

2019

Implementation Strategy

Warren County, Tennessee

Saint Thomas River Park Hospital



Saint Thomas
Health



Ascension

Saint Thomas River Park Hospital Implementation Strategy

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Saint Thomas River Park Hospital Implementation Strategy

Implementation Strategy Narrative

Overview

Saint Thomas River Park Hospital and Saint Thomas Health conducted a Community Health Needs Assessment (CHNA) collaboratively with Stratasan, a healthcare consulting firm. The community served for purposes of this CHNA and Implementation Strategy was defined as Warren County, Tennessee.

The objectives of the CHNA and subsequent community health improvement plans/implementation strategies were to:

1. Provide an unbiased comprehensive assessment of Warren County's health needs and assets
2. Use the CHNA to collectively identify priority health needs for partnering organizations' community benefit and community health improvement activities
3. Provide an objective assessment of the community, upon which the partnering organizations may continue collaborating to support and improve health within the county
4. Fulfill Internal Revenue Service regulations related to 501(c)(3) non-profit hospital status for federal income taxes

The CHNA process included a review of secondary health data, interviews of community representatives and leaders, a community intercept survey, and a community meeting to review findings and discern unmet health needs. The partnering organizations received input from public health experts, including the local public health department partner.

The 2019 CHNA provided Saint Thomas River Park Hospital and Saint Thomas Health with a basis for addressing the health needs of the county and a reference for the development of this Implementation Strategy (IS), ensuring alignment with the community needs. This Implementation Strategy will guide the Community Benefit and Community Health Improvement efforts for Saint Thomas River Park Hospital and Saint Thomas Health for fiscal years 2020 – 2022.

Prioritized Needs

The results of the data review, community interviews, listening sessions and the online community survey were presented to the community representatives and leaders at the Warren County Health Summit meeting, which included local health department staff, and Saint Thomas Health. 22 attendees representing 14 unique community organizations attended, including those focused on the underserved population. They were asked to provide collective input into the needs of the community.

Stakeholders present decided upon the needs of Mental Health/Substance Abuse, Physical Inactivity/Obesity, Access to Care, and Poverty. During the CHNA and Implementation Strategy brainstorming phase across the Ascension Tennessee ministry (7 counties), community benefit and hospital leaders agreed to a collective impact model toward addressing needs that appeared in multiple counties. This model is an effort to allocate resources in ways that can more meaningfully impact priority areas. The 4 needs chosen appeared in 5 or more of the counties surveyed. The ministry is committed to addressing Summit-specific needs within the 4 broader categories over the course of this cycle.

Additionally, our Community Benefit work will utilize an equity and advocacy framework. This will ensure we are aware of how systems need to change to decrease inequities and increase equity. Effective and sustainable change is most successful when people and communities impacted by the change are included throughout the process.

The prioritized unmet health needs identified for Warren County, Tennessee, by this CHNA are:



Access to Care



Mental Health



Obesity (Healthy Weight)



Substance Abuse

Needs That Will Not Be Addressed

All priority health needs will be addressed.

Summary of Implementation Strategy

Prioritized Need #1: Access to Care

GOAL: Improve access to comprehensive, quality healthcare services through increasing availability and affordability of care while advocating for increased health insurance coverage.

Strategy 1: Open a Dispensary of Hope Charitable Pharmacy to provide medication assistance for uninsured and underinsured individuals who experience financial hardship, as well as to assist patients with navigating other community resources as needed.

Strategy 2: Provide in-kind radiology services to community members being served at the Beersheba Springs Clinic.

Strategy 3: Maximize the utilization of Mobile Health Units, including Mobile Mammography.

Strategy 4: Improve access to care via telemedicine, including consultations when acute stroke symptoms are present.

Strategy 5: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

Prioritized Need #2: Mental Health

GOAL: Support mental and emotional health, decrease stigma and increase access to behavioral health services.

Strategy 1: Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of underserved Warren County residents.

Strategy 2: Empower victims of sexual assault through the provision of Sexual Assault Nurse Examiner care and advocacy, ensuring that victims receive trauma-informed care and are connected to appropriate resources.

Strategy 3: Utilize volunteer chaplains to provide pastoral care in the community.

Strategy 4: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

Prioritized Need #3: Obesity (Healthy Weight)

GOAL: Promote and support a healthy lifestyle through strengthening community resources that will positively impact nutrition, exercise, chronic disease management and chronic disease prevention.

Strategy 1: Implement a healthy food pantry within the Good Samaritan Charity Care Clinic, assisting community members with dietary support and chronic disease-related issues.

Strategy 2: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

Prioritized Need #4: Substance Abuse

GOAL: Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need.

Strategy 1: Support and build capacity within the Faith Health Task Force, a grassroots community coalition whose goal is to improve community health.

Strategy 2: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas

An action plan follows for each strategy, including the resources, proposed actions, planned collaboration, and anticipated impact.

Prioritized Need #1: Access to Care

GOAL: Improve access to comprehensive, quality healthcare services through increasing availability and affordability of care while advocating for increased health insurance coverage.

Action Plan

<p>STRATEGY 1: Open a Dispensary of Hope Charitable Pharmacy to provide medication assistance for uninsured & underinsured individuals who experience financial hardship, as well as to assist patients with navigating other community resources as needed.</p>
<p>BACKGROUND INFORMATION:</p> <ul style="list-style-type: none"> • This strategy's target population is uninsured and underinsured individuals who demonstrate financial hardship and thus are in need of assistance to obtain necessary medications. • This strategy provides medication access to an underserved patient population, addressing access barriers due to cost of care. • This strategy is built upon the evidence base that has been generated by the unique Dispensary of Hope Distribution Center model, which works with leading drug manufacturers to increase the supply of essential medicine to patients in need; the Dispensary of Hope Pharmacy links the medications made available from the Distribution Center to the individuals in need of a means to fill a prescription affordably.
<p>RESOURCES:</p> <ul style="list-style-type: none"> • Dispensary of Hope Distribution Center • Saint Thomas Health Marketing • Dispensary of Hope Pharmacy Staff • Saint Thomas Health Care Management
<p>COLLABORATION:</p> <ul style="list-style-type: none"> • Patient Assistance Programs • Manufacturer Coupons
<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Conduct initial application interviews 2. Coordinate applications for manufacturers' Patient Assistance Programs 3. Provide resources for transition of newly eligible Medicare patients to Medicare Part D 4. Coordinate electronic ordering of insulin samples & storage of them for physician health partners. 5. Provide free & discounted medications and testing supplies to uninsured and underinsured individuals 6. Provide discharge medications to patients who received care at Saint Thomas – Hickman Hospital 7. Promote awareness of Dispensary of Hope in the community

STRATEGY 1: Open a Dispensary of Hope Charitable Pharmacy to provide medication assistance for uninsured & underinsured individuals who experience financial hardship, as well as to assist patients with navigating other community resources as needed.

ANTICIPATED IMPACT:

- I. Provide unaffordable medications to qualifying individuals who enroll in Dispensary of Hope through medications obtained through the DOH Distribution Center, Saint Thomas Health Safety Net list, or physician donated samples through 2022.
- II. Assist qualifying individuals with obtaining medication assistance through manufacturer sponsored Patient Assistance Programs.

STRATEGY 2: Support Beersheba Springs Medical Clinic in providing radiology services to community members in need.

BACKGROUND INFORMATION:

- The target population is members of the community who are experiencing poverty and are either uninsured or underinsured.
- This strategy specifically seeks to make a full range of healthcare services available to those who are medically underserved.

RESOURCES:

- Saint Thomas River Park Hospital staff
- Saint Thomas Health

COLLABORATION:

- Beersheba Springs Medical Clinic

ACTIONS:

1. Accept referrals for imaging for patients being seen at Beersheba Springs Medical Clinic.
2. Continue to meet and collaborate in order to potentially expand scope of services for those in need.

ANTICIPATED IMPACT:

- III. Increase knowledge about specific barriers within the community related to access to care.
- IV. Increase access to care.

STRATEGY 3: Maximize use of mobile health units, including breast cancer screening compliance through Our Mission In Motion Mobile Mammography.

BACKGROUND INFORMATION:

- The strategy's target population is low-income, uninsured women in Hickman County.
- Our Mission In Motion Mobile Mammography will reduce barriers by providing access to screening mammography and breast health education to uninsured and underserved women.
- This strategy is informed by evidence found on Healthy People 2020 and Tennessee Cancer Coalition.

RESOURCES:

- Saint Thomas Medical Partners
- Saint Thomas Hickman Hospital
- Our Mission In Motion Mobile Mammography staff
- Saint Thomas Midtown and West Centers for Breast Health

COLLABORATION:

- TN Breast and Cervical Cancer Screening Program
- Susan G. Komen Central Tennessee
- Advanced Diagnostic Imaging

ACTIONS:

1. Schedule community outreach visits
2. Provide free screening mammograms to low-income, uninsured and underinsured women
3. Distribute breast health educational materials at community events
4. Explore other Mobile Health Unit capabilities

ANTICIPATED IMPACT:

- V. Conduct 12 community outreach visits annually in Warren County to provide free mammography services
- VI. Increase the number of women screened with the recommended frequency by 10%

STRATEGY 4: Improve access to care via telemedicine consultations when acute stroke symptoms are present

BACKGROUND INFORMATION:

- The target population is residents of Hickman County with a suspected acute stroke event
- This strategy addresses health disparities and barriers to care by providing easy access to stroke-trained physicians in underserved communities
- This strategy has been developed by Saint Thomas Health in the successful development and management of the Saint Thomas Health Stroke Network across Tennessee, along with the successful operation of telemedicine clinical locations via HRSA grant 11-089

RESOURCES:

- Saint Thomas River Park Hospital Staff
- Telemedicine Services
- Consulting Stroke-trained Physician

COLLABORATION:

- N/A

ACTIONS:

1. Increase use of system to conduct telemedicine consultations in response to possible stroke symptoms
2. Increase physician and staff telemedicine education participation for competency in NIHSS use, Stroke Telemedicine use, and Stroke ID/Triage
3. Collect peer evaluations and responses from physicians and staff on the benefits of conducting telemedicine visits
4. Conduct a patient survey to confirm timely access to health services
5. Explore other telehealth opportunities and capabilities.

ANTICIPATED IMPACT:

- VII. Limit patient transfers to more acute facilities to those that are medically appropriate
- VIII. Annually meet or exceed the national average for IV tPA utilization (2.8% as of last published standard)

STRATEGY 5: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations
- Saint Thomas Community Health and Benefit Committee

ACTIONS:

1. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
2. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
3. Partnership decisions made by committee review
4. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	“HEALTHY PEOPLE 2020” (or OTHER NATIONAL PLAN):
I-VII	N/A	TN State Health Plan Principle 2, Access to Care – People in TN should have access to healthcare and the conditions to achieve optimal health	
I-VII	N/A		Healthy People 2020 Objective AHS-6 – Reduce the proportion of people who are unable to obtain or delay in obtaining necessary medical care, dental care, and prescription medication
III-VI	N/A	TN State Health Plan Goal 2d. People in TN are able to obtain appropriate quality healthcare services to meet their needs	
VI-VII	N/A		Healthy People 2020 Objective HDS-16.2 & 17.2 – Increase the proportion of adults aged 20 years and older who are aware of the early warning symptoms and signs of a heart attack and stroke
VI-VII	N/A	TN State Health Plan Priority Area – Health Care Delivery Model in Rural Areas	Healthy People 2020 Objective HDS-19.3 – Increase the proportion of eligible patients with strokes who receive acute reperfusion therapy within 3 hours from symptom onset

Prioritized Need #2: Mental Health

GOAL: Support mental and emotional health, decrease stigma and increase access to behavioral health services.

Action Plan

STRATEGY 1: Integrate behavioral health services with primary medical care to care for the behavioral as well as physical needs of underserved Warren County residents

BACKGROUND INFORMATION:

- The target population is medically underserved residents, both children and adults, of Warren County in need of behavioral healthcare services
- This strategy seeks to expand access to behavioral healthcare services to address behavioral health needs in Warren County that are currently going unmet, providing care to underserved patients.
- All behavioral healthcare will be evidence-based and provided by appropriately licensed professionals

RESOURCES:

- Saint Thomas River Park Medical Providers
- Warren County Behavioral Health Providers

COLLABORATION:

- Centerstone

ACTIONS:

1. Educate Saint Thomas River Park medical providers on the behavioral health offerings and when a referral may be indicated
2. Medical providers will refer patients in need for behavioral health services
3. Clinic Navigator and Program Manager will serve as liaisons between the Medical and Behavioral Health services, guiding patients to receive needed care
4. Conduct broader community awareness to increase awareness of new behavioral health resources
5. Psychiatric Nurse Practitioner and Licensed Clinical Social Worker will engage patients in an appropriate therapy plan
6. Licensed Clinical Social Worker will provide additional support services as needed by patients
7. Centerstone will provide assessment via telemedicine in the ED for mental health crises

ANTICIPATED IMPACT:

1. By June 2022, demonstrate an improvement in mental health of 90% of patients who complete the recommended course of therapy

STRATEGY 2: Empower victims of sexual assault through the provision of SANE care and advocacy, ensuring that victims receive trauma-informed care and are connected to appropriate resources.

BACKGROUND INFORMATION:

- The target population is victims of sexual assault in Warren County age 13 and older
- This strategy works to eliminate barriers to sexual assault victims receiving the care they need
- Training from the International Association of Forensic Nurses is utilized in preparing SANE nurses. A standardized screening tool is utilized to assess all sexual assault patients, in line with the findings of the following study: Brown, B., DuMont, J., Macdonald, S., Bainbridge, D., (April/June 2013) A Comparative Analysis of Victims of Sexual Assault With and Without Mental Health Histories: Acute and Follow-up Care Characteristics. Journal of Forensic Nurses, 9(2), 76-83. This maintains hospital policy, by which a SANE nurse will be the proper associate to care for patients who are victims of sexual assault.

RESOURCES:

- Saint Thomas –River Park Hospital Providers
- SANE Exam Space and Materials

COLLABORATION:

- SANE Training – International Association of Forensic Nurses

ACTIONS:

1. Train select Saint Thomas River Park providers to be SANE-certified
2. Conduct trainings with ED staff to increase awareness of SANE program
3. ED staff refer patients who are victims of sexual assault to the on-duty SANE nurse
4. Provide comprehensive medical-forensic exams to victims
5. Refer patients to other needed resources

ANTICIPATED IMPACT:

- II. By December 2021, two associates will be trained (or will maintain training) in SANE and thus will be able to provide trauma-informed care and needed resources to victims of sexual assault.
- III. By June 2022, all patients who present as acute sexual assault victims will be referred to the on-duty SANE associate for follow-up support and care.

STRATEGY 3: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations
- Saint Thomas Community Health and Benefit Committee

ACTIONS:

1. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
2. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
3. Partnership decisions made by committee review
4. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	“HEALTHY PEOPLE 2020” (or OTHER NATIONAL PLAN):
I, II, III	N/A	TN State Health Plan – Behavioral health a priority to address health disparities in TN	
I	N/A		Healthy People 2020 Objective HRQOL/WB-1.2 – Increase the proportion of adults who self-report good or better mental health
I	N/A		Healthy People 2020 Objectives MHMD-6 and MHMD-9 – Increase the proportion of children and persons with mental health disorders who receive treatment
I, II, III	N/A	TN State Health Plan Goal 1b. People in TN understand and practice behaviors that promote and maintain good health	

Prioritized Need #3: Obesity (Healthy Weight)

GOAL: Promote and support a healthy lifestyle through strengthening community resources that will positively impact healthy eating, active living, chronic disease management and chronic disease prevention.

Action Plan

<p>STRATEGY 1: Implement a healthy food pantry within the Good Samaritan Charity Care Clinic, assisting community members with dietary support and chronic disease-related issues.</p>
<p>BACKGROUND INFORMATION</p> <ul style="list-style-type: none"> • This program serves those who are food insecure, which is a driver of health disparities as healthy and disease-appropriate food is more difficult to obtain and consume. • This program utilizes Boston Medical Center's model for a chronic condition-specific food pantry, a program that received the 2012 James W. Varnum National Quality Health Care Award: https://development.bmc.org/foodpantry
<p>RESOURCES:</p> <ul style="list-style-type: none"> • Saint Thomas River Park staff • Saint Thomas Health
<p>COLLABORATION:</p> <ul style="list-style-type: none"> • Second Harvest Food Bank
<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Upon the set-up of the program in 2020, Good Samaritan Charity Care Clinic will identify patients and families who are food insecure. 2. Good Samaritan Charity Care Clinic will assist patients in providing a food box after their visit, providing wellness information and disease-specific information/assistance. 3. Establish workflow and screening tools 4. Identify wellness information and disease-specific literature to deliver to families with food box.
<p>ANTICIPATED IMPACT:</p> <ol style="list-style-type: none"> I. Reduce food insecurity for families through the provision of a food box. II. Increase wellness promotion through nutrition education being made available in each food box by June 2022.

STRATEGY 2: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations
- Saint Thomas Community Health and Benefit Committee

ACTIONS:

1. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
2. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
3. Partnership decisions made by committee review
4. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	“HEALTHY PEOPLE 2020” (or OTHER NATIONAL PLAN):
I-II	N/A	TN State Health Plan Goal 1a. People in TN have the necessary support and opportunities for healthy living – Priority 3: Availability and Preferences for Healthy Food	Healthy People 2020 NWS-13- Reduce household food insecurity and in doing so reduce hunger

Prioritized Need #4: Substance Abuse

GOAL: Decrease the incidence of substance misuse through identifying, treating and/or referring to treatment, and supporting those in need.

Action Plan

<p>STRATEGY 1: Support and build capacity within the Faith Health Task Force, a grassroots community coalition whose goal is to improve community health.</p>
<p>BACKGROUND INFORMATION:</p> <ul style="list-style-type: none"> • This strategy seeks to connect clinical experts with faith leaders and other community members on practical ways to improve community health • This community group chooses a new area of focus every year; in 2020, they will focus on COPD. Their areas of focus could relay to other priority health needs in addition to substance abuse
<p>RESOURCES:</p> <ul style="list-style-type: none"> • Saint Thomas Hickman Hospital Providers
<p>COLLABORATION:</p> <ul style="list-style-type: none"> • Faith Leaders • Public Health Experts • Community Members • Other nonprofit agencies
<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Identify patient needs and link them with available community resources 2. Educate places of worship and other community groups about the health needs of those they serve 3. Support those working in direct patient care to provide solutions that keep community members from experiencing unnecessary hospital stays
<p>ANTICIPATED IMPACT:</p> <ol style="list-style-type: none"> I. Increased knowledge about community resources related to substance abuse (and potentially other priority need areas) II. Increased integration of multiple sectors working to prevent substance and reduce preventable hospital stays.

STRATEGY 2: Provide community-based organizations with financial support toward their work in one of the Prioritized Need areas.

BACKGROUND INFORMATION:

- The target population is residents of Davidson County served by identified partner organizations
- All organizations will be assessed on the basis of the attention they pay to issues of health disparities and the needs of the underserved
- The evidence base will be dependent upon the specific work of each community organization but is one of the selection criteria that is reviewed and considered in determining partners

RESOURCES:

- Financial Support

COLLABORATION:

- Community Organizations
- Saint Thomas Community Health and Benefit Committee

ACTIONS:

1. Make publicly available a Program Proposal form, through which community organizations can request a financial partnership from Saint Thomas Health
2. Receive Program Proposals from community organizations who seek support for a program working to meet one of the Priority Needs
3. Partnership decisions made by committee review
4. Financial support is provided to selected organizations, and outcomes are reviewed annually

ANTICIPATED IMPACT:

The work of community organizations working to meet the Priority Needs will be furthered through a partnership with Saint Thomas Health. Specific objectives will be dependent upon the specific actions and interventions of each selected partner organization. Each organization will submit its anticipated impact in its request seeking financial support from Saint Thomas Health.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	“HEALTHY PEOPLE 2020” (or OTHER NATIONAL PLAN):
I, II	N/A	Substance Abuse is one of Tennessee Department of Health’s “Big Four” priority areas; TN State Health Plan Goal 1b. People in TN understand and practice behaviors that promote and maintain good health	HP 2020 RD-11 – Reduce hospitalizations for chronic obstructive pulmonary disease (COPD) (2020 only) Other objectives to be updated annually