

Community Health Needs Assessment

MAY 2019

Implementation Strategy

Noland Hospital Birmingham



## **Implementation Strategy**

Noland Health will engage key community partners in implementing evidence-based strategies across the service area. Acknowledging the many organizations and resources in place to address the health needs of our communities, Noland Health has strategically reviewed both internal and external resources. This portion of the CHNA, the Implementation Strategy, will explain how Noland will address health needs identified in the CHNA by continuing existing programs and services, and by implementing new strategies. It will reflect back on the previous CHNA and do an Evaluation of the Impact of previous set strategies. In addition, the implementation plan will explain why the hospitals cannot address all the needs identified in the CHNA and, if applicable, how Noland will support other organizations in doing so.

## **Health Priorities**

As afore mentioned in the CHNA report, the following are the needs Noland Health has chosen to address. It will also outline why we chose to address this need, how we will address the need, who the responsible party will be, and any goals that will be set forth from the beginning, as well as time frame for achieving those goals.

Prioritization was developed and presented to Noland Hospital Administrators and other hospital division leadership. Criteria used included importance to the service area (elderly residents with acute needs), relevance of the health issues to the population served, and the ability of Noland to effectively impact and improve the health issue.

The following five categories were identified as priorities of issues to be addressed. Issues in these categories were brought up numerous times and serve as a framework for each facility's implementation strategies.

**#1. Education and Awareness**: Lack of education and awareness was targeted as a major issue from community input. Lack of health education covers all areas from patient and family education to education of resources and options in understanding the role of LTACHs in the continuum of care.

- Overall Health Education: Disease identification, prevention, and chronic management
- Understand and engage with care navigation resources
- Education on channels to access health providers and additional care
- Education on care options

**#2. Access to Appropriate Resources**: The top access issues mentioned in community input are cost/financial barriers, uninsured/underinsured, medication barrier, timely access to healthcare, and transportation The uninsured and underinsured not only have access problems in seeing physicians and receiving necessary tests, but like those struggling with financial barriers, they experience issues in receiving their proper medications primarily due to cost and transportation. Education on resources such as Senior Services can help. This of course "piggy backs" off the #1



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issue of Education and Awareness. Pharmacies are becoming new valuable resource in drug cost reduction and help.

**#3. Prevention & Screening**: Prevention and screening for disease becomes increasingly important as people age. In coordination with proper education, understanding the importance of instituting a consistent cadence for taking medication and the side effects of current drug regimen is a critical step towards preventing disease and managing chronic conditions. Support for patients can be accessed across the care continuum.

**#4. Health Issues Impacting the Elderly:** Physical instability / Falls and Alzheimer's & Dementia, increased aging population, increased infection, and UTIs were all mentioned frequently in community input concerns even though the majority of the issues did not rise to the top of 4 or more mentions. It is noted that these are interrelated and can fall under several other groups of concerns.

**#5. Health Issues of LTACH Patients and Families:** Through administrators, Case Workers and physician expertise in the LTACH setting, a number of issues were identified in the community input phase that dealt specifically with LTACH patients and their families. Family support and education on referral channels was found to be the top two critical needs because of the family's integral role in the decision making process and successful patient outcomes. Many of the issues mentioned in all sections directly affect the family as much as the patient. Knowledge of the LTACH environment is crucial for a family. The understanding of how LTACHs fit in the continuum of care is also important, not only for the families, but for discharge planners and other acute care staff. Specifically related to patients of LTACHs, there is an issue of receiving the proper physician referrals required to access additional care or transitional care after discharge from LTACH. A recurring concern was that there are Medicare criteria and reimbursement issues for physicians that exclude patients in need of care or makes access to specialized care more difficult to obtain and provide.

As required by proposed IRS regulations, each of the following individual facilities of Noland Health created their own implementation strategies:

- Noland Hospital Anniston
- Noland Hospital Birmingham
- Noland Hospital Dothan
- Noland Hospital Montgomery
- Noland Hospital Tuscaloosa

The implementation strategies were developed for these priority areas by hospital. Each hospital did not address every area, but rather selected those areas of priority that it deemed it could have the greatest impact.



Each facility filled out the following table for each priority area they would address.

Noland Facility:			
Specific Needs Identified in the CHNA:			
Goals:			
Strategy:			
Action Step	Accountability	Timeline	Desired Outcome
Strategy:			
Action Step	Accountability	Timeline	Desired Outcome

Those areas not addressed were included in a section "Needs Not Addressed". Most common reasons for not addressing a need were lack of resources, other local organizations already addressing the need, and needs falling outside the general scope of an LTACH facility.



### **Noland Hospital Birmingham- Implementation Strategies**

In the previous Community Health Needs Assessment conducted in 2016, Noland Hospital Birmingham chose 4 areas to address in their implementation strategies. Below is an update with an Evaluation of Impact for those 4 areas.

	Birmingham 2016					
Specific Needs Identified in the CHNA:	Education and Awareness					
Goals:	Education	of appropriate perso				
Strategy: Education of community and providers on LTACS	role in the	e continuum of car	e			
Action Step		Accountability Timeline Desired Outcome			Status	
Educaton will be provided to families, patients, physicians and other health care providers on the		Clinical Liasons	ongoing	increased awareness of public on options of healthcare needs	Ongoing Need; Present in 2019 CHNA	
Strategy: Educate patients and families, Healthcare worker	s on the fi	nancial options for	r the LTAC	and post acute		
Action Step		Accountability	Timeline	Desired Outcome	Status	
Patients families and HC workers will receive education on the op Insurance, medicare and other financial support	otions for	Clinical Liasons/Case managers	Ongoing	Informed persons	Ongoing Need; Present in 2019 CHNA	

Noland Facility:	Birmingham 2016					
Specific Needs Identified in the CHNA:	Access to Appropriate Resources					
Goals: U	Uninsured/Underinsured in the community					
Strategy: Educate healthcare community on resources available for the LTACH						
Action Step	Accountability	Timeline	Desired Outcome	Status		
Communications will be done with the referral facilities on the LT. role with the uninsured	'ACH's	Clinical Liaisons	ongoing	services when	Comunication complete; services provided when available	

Noland Facility:		Birmingham 2016				
Specific Needs Identified in the CHNA:		Prevention and Screening				
Goals:	Increase in	nmunization covera	age			
Strategy: Screen patients for flu immunizations						
Action Step		Accountability Timeline		Desired Outcome	Status	
Screen patients for influenza immunizations and offer immuniza	ations Clinical staff		flu season each year	decrease health care risks	Completed; Decreased health care risks	
Strategy: Immunize staff for influenza						
Action Step		Accountability	Timeline	Desired Outcome	Status	
Immunization of all staff during flu season		Admin	each October or date set by ICP	decrease health care risks	Completed; Decreased health care risks	



# CHNA 2019 Implementation Strategy

Noland Facility:	Birmingham 2016					
Specific Needs Identified in the CHNA:	Health Issues of LTACH Patient and Families					
Goals:	Educate fa dependenc	milies on the dischar y	ge options			
Strategy: Early and continual education for families to on options of vent dependency placement at discharge						
Action Step		Accountability	Timeline	Desired Outcome	Status	
		Cl. Case managers, Physicians	ongoing	family support	Ongoing Need; Present in 2019 CHNA	



### **Noland Hospital Birmingham - 2019 Implementation Strategies**

Noland Hospital Birmingham chose 3 areas to address in their implementation strategies. Below is a description of needs and strategies and action steps associated with each.

#### #1 EDUCATION AND AWARENESS - Implementation Strategy

	Birmingham 2019				
Specific Needs Identified in the CHNA:		E	ness		
Goals	Increase education and awareness of appropriate persons on issues				Include Awareness in Goal
Strategy: Education of community and providers on LTACS	role in the	e continuum of car	e to includ	e the value of	
Action Step		Accountability	Timeline	Desired Outcome	Status
Education will be provided to families, patients, physicians and other health care providers on the value of admission to the LTAC after an acute hospitalization, where the patient requires on going daily physician evaluation due to the medical complexity of the patient		Clinical Liaisons	ongoing	increased awareness of public on options of healthcare needs	Current Status Update? <i>Continued</i> need
Strategy: Educate patients and families, Healthcare workers care options.	s on the fi	nancial options for	r the LTAC	and post acute	
Action Step		Accountability	Timeline	Desired Outcome	Status
Patients families and HC workers will receive education on the options for Insurance. Medicare and other financial support		Clinical Liaisons/Case managers	Ongoing	Informed persons	
Strategy: Educate patients on DEFINITIONS of care to increa fits into that process	Suggested Strategy				
Action Step		Accountability	Timeline	Desired Outcome	Status
Provide education to families, patients and providers appropriate admission to an LTAC, focusing on the benefits for the care of the and defining the various other options available to provide optimu outcomes	patient	Clinical Liaisons, Case Managers, staff , physicians	FY 2021	Increased understanding of care options and LTAC services	Develop Action Step

#### #2 ACCESS TO APPRORIATE RESOURCES - Implementation Strategy

Noland Facility:	Birmingham 2019				
Specific Needs Identified in the CHNA:	Access to Appropriate Resources				
Goals:	Uninsured/Underinsured in the community			У	
Strategy: Collaborate and Share resources to educate community on channels for financial assistance.					
Action Step		Accountability	Timeline	Desired Outcome	
Educate famiies and providers on the financial resources through insurances and Medicare	Clinical Liasons and Case Manager	FY 2021	Increased insurance / Medicare		



### #5 HEALTH ISSUES OF LTACH PATIENTS AND FAMILY – Implementation Strategy

Noland Facility:	Birmingham 2019					
Specific Needs Identified in the CHNA:	Health Issues of LTACH Patient and Families					
Goals: Provide optimum dishcarge options to complete the continuum of care for each patient	Educate families on the disharge options					
Strategy: Early and continual education for families on otions of vent dependency placement at discharge						
Action Step		Accountability	Timeline	Desired Outcome		
Educate families, and Healthcare workers on the options that ver dependent patients have for discharge from an LTACH	Cl. Case managers, Physicians	ongoing	family support			
Strategy: Educate patients and families on discharge options based on medical needs to continue towards goal of utilizaton of availabe resources for the ultimate goal of reaching optimum outcomes						
Action Step		Accountability	Timeline	Desired Outcome		
Early intervention and edcuation of resources for management after discharge from the LTAC		Case Manager	FY 2021	increased awareness of resouraces upon discharge		



### Noland Hospital Birmingham- Needs Not Addressed

A few needs outlined in the CHNA processes have not been addressed in this plan. In initial discussion and subsequent prioritization, the Community Needs Assessment Team considered the levels to which some needs were already being addressed in the service area. Additionally, some community needs fall out of the scope of expertise and resources of the hospital. The following addresses these needs.

#### **#3 PREVENTION AND SCREENING**

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Noland Facility:	Birmingham 2019			
Specific Needs Identified in the CHNA:	Prevention and Screening			
Goals:	Improved Medication compliance			
Strategy. Limited ability to meaningfully impact local organizations and providers are already proficiently				

Strategy: Limited ability to meaningfully impact; local organizations and providers are already proficiently addressing the need.

#### #4 HEALTH ISSUES AFFECTING THE ELDERLY

Noland Facility:	Birmingham 2019
Specific Needs Identified in the CHNA:	Health Issuese Impacting Elderly
	Increase resources and support for elderly experiencing Alzheimer's & Dementia and physical instability
Strategy: Limited ability to impact as other facilities / heal addressing the need	th care organization are already proficiently



### **Noland Health- Board Approval**

Treasury Regulation Section 1-501(r)-3(c)(5)(i):

For purposes of paragraph (a)(2) of this section, an authorized body of the hospital facility must adopt the implementation strategy on or before the 15th day of the fifth month after the end of the taxable year in which the hospital facility completes the final step for the CHNA described in paragraph (b)(1) of this section, regardless of whether the hospital facility began working on the CHNA in a prior taxable year.

Noland Health's Board of Directors approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment completed FYE June 30, 2019. This report was approved by the Noland Health Board of Directors at its meeting held on May 8, 2019.