, LLC and Kansas Surgery and Recovery Center, LLC (KSRC).

For more information about AVC, visit healthcare.ascension.org.

Overview of the Implementation Strategy

Purpose

This implementation strategy (IS) is the hospitals' response to the health needs prioritized from the current Community Health Needs Assessment (CHNA). It describes the actions the hospitals will take to address prioritized needs, allocate resources, and mobilize hospital programs and community partners to work together. This approach aligns with AVC's commitment to offer programs designed to address the health needs of the 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 non-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 IS can be found at <https://healthcare.ascension.org/CHNA> and paper versions can be requested at Ascension Via Christi St. Francis at 929 N. St. Francis, Mission Integration, Wichita, KS 67214.

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, AVC used a phased prioritization approach to identify the needs for Sedgwick County. The first step was to determine the broader set of identified needs through key informant interviews and secondary data analysis. 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. The significant needs for Sedgwick County included: Access to Care, Health Equity, Food Insecurity, and Housing and Transportation.

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. The criteria used to prioritize the significant needs were:

- Alignment with organizational strengths and priorities
- Ability to leverage organizational resources and assets
- Existing community resources and partnerships to address the problem
- Feasibility of change and availability of tested approaches

Needs That Will Be Addressed

Based on the prioritization criteria, AVC leadership has selected the prioritized needs outlined below for its 2022 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 implementation strategy:

- Access to Care - This need includes access to general health care services as well as mental health and substance abuse services. This need was selected because it aligns with the organizational mission, strengths, and priorities. AVC is able to leverage organizational resources and partnerships to address access to care within the Sedgwick County community.
- Transportation - This need was selected because transportation services is a need AVC is already addressing. AVC has the resources and capacity to provide transportation, develop community partnerships, and provide in-kind donations of transportation services (e.g., pay for taxi or bus services) to transport individuals to/from health care appointments and services.
- Food Insecurity - This need was selected because AVC can leverage organizational resources



and partnerships to provide food to those in need.

AVC 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, AVC has chosen to focus its efforts on the priorities listed above.

Needs That Will Not Be Addressed

Based on the prioritization criteria, the significant needs that AVC does not plan to address at this time include:

- Health Equity - This need was not selected since health equity is a part of a deeper systemic issue that AVC does not have the expertise or resources to address within the broader community. Others in the community have the intellectual and resource capabilities to address health equity within the broader community. However, the health system is committed to train associates to provide culturally competent care and will continue to look at opportunities to develop strategic partnerships to eliminate barriers for community members to live long, healthy lives.
- Housing - This need was not selected because it was not mentioned as a significant need among the key informant interviews, and AVC does not specialize nor has the resources to address the multi-factorial housing issues. AVC executives do participate in many community coalitions and boards to address the social determinant of health such as housing issues within the community, and will continue to look for opportunities to partner to address the most pressing needs within the community. One such example includes AVC donating a 99 year ground lease to HumanKind Ministries to provide low-income apartments and homeless shelters.

While these needs are not the focus of this implementation strategy, AVC 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 AVC does to support health within the community.

To find a list of resources for each need not being addressed, please refer to the AVC's 2022 CHNA: <https://healthcare.ascension.org/CHNA>.

Acute Community Concern Acknowledgement

The 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) 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 the Ascension Via Christi Board of Directors

To ensure the AVC's efforts meet the needs of the community and have a lasting and meaningful impact, the 2022 Implementation Strategy was presented and adopted by each hospital's board of directors by November 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 hospitals’ most recent CHNA. These strategies and action plans represent where the hospitals’ will focus their community efforts over the next three years. While these remain a priority, the hospitals’ 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.

Prioritized Need: Access to Care

Goal 1 - Access to Health Care Services: Improve access to high quality and affordable healthcare for underserved communities.

Strategy 1: Advocate for policies that will improve health outcomes and access to health care.
Hospitals: AVCH-W, AVCH-ST, AVC-RH, KSRC, Rock Regional
Objective: Develop an annual policy agenda to support bills that further improve access to health care and health outcomes.
Target Population: <ul style="list-style-type: none"> • Low-income • Children, pregnant women, and elderly • People with disabilities • Underinsured and uninsured
Collaboration: <ul style="list-style-type: none"> • Other Ascension hospitals: AVCH-M, AVCH-P • Joint Ventures: KSRC, Rock Regional
Resources: <ul style="list-style-type: none"> • Ascension hospitals: people, advocacy • Joint Ventures: people, advocacy
Actions: <ul style="list-style-type: none"> • Develop an annual policy agenda that supports increased access to medical insurance and health care (e.g., Medicaid expansion, increasing the healthcare workforce, and funding for mental health services), reduces barriers to access health care, improves health equity, and addresses the social determinants of health • Track bills related to AVC’s policy agenda • Visit with elected legislators at local and state levels • Advocate for bills, resources, and funding that align with the policy agenda
Outcome/Output:

<ul style="list-style-type: none"> • Types of bills tracked and supported (e.g., Medicaid expansion) and opposed (e.g., decreased access to needed services) • # bills tracked • # bills supported/opposed
<p>Anticipated Impact: Improve access to insurance and health care services, utilization of health services, and the affordability of care.</p>
<p>Strategy 2: Assist eligible patients and their dependents with applications for public insurance programs.</p>
<p>Hospitals: AVCH-W, AVCH-ST, AVC-RH</p>
<p>Objective: Assist qualifying uninsured and underinsured individuals and their dependents enroll in public programs by June 30, 2025.</p>
<p>Target Population:</p> <ul style="list-style-type: none"> • Low-income adults, children, pregnant women, and elderly • People with disabilities • Underinsured and uninsured
<p>Collaboration:</p> <ul style="list-style-type: none"> • Collaborators: R1 Financial Counselors
<p>Resources:</p> <ul style="list-style-type: none"> • Ascension hospitals: social workers and other patient navigators to screen patients and provide referrals to R1 • Collaborators: Financial Counselors, assistance with applications and eligibility
<p>Actions:</p> <ul style="list-style-type: none"> • Financial counselors, social workers, and other patient navigators will assess patients for eligibility • Educate individuals about public program (e.g., Medicaid, disability, Temporary Assistance for Families program) options and eligibility • Provide referrals to Early Detection Works and hospital financial assistance program • Assist with application submission and verify eligibility to complete the enrollment process
<p>Outcome/Output: # of enrollments per public benefit</p>
<p>Anticipated Impact: Increase utilization of preventative care, improve accessibility of care, and provide affordable insurance options to individuals and their dependents.</p>

Strategy 3: Provide free or low-cost prescriptions for qualifying underinsured and uninsured individuals through Dispensary of Hope (DoH) and Medication Assistance Program (MAP).
Hospitals: AVCH-W
Objective: Improve access to free prescriptions by June 30, 2025.
Target Population: <ul style="list-style-type: none"> • Low-income • Underinsured and uninsured
Collaboration: <ul style="list-style-type: none"> • Collaborators: Dispensary of Hope
Resources: <ul style="list-style-type: none"> • Ascension Hospitals: Dispensing sites, pharmacy associates, funding, IT infrastructure • Dispensary of Hope: Program support, access to free medications
Actions: <ul style="list-style-type: none"> • Pay annual DoH membership fee for participating pharmacies • Conduct initial application interview with the patient to determine eligibility • Coordinate applications for manufacturers' Patient Assistance Programs • Provide free medications and testing supplies to qualifying uninsured and underinsured individuals • Promote awareness of DoH in the community and MAP among caregivers • Explore options to expand the number of dispensing sites (e.g., expanding to another Ascension hospital or collaborating with a Community Health Center/Federally Qualified Health Center)
Outcome/Output: <ul style="list-style-type: none"> • # persons provided free or reduced cost medications • # of prescriptions
Anticipated Impact: Increase access to preventative and maintenance medications to people who otherwise may not be able to afford their medication.
Strategy 4: Prenatal care coordination
Hospitals: AVCH-W
Objective: Reduce the number of missed prenatal appointments by June 30, 2025.
Target Population: <ul style="list-style-type: none"> • Pregnant mothers

<ul style="list-style-type: none"> • Prenatal/Neonatal
Collaboration: TBD based on barriers identified by Maternal Health Coordinator
Resources: <ul style="list-style-type: none"> • Ascension hospital: people (Family Medicine Residency Clinic), obstetrics, Baby Talk/educational materials, scheduling, data tracking and management
Actions: <ul style="list-style-type: none"> • Hire a Maternal Health Coordinator • Determine baseline (percent of pregnant women who are missing prenatal and postpartum appointments) • Identify barriers for mother to get to prenatal appointments • Provide outreach, assessment, care plan development, ongoing care coordination and monitoring, health education, and nutrition counseling • Provide referrals for medical and social services
Outcome/Output: % of mothers making it to their prenatal and postpartum appointments
Anticipated Impact: Improve maternal and infant outcomes (e.g., decrease maternal and infant mortality, decrease preterm deliveries) through prenatal care efforts.

Goal 2 - Access to Mental Health and Substance Abuse Services: Improve access to high quality and affordable mental and behavioral health care and supportive services.

Strategy 1: Support the Mental Health and Substance Abuse Coalition.
Hospitals: AVCH-W
Objective: Establish the Wichita Social Service Hub/Campus to provide a coordinated continuum of care for those experiencing homelessness, in need of mental and behavioral health services, and substance abuse services by June 30, 2025.
Target Population: <ul style="list-style-type: none"> • Persons in need of mental health services • Persons in need of substance abuse services
Collaboration: <ul style="list-style-type: none"> • Collaborators: City of Wichita, Sedgwick County, Kansas Health Foundation, Homelessness Task Force, The Substance Abuse Center for Kansas, HumanKind
Resources: <ul style="list-style-type: none"> • Ascension hospitals: people, cash and other in-kind donations, behavioral health services

<ul style="list-style-type: none"> ● Collaborators: people, funding, COMCARE program, EMS, public safety, infrastructure, database
<p>Actions:</p> <ul style="list-style-type: none"> ● Support the Mental Health and Substance Abuse Coalition ● Provide cash and other in-kind donations ● Collaborate with city, county, and other area healthcare and social service providers ● Coordinate behavioral health services with coalition partners ● Participate on the Mental Health and Substance Abuse Coalition’s board of directors
<p>Outcome/Output:</p> <ul style="list-style-type: none"> ● Establish the Mental Health and Substance Abuse Coalition as a 501(c)3 non-profit ● Planning and construction begun on the Wichita Social Service Hub/Campus by June 30, 2025
<p>Anticipated Impact: Increase coordination among providers to improve the continuum of care for community members in need. Increase access to mental and behavioral health services, social services, and substance abuse programs.</p>
<p>Strategy 2: Provide the suicide prevention program, Suspenders4Hope.</p>
<p>Hospitals: AVCH-W</p>
<p>Objective: Increase the number of associates and community members that receive the Suspenders4Hope suicide prevention training by June 30, 2025.</p>
<p>Target Population:</p> <ul style="list-style-type: none"> ● Broader community
<p>Collaboration:</p> <ul style="list-style-type: none"> ● Collaborators: Wichita State University, Suspenders4Hope program, area schools
<p>Resources:</p> <ul style="list-style-type: none"> ● Ascension hospital: Ascension Via Christi Behavioral Health associates, funding/in-kind donations, marketing/communications ● Collaborators: people, space
<p>Actions:</p> <ul style="list-style-type: none"> ● Promote Suspenders4Hope within the community ● Encourage associates to complete the program ● Encourage area schools and community organizations to complete the program ● Provide program to area schools and community organizations ● Sponsor suicide prevention events within the community (i.e., Suicide Awareness Walk/5k)



<p>Outcome/Output:</p> <ul style="list-style-type: none"> ● # schools/community organizations provided program ● # participants/associates who completed the program
<p>Anticipated Impact: Raise awareness, reduce stigma, and offer visible support for mental wellness in our community.</p>

Prioritized Need: Transportation

Goal 3: Improve health outcomes by addressing social determinants of health barriers related to housing and transportation.

<p>Strategy: Provide transportation for individuals who are otherwise unable to get to health care appointments.</p>
<p>Hospitals: AVCH-W, AVCH-ST</p>
<p>Objective: Improve coordination and collaboration of transportation services for health care services and appointments.</p>
<p>Target Population:</p> <ul style="list-style-type: none"> ● People with disabilities ● Homeless ● People without transportation methods or unable to drive
<p>Collaboration:</p> <ul style="list-style-type: none"> ● Other Ascension hospitals: AVC-RH ● Joint Venture: KSRC, Rock Regional ● Collaborators: AMG Clinics, area hospitals, and other healthcare providers
<p>Resources:</p> <ul style="list-style-type: none"> ● Ascension hospitals: people to provide communication/coordination, transportation services ● Joint Venture: people to provide communication/coordination ● Collaborators: people to provide communication/coordination, temporary housing while undergoing treatment/procedures
<p>Actions:</p> <ul style="list-style-type: none"> ● Work with area hospitals, clinics, nonprofit organizations, and community partners to improve collaboration and coordination of transportation services between organizations ● Screen patients for transportation barriers and refer to AVC hospital transportation services

<ul style="list-style-type: none"> ● Provide transports for eligible patients to area health care appointments
Outcome/Output: # of transports provided
Anticipated Impact: Reduce transportation barriers to obtaining timely health care services.

Prioritized Need: Food Insecurity

Goal 4: Improve access to healthy and affordable food options.

Strategy 1: Support area agencies addressing food insecurity through in-kind donations of food, cash, or volunteer hours.
Hospitals: AVCH-W, AVCH-ST, AVC-RH, Rock Regional, KSRC
Objective: Increase access to food for those in need.
Target Population: <ul style="list-style-type: none"> ● Low-income adults, children, pregnant women, and elderly ● Home-bound ● Homeless
Collaboration: <ul style="list-style-type: none"> ● Ascension hospitals: AVCH-W, AVCH-ST, AVC-RH ● Joint Venture: KSRC, Rock Regional ● Collaborations: Area agencies providing food banks and kitchens
Resources: <ul style="list-style-type: none"> ● Ascension hospital: volunteers, in-kind donations of food and/or cash ● Joint Venture: volunteers, in-kind donations of food and/or cash ● Collaborators: people, distribution networks, facilities, outreach
Actions: <ul style="list-style-type: none"> ● Identify area agencies that provide food to those in need ● Provide in-kind donations of food, cash, and/or staff volunteers ● Promote volunteer opportunities and food drives
Outcome/Output: <ul style="list-style-type: none"> ● # volunteer hours ● Dollar amount of cash donated ● # donated food goods

<p>Anticipated Impact: Reduce barriers for community members who may have difficulty accessing food.</p>
<p>Strategy 2: Connect patients to area agencies that assist with social needs (e.g., rent/utilities assistance, food assistance programs, housing).</p>
<p>Hospitals: AVCH-W, AVCH-ST</p>
<p>Objective: Decrease barriers to accessing food programs for qualifying community members by June 30, 2025.</p>
<p>Target Population:</p> <ul style="list-style-type: none"> • Low-income • Underinsured and uninsured • Persons in need of non-medical assistance (e.g., food, shelter, utility assistance)
<p>Collaboration:</p> <ul style="list-style-type: none"> • Collaborators: Find Help
<p>Resources:</p> <ul style="list-style-type: none"> • Ascension hospital: screening, people, referral systems, community connections • Collaborators: Neighborhood Resource platform
<p>Actions:</p> <ul style="list-style-type: none"> • Screen patients for non-medical and social needs (i.e., social determinants of health) • Refer patients to food assistance programs, food banks, and kitchens • Refer patients to other needs such as housing, utilities and rent assistance • Follow-up to ensure referral and follow-up occurred
<p>Outcome/Output:</p> <ul style="list-style-type: none"> • # referrals to public programs (e.g., WIC, SNAP, housing, rental and utility assistance) • # referrals to food assistance programs • # referrals to food banks, kitchens, and other organizations that provide food
<p>Anticipated Impact: Reduce barriers for community members who may have difficulty accessing food.</p>

Evaluation

AVC will develop a comprehensive measurement and evaluation process for the IS. AVC will monitor and evaluate the action plans for the purpose of reporting and documenting the impact these action plans have on the community. AVC 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.