

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

Identified Community Health Need: Access to Care	Objectives/ Anticipated Impact	Action Items	Responsible Party/ies	Identified Themes in 2016 CHNA	Evaluation Methods, Measurable Targets, and Other Comments
	<p>1. Increase coverage for patients seen in the Emergency Room by providing assistance to secure health coverage for all individuals entitled to the benefit; also provide payment options for individuals that chose not to secure coverage or are not currently eligible for health benefits. Secure benefit concurrent with hospital stay when Medi-Cal Presumptive Eligibility rules apply.</p>	<p>a. Continue to provide services to help every unfunded patient received in the Emergency Department find coverage options - including PointCare questionnaire to generate personalized coverage options that are filed in patients' accounts for future reference and accessibility.</p> <p>In addition, Sharp staff use the PointCare on-line survey to direct patients to the Covered California website for health coverage or Medi-Cal enrollment as Presumptively Eligible and/or full scope benefits.</p>	<p>Supervisor, Patient Assistance Navigators</p>	<p>Access to care Education</p>	<p>The PointCare program continues to collect metrics on number of individuals served and cost savings. Via this program, Sharp served 22,786 self-pay patients since October 01, 2015 through 07/31/2017.</p> <p>PointCare has expanded its website to also provide linkage to Covered CA as appropriate. The tool interfaces patient screening information in the GE record.</p> <p>In FY 2016, Sharp Healthcare’s Patient Access Services department processed real-time Medi-Cal eligibility determinations under the Hospital Presumptive Eligibility Program for 1,990 unfunded patients in the ED.</p> <p>Continued unknowns in understanding the efficacy of these efforts are the increase in the patient out of pocket responsibility resulting from health plan coverage purchased off the exchange and the transition of qualified unfunded patients directly to Medi-Cal.</p> <p>Sharp has initiated a process of trending straight self-pay collections separate from balance after insurance collections in an effort to closely monitor these two</p>

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					distinct populations.
	2. Provide payment options and support high-risk, uninsured, underinsured, and patients admitted to hospital facilities with an inability to pay their financial responsibility after health insurance.	a. Provide the Maximum Out of Pocket Program to patients who express an inability to pay their financial responsibility after health insurance.	All Revenue Cycle Staff	Access to care Education	The Maximum Out of Pocket Program was launched in October 2014. Sharp provides one-on-one interviews during the hospital stay focusing on educating the patient regarding their health insurance benefits, accessing care, and payments options with a compassionate approach while promoting healing.
		b. Provide a Public Resource Specialist through the system-level Patient Financial Services Department for uninsured and underinsured patients, in order to offer support to patients needing advanced guidance on available funding options.	Patient Financial Services (system- level) Public Resource Specialists	Access to care Education	In 2015, positions were created within Sharp’s Patient Financial Services department (system level) entitled Public Resource Specialists – to support patients at all Sharp hospitals (including SCHHC) needing extra guidance on available funding options. These Public Resource Specialists also perform what is traditionally called “field calls” (home visits) to patients who have left the hospital and require assistance in completing a process to facilitate coverage. Anticipate implementation of tracking tool in late FY 2017.
		c. Patient Assistance Team will	Supervisor,	Access to care	Cost savings for replacement drugs is monitored

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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		<p>continue to assist patients in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports, or referred through case management, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions due to lack of medication access. The team members research all options available including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance, low-cost alternatives, or research where the patient might find their medication at a lower cost.</p>	<p>Patient Assistance Navigators</p> <p>Manager Patient Financial Services, Self-Pay Patients</p>	<p>Education</p>	<p>through pharmacy and supply chain. The patient accounting staff remove the charges from the patient statement.</p> <p>Sharp was the first health system in San Diego to gain Certification through the Covered CA program, training over 20 employees to become Certified Enrollment Counselors for CoveredCA. This, along with Hospital Presumptive Eligibility, has reduced the unfunded population at our hospitals significantly.</p> <p>Sharp also tracks each individual that has applied for financial assistance. The patient account is noted with the findings, and a specific adjustment code is used to track the dollars associated with these reviews.</p>
		<p>d. Continue to offer ClearBalance – a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial Services, both insured and</p>	<p>Supervisor, Patient Assistance Navigators</p> <p>Manager</p>	<p>Access to care Education</p>	<p>To date in FY17, 58 Sharp patients have been assisted through the ClearBalance loan program (nearly 2,000 patients since the program’s inception).</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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		uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly payments.	Patient Financial Services, Self-Pay Patients		
		e. Continue to provide Project HELP funds for pharmaceuticals, transportation vouchers and other needs for economically disadvantaged patients.	Sharp Coronado Hospital and Healthcare Center (SCHHC) Chief Financial Officer, VP of Clinical Services	Access to Care	Project HELP funds are tracked though an internal database.
		f. Patient Assistance Team will continue to help patients in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports or referred through case management, nursing, physicians or other patients. If eligible, uninsured patients are offered assistance. The team members research all available options including programs offered by	Supervisor, Patient Assistance Navigators Manager Patient Financial Services, Self-Pay Patients	Access to care Education	Cost savings for replacement drugs is monitored through pharmacy and supply chain. The patient accounting staff remove the charges from the patient statement so the savings is noted in their total charges. Sharp was the first health system in San Diego to gain Certification through the Covered CA program, training over 20 employees to become Certified Enrollment Counselors for Covered CA. This, along with Hospital Presumptive Eligibility, has reduced the unfunded population at our hospitals significantly.

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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		drug manufacturers, grant-based programs offered by foundations, copay assistance, low-cost alternatives, or research where the patient might find their medication at a lower cost.			Sharp also tracks each individual that has applied for financial assistance. The patient account is noted with the findings, and a specific adjustment code is used to track the dollars associated with these reviews.
	3. Improve access to health and social services for high-risk community members, particularly San Diego’s homeless population.	a. Continue to collaborate with the San Diego Rescue Mission to discharge chronically homeless patients to the Rescue Mission’s Recuperative Care Unit. These patients receive follow-up care through SCHHC in a safe space, in addition to psychiatric care, substance abuse counseling and other services through the San Diego Rescue Mission.	Vice President, SHC Case Management	Access to Care Collaboration Care Management	Program tracks the number of referrals made to the Rescue Mission as well as cost data for patients for whom Sharp covers the cost of post-discharge treatment (at a Sharp facility). Data for the latter are tracked via Sharp’s Case Management Department’s cost reports.
		b. Continue to partner with Father Joe’s Villages to support Project SOAR - designed to facilitate and expedite the processing of Social Security and disability applications for homeless individuals with urgent health care needs.	Vice President, SHC Case Management	Access to care Collaboration Care Management	Eligibility for Project SOAR’s programming is incorporated into Sharp’s current eligibility review process for all patients; patient files are assessed for Project SOAR eligibility and then referrals are conducted for qualified patients. Currently there are no mechanisms in place to track

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					cost or volume on this program, as it is a cooperative with no direct costs for Sharp. Thus, it is difficult to measure any savings that Sharp might experience.
		c. Evaluate patients applying for Medi-Cal for CalFresh (Food Stamps) through on-site hospital Patient Financial Services and Hospital Outstation Program (collaboration with the County of San Diego). Facilitate enrollment of qualified patients in CalFresh.	Manager, Patient Financial Services, Self-Pay Patients	Access to Care Access to Healthy Food (Food Insecurity) Collaboration Care Management	Across Sharp HealthCare PFS: YTD metrics through April, 2017: 367 CalFresh applications submitted, 209 applications approved, 15 applications pending.
		d. Continue and strengthen partnership with Meals on Wheels San Diego County to serve homebound seniors and other vulnerable community members.	Manager, SCHHC Patient and Administrative Relations	Senior Health Food Insecurity Social Isolation Access to Care Collaboration	SCHHC continues to partner with Meals on Wheels San Diego County, and in FY 2015 the hospital delivered nearly 7,000 meals to Coronado seniors in their homes. New in 2017, two SCHHC volunteers were trained by the San Diego Meals on Wheels office to fill Intake Coordinator vacancies in the San Diego office. This has allowed the service to be expanded to additional clients and shortened the intake time for new clients. In addition to meals service delivery seven days a

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					<p>week, SCHHC’s partnership with Meals on Wheels San Diego County includes the provision of sliding scale payment programs, free pet food, daily wellness checks and more to men and women who are elderly, homebound, disabled, frail or at-risk. Meals on Wheels volunteers also observe the client’s environment for potential health and safety issues and are trained to obtain emergency response if needed. This partnership helps promote independence, reduce social isolation and improve the quality of life and health of participating community members.</p>
		<p>e. Continue to explore opportunities for collaboration with community organizations to provide medical care, financial assistance, psychiatric and social services to high-risk, chronically ill, and/or chronically homeless patients</p>	<p>Vice President, SHC Case Management Care Transitions Program Manager Manager, Community Benefits and Health Improvement</p>	<p>Access to Care Collaboration Care Management</p>	<p>1.The prior success of the CCTP program, as well as the program outcomes for Sharp Grossmont Hospital’s specific CTI program (following termination of the Innovation Grant) distinguish this as an opportunity for further exploration. The Integrated Care Management Plan includes reviewing program outcomes – past and current – reviewing opportunities for alternative funding, and then re-implementation of a redesigned program in FY 2019. Success will be measured through identified metrics for the target population, to include: decreased readmissions, decreased ALOS, and decreased inappropriate ED visits.</p> <p>2. Integrated Care Management is currently working</p>

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

Identified Community Health Need: Access to Care	Objectives/ Anticipated Impact	Action Items	Responsible Party/ies	Identified Themes in 2016 CHNA	Evaluation Methods, Measurable Targets, and Other Comments
					<p>with leaders across the Sharp continuum (SHC, SMV, SRS, and SCMG) for alternative solutions for hard to place patients requiring long-term supportive housing, assisted living, and/or custodial care, who also live with chronic behavioral health disabilities. Leaders are formulating a plan that includes working with community health care partners to vet opportunities. Care Management seeks to have options in place for strategic planning FY 2019 – 2020. Measures of success will include quality of care improvements, with decreased costs of care for the target population. This may be realized by measuring change in ALOS, transitions to safe and sustainable home or home like settings, and demonstrating improved linkages to Behavioral Health Primary Care providers.</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

Identified Community Health Need: <u>Behavioral Health</u>	Objectives/ Anticipated Impact	Action Items	Responsible Party/ies	Identified Themes in 2016 CHNA	Evaluation Methods, Measurable Targets, and Other Comments
	1. Raise awareness and reduce stigma of behavioral health issues, with specific focus on seniors.	a. Provide behavioral health education, screening and resources to community members, specifically seniors.	Manager, SCHHC Patient and Administrative Relations	Senior Health Behavioral Health Collaboration Education Stigma	<p>In May 2017, SCHHC and Coronado SAFE collaborated with the Coronado High School Health Fair in May 2017 to assist in connecting community members with behavioral health resources. A fall 2017 health event will be held in conjunction with the annual flu clinic that will also provide information on behavioral health resources. Event planned for FY18 (October).</p> <p>Although Behavioral Health is identified as a priority health need in the primary communities served by SCHHC, the facility is not licensed to comprehensively address this priority. The behavioral health needs of Sharp Coronado Hospital’s patient community are addressed primarily through the programs and services provided through Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) – the major providers of behavioral health and chemical dependency services in San Diego County. As part of this effort, SMV dispatches PET (Psychiatric Evaluation Team) staff to SCHHC’s ED in order to identify patients that should be transferred to SMV.</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

Identified Community Health Need: <u>Cardiovascular Disease</u>	Objectives/ Anticipated Impact	Action Items	Responsible Party/ies	Identified Themes in 2016 CHNA	Evaluation Methods, Measurable Targets, and Other Comments
	<p>1. Empower community members with cardiovascular and cerebrovascular disease through education and support; promote accountability and behavioral change through education on chronic disease self-management.</p>	<p>a. Provide cardiovascular health education and resources to community members.</p>	<p>Manager, SCHHC Patient and Administrative Relations</p>	<p>Cardiovascular Disease Education Screenings Access to Care</p>	<p>SCHHC conducted a health & wellness event in FY 16 with attendance of over 100 community members. Cardiovascular health education was provided including Emergency Dept., Clinical Nutrition Services, and Food & Nutrition Services provided a cooking demo of heart healthy meals and samples were given to community members.</p> <p>Free, Healthier Living Workshops are provided to community members through Sharp HealthCare’s medical group, Sharp Rees-Stealy, including in areas served by SCHHC. The six-week class teaches how to manage the challenges of living with a chronic disease, including diabetes, high blood pressure, asthma, arthritis and other conditions. Topics include: appropriate exercise for maintaining and improving strength, flexibility and endurance; appropriate use of medications; communicating effectively with family, friends and health professionals; nutrition to improve well-being; techniques to deal with frustration, fatigue, pain and isolation often associated with chronic disease. Family members or friends of someone with an ongoing health condition, as well as community members interested in becoming more physically and socially active, are welcome to attend.</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					In addition, this need is addressed by currently existing support groups across Sharp HealthCare, including: Women With Heart Disease, Congestive Heart Failure, Heart Transplant/Family Support Group and Young Enthusiastic Stroke Survivors (YESS).
	2. Increase access to cardiovascular health screenings and educational resources for community members, with a focus on underserved populations.	a. Provide cardiovascular health education, screenings, and resources to community members.	Manager, SCHHC Patient and Administrative Relations	Cardiovascular Disease Education Screenings Access to Care	<p>SCHHC conducted a health & wellness event in FY 16 with attendance of over 100 community members. Cardiovascular health education was provided including Emergency Dept., Clinical Nutrition Services, and Food & Nutrition Services provided a cooking demo of heart healthy meals and samples were given to community members.</p> <p>SCHHC is in the planning process for a community health fair that will include information/resources on heart healthy nutrition, healthy cooking, as well as the programs. Date TBD as resources are assessed.</p> <p>Currently exploring opportunities for community event participation – especially those serving older adults – in FY18 and the future.</p>
	3. Collaborate with other health care organizations in	a. Continue participation in San Diego County Stroke Consortium	Sharp HealthCare VP	Cardiovascular Disease	Sharp team members continue to serve as part of the San Diego County Stroke Consortium and the Sharp

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

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	San Diego on stroke education and prevention efforts.		of Ortho/Neuro Service Line SCHHC Manager of Emergency Department	Collaboration Education	HealthCare Stroke service line team will once again participate in the “Strike Out Stroke” event at the Padres in September 2017 (rescheduled from May due to rain), with more than 25,000 attendees.

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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	<p>1. Increase education of signs and symptoms of diabetes throughout San Diego, particularly underserved and minority populations in the community.</p>	<p>a. Participate in educational forums, health fairs and events throughout San Diego, including Coronado.</p>	<p>Manager, SCHHC Patient and Administrative Relations</p> <p>SHC Diabetes Service Line Leadership Team</p> <p>SHC Manager, Community Benefits and Health Improvement</p>	<p>Diabetes Education Collaboration</p> <p>Access to care</p> <p>Food Insecurity</p>	<p>In Summer 2017, SCHHC and SHC Diabetes Service Line Leadership team agreed to collaborate with the Imperial Beach Healthy Grocery Initiative (IBHGI) by providing two free educational workshops for IB residents in 2017-2018, covering topics such as: healthy eating for diabetes, food label confusion, and eating for a healthy heart. Additional education and resources from SCHHC is also planned.</p> <p>In addition, in April 2017 SCHHC participated in Imperial Beach’s “Lets Connect” health event dedicated to assisting community members with registering for health services, food supplementation programs, and receive health education on infection prevention and healthy living choices.</p> <p>Background: In Summer, 2016 SCHHC reached out to the Imperial Beach (IB) community through participation in the new annual community health fair. This outreach, including the Chamber of Commerce, local organizations and faith-based community, resulted in connection to the IB community’s “Hunger Collaborative.” SCHHC connected community organizations from the Hunger Collaborative with resources at the San Diego Food Bank, to provide nutrition education classes to seniors with fresh</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					<p>produce provided. This began further conversations on how SCHHC and SHC Diabetes Leadership can support the health and well-being of IB residents, specifically around nutrition and access to healthy food. The IBHGI is grassroots IB initiative to create a community-owned, natural foods market (SunCoast Co-op Market) in IB.</p> <p>The SHC Diabetes Leadership Team meets annually with the SHC Manager of Community Benefit and Health Improvement to evaluate community programs over the previous year and identify opportunities for community outreach and collaboration. In 2016, this resulted in connection with SCHHC and the IB community.</p> <p>Feedback is collected from community members on educational courses provided, in order to improve and refine educational resources for community member needs.</p>
		b. Explore opportunities with new venues/ community groups, and community clinics to provide additional resources and education to vulnerable populations.	Manager, SCHHC Patient and Administrative Relations	Diabetes Education Access to care Collaboration Food insecurity	In Summer 2017, SCHHC and SHC Diabetes Service Line Leadership team agreed to collaborate with the Imperial Beach Healthy Grocery Initiative (IBHGI) by providing two free educational workshops for IB residents in 2017-2018, covering topics such as: healthy eating for diabetes, food label confusion, and eating for

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

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			SHC Diabetes Service Line Leadership Team SHC Manager, Community Benefit and Health Improvement		a healthy heart. Additional education and resources from SCHHC is also planned. Please see line item above for additional background and history. SHC Manager, Community Benefit and Health Improvement continues to evaluate opportunities/potential collaborations through the 2016 CHNA, works with SCHHC’s Manager of Patient and Administrative Relations as well as SHC’s Diabetes Service Line Leadership to introduce, facilitate and support these opportunities.
		c. Utilize findings from the FY 2016 CHNA to assess existing community resources and explore areas where additional diabetes education and resources may be needed.	SHC Manager, Community Benefits and Health Improvement SHC Diabetes Service Line Leadership Team Manager, SCHHC Patient and	Diabetes Education Access to Care Collaboration	In Summer 2017, SCHHC and SHC Diabetes Service Line Leadership team agreed to collaborate with the Imperial Beach Healthy Grocery Initiative (IBHGI) by providing two free educational workshops for IB residents in 2017-2018, covering topics such as: healthy eating for diabetes, food label confusion, and eating for a healthy heart. Additional education and resources from SCHHC is also planned. In March of 2017 SHC met with a community representative organizing a food collaborative to improve access to healthy food for the community. IB was connected to representative of the San Diego Food Bank that resulted in providing nutrition classes that

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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			Administrative Relations		included distribution of free fresh produce to attendees. The work on improving access to healthy food continues, and this has collaboration with the IBHGI on nutrition education for IB residents (see below for details).
		d. Provide diabetes education to food-insecure adults enrolled in Feeding America San Diego’s Diabetes Wellness Project – a collaboration including UCSD’s Student Run Health Clinic in Downtown San Diego.	SHC Diabetes Leadership Team SHC Manager, Community Benefit and Health Improvement	Uncontrolled Diabetes Education Access to Care Collaboration Food Insecurity	<p>Background: In FY15-FY16, the SHC Diabetes Education Program provided diabetes education to food insecure adults enrolled in Feeding America San Diego’s (FASD) Diabetes Wellness Project, a randomized, controlled trial and collaboration between UCSD’s Student-Run Free Clinic Project, the Third Avenue Charitable Organization (TACO) and Baker Elementary School in Southeast San Diego. The Diabetes Wellness Project screens adult clinic patients with Type 2 diabetes for food insecurity, and provides them with ongoing medical treatment and diabetes management through the clinic. In addition, FASD provides Diabetes Wellness Food Boxes to project participants, in conjunction with a monthly diabetes and nutrition education course. Provided by an SHC Diabetes Educator - as well as CalFresh outreach. Approximately 200 participants enrolled in the one-year Diabetes Wellness Project.</p> <p>Findings of study released in Spring, 2017: Participants with diabetes who received healthy food at</p>

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

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					<p>clinic-based food pantries demonstrated statistically significant improvements in:</p> <ul style="list-style-type: none"> • Household food insecurity status • Fruit and vegetable intake • Diabetes distress • Depression • Blood sugar control (for patients with HbA1c levels ≥ 7.5) • Weight and Body Mass Index (for patients with HbA1c ≥ 7.5) • Patients who were referred to off-site food pantries had no improvements and 89.5% of them did not go to an off-site food pantry despite personalized referrals.

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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	1. Provide free biometric screenings for community members that address risk factors for obesity.	a. Coordinate and provide BMI and blood pressure screenings to community members at community events.	Manager, SCHHC Rehabilitation Services	Obesity Screening Education Collaboration	<p>SCHHC provided a community wellness event in FY 16 as well as a booth at the Imperial Beach Health Fair in April 2016. At both events SCHHC provided measures of BMI, and education/resources on importance of healthy exercise and diet. More than 100 community members attended both events.</p> <p>SCHHC is currently exploring additional opportunities to collaborate with the Imperial Beach community to address nutrition, access to healthy food and wellness.</p>
	2. Provide care management in support of weight loss and healthy lifestyle choices for San Diego community members.	Continue to offer health and wellness services in the new Sewall Healthy Living Center.	Manager, SCHHC Rehabilitation Services SCHHC Director of Ancillary Services SCHHC Chief Financial Officer, VP of Clinical Services	Obesity Screening Education Physical activity Healthy eating	<p>Services available through the Sewall Healthy Living Center include:</p> <ul style="list-style-type: none"> • Memberships for general fitness center access • Personal training sessions for individualized fitness services • Fitness classes for all levels of mobility • Personalized nutrition counseling services • A menu of diagnostic health screenings <p>In general, resource limitations restrict growth beyond current programs and services that specifically address obesity at this time.</p>

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

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	<p>1. Continue to host a variety of senior health education and screening programs, in order to raise awareness, identify risk factors, and connect seniors to helpful resources.</p>	<p>a. Provide information on various senior issues such as senior mental health, memory loss, hospice, senior services, nutrition, healthy aging and balance and fall prevention</p>	<p>Manager, SCHHC Patient and Administrative Relations</p>	<p>Senior Health Education Collaboration</p>	<p>SCHHC’s provided a community health fair in FY 16 that addressed various senior health issues with education booths, literature handouts and interactive exhibits. Further, SCHHC conducted skin cancer screenings for seniors in Sept. 2016 attended by 25 community members.</p> <p>In addition, SCHHC was a sponsor at Sharp Hospice’s Aging Conference and continue to partner in their AIM (Live Stronger Longer) events in FY 16. SCHHC continues to explore additional opportunities to provide education and resources to address senior health issues in its community.</p> <p>SCHHC continues to focus on hospital- sponsored free education via radio broadcasts, on local journals, online and in the newspaper. These efforts help to support event attendance.</p> <p>Each education and screening program provided by SCHHC is evaluated by participants. Evaluations include point SCHHCs and average evaluation SCHHCs, as well as open-ended questions such as: what was the most important thing participants learned, what other programs seniors (participants) would like.</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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		b. Continue to participate in community health fairs for seniors	Manager, SCHHC Patient and Administrative Relations	Senior Health Education Screenings Collaboration Behavioral Health	<p>SCHHC conducted skin cancer screenings for seniors in Sept. 2016 attended by 25 community members.</p> <p>SCHHC continues to explore opportunities to provide education and resources to community seniors.</p> <p>Currently exploring opportunities for community event participation – especially those serving older adults.</p>
		c. Coordinate an educational conference in collaboration with Sharp HospiceCare.	Manager, SCHHC Patient and Administrative Relations	Senior Health Education Screenings Collaboration	Each education and screening program provided by SCHHC is evaluated by participants. Evaluations include point SCHHCs and average evaluation SCHHCs, as well as open-ended questions such as: what was the most important thing participants learned, what other programs seniors (participants) would like.
		d. Continue to offer screenings tailored for seniors, including monthly blood pressure clinics, and four to eight types of health screenings annually.	Manager, SCHHC Patient and Administrative Relations	Senior Health Education Screenings Collaboration	<p>SCHHC is planning future screenings to focus on skin cancer and behavioral health due to low attendance at blood pressure clinics.</p> <p>Each education and screening program provided by SCHHC is evaluated by participants. Evaluations include point SCHHCs and average evaluation SCHHCs, as well as open-ended questions such as: what was the most</p>

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

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					important thing participants learned, what other programs seniors (participants) would like.
	2. Engage and partner with local community organizations that address senior health issues in order to foster future opportunities for collaboration in provision of education, screening, food and other resources to seniors.	a. Maintain active relationships with community organizations serving seniors throughout San Diego, including Rotary, the Steering committee for the Coronado Senior Center, and Meals on Wheels, San Diego County (see Action item “b” below).	Manager, SCHHC Patient and Administrative Relations	Senior Health Education Screenings Collaboration	The Coronado SAFE event originally intended for the annual flu clinic (that would serve seniors) in FY17 was cancelled and shifted to supporting Coronado High School’s health fair, which SCHHC attended. Continued presence on Rotary and Steering Committee for the Coronado Senior Center.
		b. Continue and strengthen partnership with Meals on Wheels San Diego County to serve homebound seniors and other vulnerable community members.	Manager, SCHHC Patient and Administrative Relations	Senior Health Food Insecurity Social Isolation Access to Care Collaboration	SCHHC continues to partner with Meals on Wheels San Diego County, and in FY 2016 the hospital delivered nearly 7,000 meals to Coronado seniors in their homes. In 2017 volunteers were trained to fill 2 vacant Intake Coordinator roles for the Sharp Coronado Adopt-a-Route that has allowed the Sharp route to expand services and shortened intake time for new clients.

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					<p>In addition to meal service delivery seven days a week, SCHHC’s partnership with Meals on Wheels San Diego County includes the provision of sliding scale payment programs, free pet food, daily wellness checks and more to men and women who are elderly, homebound, disabled, frail or at-risk. Meals on Wheels volunteers also observe the client’s environment for potential health and safety issues and are trained to obtain emergency response if needed. This partnership helps promote independence, reduce social isolation and improve the quality of life and health of participating community members.</p>
	<p>3. Provide coordinated care to patients with advancing progressive chronic disease, in order to improve the individual experience as they near end-of-life.</p>	<p>a. Continue collaboration with Sharp HospiceCare to offer the Transitions program: a program designed to provide home-based palliative care and management for patients with advanced progressive chronic illness. The program is adapted to match each patient’s unique physical, emotional and spiritual needs.</p>	<p>Vice President, Sharp HospiceCare Utilization Review, Sharp HospiceCare</p>	<p>Senior Health Care Management</p>	<p>Currently, this strategy is addressed by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However the Transitions Program is intended for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.</p> <p>Patient and Family Satisfaction Surveys provided to all Transition participants at the end of the program’s “Active Phase” (six weeks).</p> <p>Performance Target: 200 admissions across the system</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					each year. In FY 2016, 235 admissions across the system; YTD FY 2017, 229 admissions.
	4. Provide education and outreach to the San Diego community concerning hospice and palliative services within the care continuum, in order to raise awareness of the choices available towards the end of life and empower community members so that they and their family members may take an active role in their treatment.	a. Continue to conduct outreach activities on hospice and palliative care to community agencies, health care facilities, colleges and universities.	<p>Medical Director, Sharp HospiceCare;</p> <p>Manager, SCHHC Patient and Administrative Relations</p> <p>Business Development, Sharp HospiceCare</p> <p>Advance Care Planning Coordinator</p>	Senior Health Education Collaboration	<p>SCHHC’s Patient and Administrative Relations Dept. will continue to support survey and measurement process.</p> <p>All community presentations provided in collaboration with and by Sharp HospiceCare– including those to professional organizations – are evaluated through survey and tracked through an internal Excel database. Survey and data tracking serve to evaluate effectiveness and to document activities for Sharp’s annual Community Benefits Plan and Report.</p> <p>Currently, these strategies are led primarily by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However, these services are provided to community members and patients across Sharp – including Sharp Coronado Hospital and Healthcare Center.</p>
		b. Provide Advance Care Planning Training to physicians, case managers and other health care professionals.	Advance Care Planning Coordinator	Senior Health Education Collaboration	Currently, these strategies are led primarily by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However, these services are provided to community members and patients across Sharp – including Sharp Coronado Hospital and Healthcare Center.

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

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					<p>Throughout the year the Sharp HospiceCare ACP team educated more than 700 local, state and national health care professionals on ACP and POLST, including, but not limited to, attendees of the San Diego Partners in Advance Care Planning Palliative Care and End-of-Life Planning conference; Cape Cod Healthcare; Arbor Hills Nursing Center; Cottage Hospital; Mountain Health; East County Action Network; SoCAN; HPNA; San Diego Professional Palliative Care Conference; Rainbow Hospice and Palliative Care; Neighborhood House Association; County AIS; Grossmont Post-Acute Care, SDCCEOLC; Coalition for Compassionate Care of California (CCCC), Sharp HealthCare’s Advanced Illness Management Conference; Greater San Diego Business Association; and the California Association of Marriage and Family Therapists. In addition, the ACP team collaborated with the CCCC to offer a two-day POLST Train-the-Trainer workshop which trained 50 community health care providers on identifying the target population for POLST completion, how to facilitate a POLST conversation, and how to document patient treatment wishes on the POLST form.</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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	5. Increase the availability of education, resources and support to community members with life-limiting illness and their loved ones.	a. Provide 13 mailings of bereavement support newsletters	Bereavement Dept., Sharp HospiceCare	Senior Health Education Care Management	Track number of mailings annually through internal Access/Excel database. In FY 2016, ~1,400 community members received bereavement support newsletters. Currently, this strategy is addressed by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However Sharp HospiceCare’s programs are intended for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.
		b. Support the unique advanced illness management and end-of-life care needs of military veterans and their families through participation in veteran-oriented community events and services.	Bereavement Dept., Sharp HospiceCare;	Senior Health Veterans Education	FY 2016 veteran-specific community work included: <ul style="list-style-type: none"> • In May, participated in the San Diego County HVP and the Caregiver Coalition of San Diego’s Veterans Resource Fair at the War Memorial Building in Balboa Park. The free event provided ~ 40 veterans, family members and caregivers with presentations on available health care services, VA benefits enrollment and estate planning. • In June, Sharp HospiceCare participated in the Operation Engage America Resource Fair at Liberty Station, an event hosted by Operation Engage America — a nonprofit organization

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					<p>that provides support, awareness, education and resources for veterans, community members and families living with PTSD and TBI. Nearly 200 veterans, transitioning service members, first responders, families and other members of the community attended the free event which included education and resources from community organizations.</p> <ul style="list-style-type: none"> • In August, Sharp HospiceCare participated in the VASDHS 2016 Community Mental Health Summit. The event brought together key community stakeholders in active dialogue around improving access to mental health services and addressing the mental health care needs of San Diego veterans and their family members. • In November, Sharp HospiceCare participated in Finding the Balance in Caregiving: Caring for Veterans, an educational seminar presented by the Caregiver Coalition of San Diego and the City of La Mesa. Held at the La Mesa Community Center, a free event provided approximately 100 attendees with education and resources on caring for veterans and their caregivers.

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					<ul style="list-style-type: none"> • Sharp HospiceCare also honored the nation’s veterans at various community ceremonies and events in FY 2016. • Since 2010, member of the San Diego County Hospice Veterans Partnership - a coalition of VA facilities and community hospices working together to ensure excellent end-of-life care for veterans and their families. • Participation on the advisory board for the SCRC’s Operation Family Caregiver. • Currently a Level 2 Partner, working towards Level 3 (4 levels available) in We Honor Veterans (WHV), a national program developed by the NHPCO in collaboration with the U.S. Department of Veterans Affairs (VA) to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. As WHV partners, hospice organizations can achieve up to four levels of commitment in serving veterans. Level 2 partners have built the organizational capacity needed to provide quality care for veterans and their families. <p>Currently, this strategy is addressed by Sharp</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					<p>HospiceCare, licensed under Sharp Grossmont Hospital. However Sharp HospiceCare’s programs are intended for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.</p>
		<p>c. Continue to provide community education and resource services throughout San Diego</p>	<p>Business Development Dept., Sharp HospiceCare</p>	<p>Senior Health Education Care Management</p>	<p>Track number of community education events through internal database.</p> <p>In FY 2016, Sharp HospiceCare collaborated with community organizations to provide more than 2,500 community members with end-of-life education and outreach at a variety of churches, senior living centers, and community health agencies and organizations throughout SDC, as well as through participation in community health fairs and events.</p> <p>Currently, this strategy is addressed by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However Sharp HospiceCare’s programs are intended for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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		d. Continue to offer individual and family bereavement counseling and support groups	Bereavement Dept., Sharp HospiceCare	Senior Health Care Management	<p>Track number of individual and group counseling sessions through internal database. In FY 2016, the Healing After Loss and the Widow’s and Widower’s ongoing bereavement support groups served approximately 200 community members.</p> <p>Currently, this strategy is addressed by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However Sharp HospiceCare’s programs are intended for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.</p>
		e. Provide Advance Care Planning (ACP) for community groups as well as individual consultations	Advance Care Planning Dept., Sharp HospiceCare	Senior Health Education Care Management	<p>Track number of sessions and individual consultations through Allscripts Business Unit, Excel spreadsheet and participant evaluations. Quarterly community presentations offered throughout San Diego County. In FY 2016, the program engaged approximately 2,000 community members in free ACP and POLST (Physician Orders for Life-Sustaining Treatment) education at a variety of community sites, including health fairs, senior centers, homecare agencies, churches and seminars</p> <p>Currently, this strategy is addressed by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However Sharp HospiceCare’s programs are intended</p>

Sharp Coronado Hospital and Healthcare Center Community Health Needs Assessment – Implementation Strategy Fiscal 2018-2021

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					for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.
	6. Collaborate with community, state and national organizations to develop and implement appropriate services for the needs of the aging population.	a. Continue active involvement with and participation on state and national hospice organizations (California hospice and Palliative Care Association (CHAPCA) the NHPCO Leadership etc.) included presentations on understanding late-stage illness, changing our culture of care to one of partnership and a continuum of care perspective, advanced care planning, etc.	Vice President, Sharp HospiceCare Medical Director, Sharp HospiceCare Advance Care Planning Coordinator Business Development Dept., Sharp HospiceCare	Senior Health Education Collaboration	Sharp HospiceCare provides approximately six presentations each year in collaboration with state and national organizations. All community presentations provided through Sharp HospiceCare– including those to professional organizations – are evaluated through survey to evaluate effectiveness. Currently, this strategy is addressed by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However Sharp HospiceCare’s programs are intended for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.
		b. Explore partnership with community organizations designed specifically to meet the needs of caregivers.	Business Development Dept., Sharp HospiceCare	Senior Health Caregivers Collaboration	New community partnership: Lantern Crest in Santee; Elmcroft of San Diego (throughout the County as well as additional home care facilities).

**Sharp Coronado Hospital and Healthcare Center
Community Health Needs Assessment – Implementation Strategy
Fiscal 2018-2021**

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					Currently, this strategy is addressed by Sharp HospiceCare, licensed under Sharp Grossmont Hospital. However Sharp HospiceCare’s programs are intended for community members and patients served across Sharp – including Sharp Coronado Hospital and Healthcare Center.