

Implementation Plan 2019

Lincoln, NE

CHI Health St. Elizabeth

CHI Health Nebraska Heart

A Joint Plan



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Introduction

This document outlines CHI Health’s Implementation Strategy Plan (ISP) to address community’s health needs, as determined by the 2019 Community Health Needs Assessment (CHNA), adopted by the Board on May 10, 2019. **The following plan is a joint strategic implementation plan for the CHI Health Hospitals based in the Lincoln, Nebraska including:**

- CHI Health St. Elizabeth (St. Elizabeth)
- Nebraska Heart Hospital (NHH)

The hospitals plan to jointly address one health need in the community, with each facility owning specific work within each health need area to contribute to the overall plan success as shown in Table 1.

Table 1: Implementation Strategy Plan Summary and Hospital Responsibilities

Health Need Area	High-Level Strategy	Hospital Ownership
Access to Healthcare Services	Engage with community partners and key service providers in existing efforts to improve access points and coordination of healthcare services across the City of Lincoln and Lancaster County	CHI Health St. Elizabeth <ul style="list-style-type: none"> • Address barriers to general healthcare access and those related to the aging population • Address barriers related to transition care • Support community efforts that improve clinical quality among Lincoln providers and systems • Assess and address barriers to and build capacity for integration of behavioral health in primary care Nebraska Heart Hospital <ul style="list-style-type: none"> • Address barriers related to transition care • Support community efforts that improve clinical quality among Lincoln providers and systems • Support on-going availability of evidence-based chronic disease management programming • Assess and address barriers to alignment between cardiac specialty care and primary care in the Lincoln-Lancaster communities

See the full plan, beginning on page eight for a deeper review of the strategies and activities to address identified health needs.

Details of each hospital, including their history and services, can be found in their individual CHNA reports at www.chihealth.com/chna.

Purpose and Goals of ISP

CHI Health and our local hospitals make significant investments each year in our local community to ensure we meet our Mission of creating healthier communities. The ISP is a critical piece of this work to ensure we are appropriately and effectively working and partnering in our communities.

The goals of this ISP are to:

1. Identify strategies that will meaningfully impact the areas of high need identified in the CHNA that affect the health and quality of life of residents in the communities served by CHI Health.
2. Ensure that appropriate partnerships exist or are developed and that resources are leveraged to improve the health of the most vulnerable members of our community and to reduce existing health disparities.
3. Identify core measures to monitor the work and assure positive impact for residents of our communities.
4. Ensure compliance with section 501(r) of the Internal Revenue Code for not-for-profit hospitals under the requirements of the Affordable Care Act.

Organization Mission

“The Mission of Catholic Health Initiatives is to nurture the healing ministry of the Church, supported by education and research. Fidelity to the Gospel urges us to emphasize human dignity and social justice as we create healthier communities.”

CHI Health carries on the faith traditions of our founders: The Sisters of St. Francis of Perpetual Adoration, The Sisters of Mercy, the Immanuel Lutheran communities, the Jesuits of Creighton University, and the men and women who formed the Nebraska Heart Hospital. Each brought a distinct way of incorporating faith and spirituality with clinical care and all shared a calling and passion for serving those most in need in our community through compassionate care and excellence in medicine.

In 2012, Catholic Health Initiatives accepted full sponsorship of CHI Health bringing together 15 acute care hospitals, 4 behavioral health facilities, 2 specialty hospitals, over 120 clinics, and multiple health services across the Nebraska and Iowa region to carry on this healing ministry. We live out our mission through our core values:

Reverence

Profound respect and awe for all of creation, the foundation that shapes spirituality, our relationships with others and our journey to God.

Integrity

Moral wholeness, soundness, fidelity, trust, truthfulness in all we do.

Compassion

Solidarity with one another, capacity to enter into another's joy and sorrow.

Excellence

Preeminent performance, becoming the benchmark, putting forth our personal and professional best.

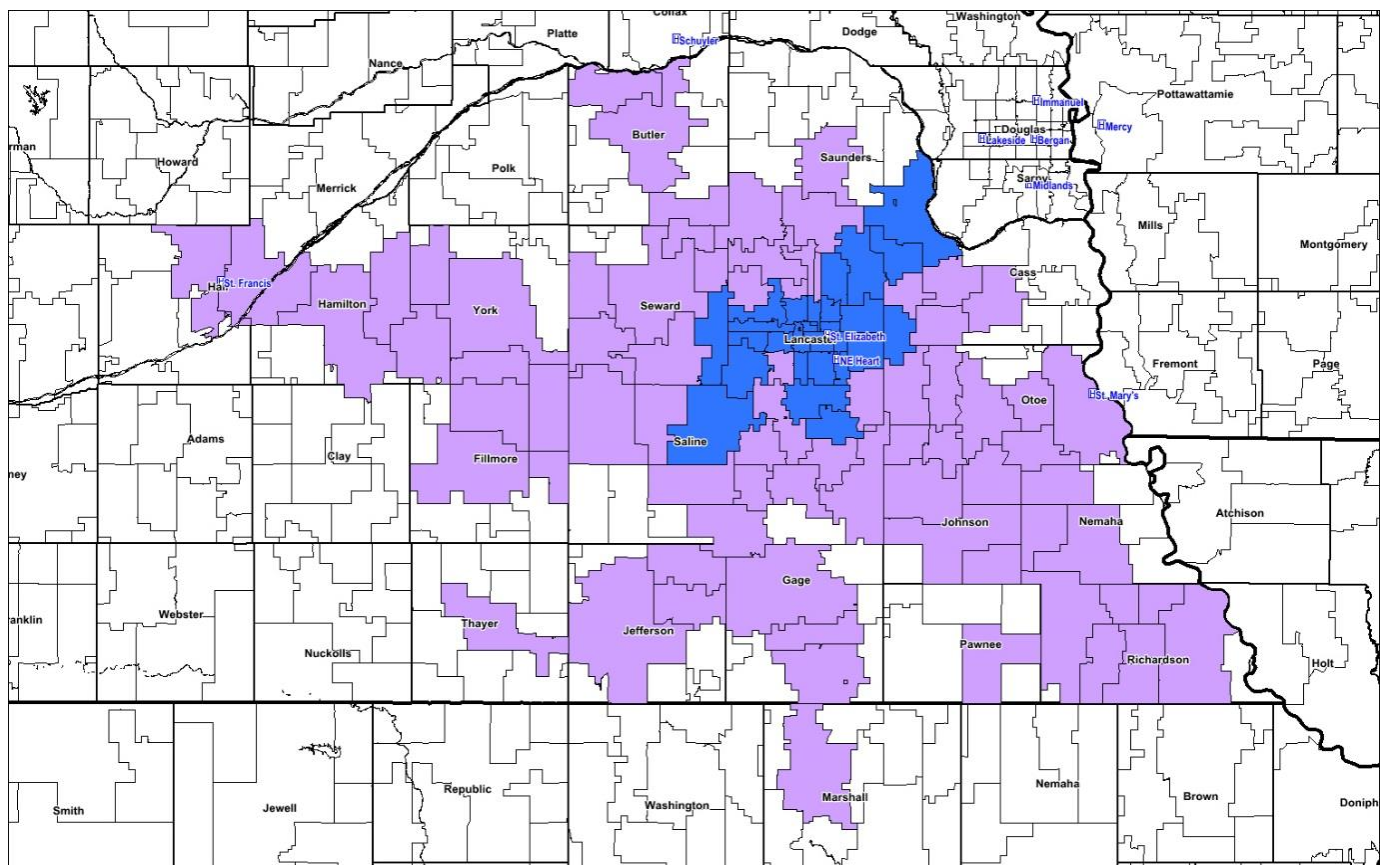
This mission calls us to create healthier communities and we know that the health of a community is impacted beyond the services provided within our wall. This is why we are compelled, beyond providing excellent health care, to work with neighbors, leaders and partner organizations to improve community health. The following implementation plan outlines our commitment to this mission and to our communities.

Community Served by the Hospital

For the purpose of the implementation strategy, St. Elizabeth and NHH consider their primary community to be the City of Lincoln and the surrounding County (Lancaster) which includes 75%-90% of the patients served by the hospitals. This was determined by an interdisciplinary team from the two hospitals [Community Benefit Action Team (CBAT)] and aligns with a shared definition agreed upon with community partners including other local health systems and the health department.

Lancaster County includes residents living in the towns of Bennet, Davey, Denton, Firth, Hallam, Hickman, Lincoln, Malcolm, Panama, Raymond, Roca, Sprague, Waverly, and ten unincorporated villages. Lancaster County covers an area of 839 square miles in southeastern Nebraska, with Lincoln as the largest city and which serves as the Nebraska State Capitol. Further description of the county population demographics, socioeconomic factors, and unique characteristics can be found in the 2019 CHNA at www.CHIHealth.com/chna.

Figure 1-Community Served¹



¹ CHI Health Planning Datamart, PDR IP & OP CY2017 data; Lincoln Market includes St. Elizabeth's & Nebraska Heart Hospital

Implementation Strategy Planning Process

In order to select priority areas and design meaningful, measurable strategies, the CBAT reviewed the data and top health needs from the 2019 CHNA. For each top health need, the hospital took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area. In addition, each hospital considered potential other areas of need as defined by the IRS. As described in the IRS instructions for the Form 990, Schedule H for Hospitals, community need may be demonstrated through the following:

- A community needs assessment developed or accessed by the organization
- Documentation that demonstrated community need or a request from a public agency or community group was the basis for initiating or continuing the activity or program
- The involvement of unrelated, collaborative tax-exempt or government organizations as partners in the activity or programs

As a result of this review a joint strategy with Saint Elizabeth and NHH was determined as the best way to maximize resources and more comprehensively address the health needs in the community. Throughout development of the plan, numerous internal and community partners were consulted to ensure the appropriate strategies were selected, the right partners were engaged, and resources were leveraged. To further assure alignment and integration with the organization, CHI Health Strategy and Planning team members participated in the development of the following plans.

Prioritized Health Needs

Prioritization Process

During the CHNA process, the CBAT identified the top health needs through consideration of various criteria, including: standing in comparison with benchmark data; identified trends; the magnitude of the issue in terms of the number of persons affected; and the perceptions of top health issues among key informants giving input to the process. This process can be reviewed in more detail in the CHNA posted at www.chihealth.com/chna.

Upon completion of the CHNA, the CBAT held a meeting to identify the top health needs to be prioritized for work, brainstorm existing work in these areas, existing partnerships, resources and capacity for work in each of the identified priority areas. During these meetings the team took into consideration the severity of each health issue, the population impacted (making special consideration to disparities and vulnerable populations), the trends in the data as well as existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that health area. Finally, the team considered all of these factors in the context of whether addressing the health need would help to address other health need areas.

Prioritization Criteria

In order to select priorities, the hospitals considered information from the CHNA and subsequent community input meetings and ultimately prioritized one health need for work (Access to Care) based on:

- Severity and impact on other health need areas
- Existing work that involved multiple community partners and resources

- Community’s desire for the hospitals to continue engagement in related work
- Hospitals’ expertise in addressing the health need

Prioritized Health Needs Identified in CHNA

Table 2, below highlights the four health needs and rationale for selection for the CHNA, as well as identifies that the hospitals have prioritized one health need area for work, as a result of this aforementioned process.

Table 2

Health Need	Rationale	Hospital Priority
Access to Health Care Services	<ul style="list-style-type: none"> • Growth of population by 13% in Lincoln proper from 2007-2018, and by 12% across Lancaster County (LC) • Mayoral goal of 90% of adults in LC insured by 2020 – Current 88.5% • 10.2% of LC adults in 2016 report no doctor visit due to cost in past year • 17.7% of LC adults report having no personal doctor (down from 24% in 2014) • 26% of LC adults report not dental care in last year 	Yes*
Behavioral Health	<ul style="list-style-type: none"> • 9.8% of Lancaster county respondents report 14 or more ‘poor’ mental health days in last 30 (2016) • Rate jumps to 21% among non-white and Hispanic • Rate is at 31% for those living on \$15,000 or less, and at 15% for those living on between \$15,000-\$25,000/year • Smokers report higher rate of ‘poor’ mental health days • 25% of adults report binge or heavy drinking compared to 21% across NE and 13% among high performers 	No
Chronic Disease	<ul style="list-style-type: none"> • Adult obesity is at 27% in LC compared to 31% in NE and 26% among US high performing counties • 18% of adults in LC over 20 yrs old report no leisure-time physical activity compared to 23% across NE and 20% among US high performers • 97% of LC adults report have adequate access to locations for physical activity, compared to 83% across NE • LC is rated at an 8.0 on a scale of 0 (worst) to 10 (best) that indicate the factors contributing to a healthy food environment, compared to 8.1 across NE 	No
Violence & Injury	<ul style="list-style-type: none"> • 16.2% of high school students in 2017 report involvement in physical fight in past 12 months (19.4% in 2015) • 19% of high school students in 2017 report seriously considering attempting suicide during past 12 months (17.5% in 2015) • Of 44 suicides documented in 2016 in Lancaster County, 2 were youth between ages of 15-19, 17 were adults ages 25-34, 7 were adults age 35-44, 6 were adults 55-64 	No

*See plan below for explanation and details

Implementation Strategy Plan

The following plan describes the strategies, scope, key activities and anticipated impact for the health need area prioritized for work by the by St. Elizabeth and NHH for work over the next three year cycle spanning fiscal years 2020- 2022.

Evaluation Plan

The hospital will conduct an evaluation to demonstrate impact of the related strategies and activities. These plans will include specific data sources such as program records, hospital patient data and/or through community- level data, such as the community health needs assessment (CHNA). Data may include (but is not limited to): community indicators, partners, funding, and programmatic outcomes (via program records). Data will be reviewed by an internal interdisciplinary team at appropriate intervals (e.g., quarterly, bi-annually) but at least annually and will be reported on the annual Schedule H tax reporting as required by the patient protection and affordable care act regulations.

Hospital Role and Required Resources

Internal staff time will be leveraged in satisfaction of hospital plan deliverables. Key staff will be identified both at the system level and at specific hospitals, as appropriate. Additionally, the hospitals will evaluate in an on-going manner, the need to support key activities and strategies financially in partnership with the community and other stakeholders.

Significant Health Needs to be Addressed

Priority Health Need: Access to Care	
Goal	Ensure equitable access to high-quality healthcare and coordination of healthcare and community-based health services across the community
Strategy & Scope	Engage with community partners and key service providers in existing efforts to improve access points and coordination of healthcare services across the City of Lincoln and Lancaster County.
Timeframe	FY2020-FY2022
Community Indicators	<p>CHNA 2016</p> <ul style="list-style-type: none"> 84.8% of Lancaster County adults have health insurance (ages 18-64) 75.7% of Lancaster County adults have a medical home (primary care provider) <p>CHNA 2019</p> <ul style="list-style-type: none"> 88.5% Lancaster County Adults with health insurance (ages 18-64) 82.3% of Lancaster County adults have a medical home (primary care provider) 10.2% of LC adults in 2016 report no doctor visit due to cost in past year 17.7% of LC adults report having no personal doctor (down from 24% in 2014)
Background	<p>Rationale:</p> <ul style="list-style-type: none"> Access to healthcare services was identified as a top identified need in 2016 and reconfirmed in 2019, continuing as a top priority for Lincoln Lancaster County Health Department (LLHD) Community Health Improvement Plan (CHIP) <p>Contributing Factors:</p> <ul style="list-style-type: none"> Availability of non-urgent care sites during non-business hours Minimal collaboration between healthcare and service providers to coordinate care for those most at-risk and needing chronic care disease management support Lincoln is a resettlement community, welcoming refugees from many different countries who do not have insurance and need support to navigate the healthcare system Reported lack of primary care providers who accept Medicare, leaving a shortage for the aging and disabled populations <p>National Alignment:</p> <ul style="list-style-type: none"> 100% of persons have medical insurance 83.9% of persons have a usual primary care provider 4.2% of persons unable to obtain (or delay in obtaining) necessary medical care <p>Additional Information:</p> <ul style="list-style-type: none"> The local safety net coalition was established approximately ten years ago to focus on coordination of needed services for the uninsured and underinsured. There is an opportunity to re-engage this coalition through this work
Anticipated Impact	<ul style="list-style-type: none"> Reduced need for non-emergent ED visits by increasing availability of relevant care access points and encouraging patient connection with a primary care provider (medical home) Lower readmissions and improved use of preventive care due to improved collaboration across healthcare providers and community-based support services
Key Activities	<ul style="list-style-type: none"> Engage with the local safety net coalition and explore opportunities to partner and improve access to high-quality, timely, affordable and equitable care among all community members and identify relevant actions and measures of success for identified work (<i>St. Elizabeth</i>) Identify barriers to effective transitional care for patients discharged from the inpatient/acute setting that puts patients at risk for readmission, and identify partners and strategies to address and identify relevant actions and measures of success for identified work (<i>St. Elizabeth & NHH</i>) Partner with Aging Partners (Area Agency on Aging) to identify gaps in care specific to the aging and disabled populations and identify relevant actions and measures of success for identified work (<i>St. Elizabeth</i>) Continue financial and in-kind support to Partnership for Healthy Lincoln (PHL) to address chronic disease and improve healthcare access through the development of clinical quality improvement

	<p>efforts related to: early prenatal care, maternal depression screening, diabetes management, colon cancer screening – also help to inform future quality improvement initiatives (<i>St. Elizabeth & NHH</i>)</p> <ul style="list-style-type: none"> • Continue financial and in-kind support of Clinic With a Heart to offer monthly urgent care (<i>St. Elizabeth</i>), specialty care (<i>St. Elizabeth</i>), and hypertension care clinics (<i>NHH</i>) for un/under-insured community members • Explore and identify ways to promote improved alignment between primary and cardiovascular specialty care in the Lincoln community and identify relevant actions and measures of success for identified work (<i>NHH</i>) • Support the on-going or increased availability of evidence-based chronic disease management programming that aligns with primary and specialty care access points (i.e. tobacco cessation classes, diabetes self- management, heart failure, etc.) to encourage referral and feedback loop processes (<i>NHH</i>) • Participation in the Lincoln Lancaster County Health Department CHIP Access to Care work group to support work around increasing the number of community members connected to a primary care provider (<i>St. Elizabeth & NHH</i>) • Assess the barriers and need for integration of behavioral health services into primary care across the Lincoln-Lancaster County area, and identify strategies for addressing known barriers (<i>St. Elizabeth</i>)
Partners	<ul style="list-style-type: none"> • Lincoln-Lancaster County Health Department (LLHD) • Partnership for Healthy Lincoln (PHL) • Clinic with a Heart • Aging Partners
Relevant Related Activities	<p>In addition to the specific strategies and key activities outlined above to address <i>Access to Healthcare Services</i> (to be reported annually on Schedule H tax narrative), CHI Health, CHI Health St. Elizabeth, and Nebraska Heart Hospital also supports the following bodies of work related to this health need area:</p> <ul style="list-style-type: none"> • MD Save offers low-cost, pre-paid care bundles for select services and procedures related to: Cardiac Imaging, Radiology, Laboratory, Obstetrics, Gastroenterology, Emergency Department • NHH and St. Elizabeth supports financially, and hosts family medicine residencies to shadow providers, in partnership with Lincoln Medical Education Partnership throughout a three-year residency program • St. Elizabeth and NHH contribute an annual sponsorship to Madonna Rehabilitation’s Community Medical Transportation Program to offer free transportation to those who need support to access needed medical services • Supporting a high school career mentoring program, led by nurses and physicians to expose youth to healthcare careers • Planning has begun for a family health center clinic located in Lincoln, with integrated behavioral health and a variety of services • Providing funding in FY20, and exploring on-going support to The Bridge for detox and rehab services for those in civil protective custody
Results	<i>PENDING</i>

Significant Health Needs Not Addressed

In acknowledging the range of priority health issues that emerged from the CHNA process, Good Samaritan and RYBH prioritized the health issues above in order to most effectively focus resources and meaningfully impact the selected health issues. As described in the process above, the hospitals took into consideration existing partnerships, available resources, the hospital's level of expertise, existing initiatives (or lack thereof), potential for impact, and the community's interest in the hospital engaging in that area in order to select the priorities. The following identified needs will not be prioritized in this implementation plan for the following reasons.

Behavioral Health. While St. Elizabeth and NHH have prioritized work to address gaps in *access to healthcare services*, access to behavioral health services will be included in these efforts, and is an important component driving the need for improvements in *access to healthcare services*. Therefore, the hospitals did not prioritize this health need in order to focus and maximize impact on another health need area that will indirectly improve the community's approach and capacity for addressing behavioral health.

Chronic Disease. The hospitals did not prioritize this health need for work for three key reasons. First, there is a large body of existing efforts in the community that are working to reduce chronic disease and negative impacts associated with such diseases as cancer, heart disease, and stroke. Second, St. Elizabeth and NHH will continue to provide annual funding to Partnership for Healthy Lincoln which improves health, wellness, and fitness through programs that increase physical activity and improve nutrition habits on a population level. Third, in order to maximize impact, St. Elizabeth and NHH have prioritized access to healthcare services as improving access points, reducing barriers to preventive care, and improving the quality of healthcare. These efforts improves the ability of healthcare services and community partners to address chronic disease on an individual basis.

Injury and Violence. This health need was not prioritized in order to focus and meaningfully impact other areas of need. St. Elizabeth recently received a one-year grant to explore continued promotion of the evidence-based Second Step language to points of service to youth and families outside of school settings. This work may evolve further and address violence prevention efforts directly, however at this time is primarily in planning stages. Additionally, there is a robust network of partners addressing injury and violence prevention through the Lincoln Lancaster County Health Department Community Health Improvement Plan. St. Elizabeth and NHH have long supported and will continue to support through financial and in-kind contributions.

Authorization

The CHI Health Board of Directors approved and adopted this Implementation Plan on _____.

Appendix

All of the Community Health Needs Assessment Reports for CHI Health Saint Elizabeth Hospital and CHI Health Nebraska Heart can be found at www.chihealth.com/chna and a free copy may be obtained by contacting kelly.nielsen@alegent.org or 402-343-4548.

