

Implementation Strategy FY 2020-22

St. Vincent Salem



St. Vincent Salem Implementation Strategy

Overview

St. Vincent Salem Hospital is a 25-bed Critical Access healthcare facility, located in Salem, Indiana, the county seat of Washington County, about 30 miles northwest of Louisville. In 1946, Washington County residents voted to support the construction of a new hospital. After four years of planning, and a generous donation of land by the local American Legion post, a local hospital in Salem opened its doors in November 1950. After 60 years of growth, change and challenges, the hospital reached a turning point on February 1, 2010. St. Vincent agreed to sponsor the only hospital in Washington County and the facility was renamed St. Vincent Salem Hospital. Today St. Vincent Salem Hospital offers a wide range of healthcare services to the local community. St. Vincent contracted with Measures Matter, LLC to help facilitate their system-wide Community Health Needs Assessment (CHNA) work and document all efforts into the 2019 reports for each hospital (<http://www.stvincent.org/chna>).

Community Health Needs Assessment (CHNA)

To identify community health needs, the hospital worked with a range of community and academic partners to conduct a comprehensive CHNA. The purpose of the assessment is to identify the significant health needs in the community and gaps that may exist in services provided. It was also developed to provide the community with information to assess essential health care, prevention, and treatment services. Concerted efforts were made to ensure that individuals who directly or indirectly represent the needs of: 1) those with particular expertise in public health practice and research, 2) those who are medically underserved, low-income, or considered among the minority populations served by the hospital, and 3) the broader community at large and those who represent the broad interests and needs of the community served.

Needs That Will Be Addressed

The System Community Health Improvement team reviewed local hospitals' prioritized health needs and determined the FY20-22 System-wide Health Improvement Priorities (SWHIPs) to be:

- Access to Health Services
- Nutrition & Weight Status – Food Security
- Mental Health

Needs That Will Not Be Addressed

The hospital is committed to improving community health by directly, and indirectly, addressing prioritized health needs. However, certain factors impact the hospital's ability to fully address all priorities health needs. The needs listed below are not included in the hospital's implementation strategy plan for the following reasons:

Substance Abuse – This issue is being addressed through the Mental Health priority.

Transportation – This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources.

Chronic Health Conditions – This identified health need is not being addressed in the Implementation Strategy due to limitations within the hospital's human capital and financial resources. However, the hospital provides education on various health needs facing the local community through the following: health fairs, health promotion, wellness programs, lectures, school health education programs, and support groups.

Summary of Implementation Strategy

- Access to Health Services (AHS)
 - Goal: Increase the number of people enrolled in Medicare or Medicare Savings programs
 - Strategy: Educate people interested in these programs about these options and assist with the application and submission processes
 - Target population: People interested in enrolling Medicare or Medicare Savings programs
 - Strategy source: Evidence-based strategy; System change
 - Social determinants of health: Access to community resources and income level
 - Resources: Health Advocates from RUAH and CDHI departments at St. Vincent, OrthoIndy
 - Collaboration: FSSA and RUAH
 - Anticipated Impact:
 - SMART objectives: By June 30, 2022, the hospital will increase its FY20 baseline number of enrollments for the Medicare and Medicare Savings programs by 2.5%
 - List relevant local, state and national objectives: Healthy People 2020 - 100% of people have medical insurance
- Nutrition & Weight Status (NWS) – Food Security
 - Goal: Eliminate very low food security among children (HP2020, NWS-12)
 - Strategy: Encourage schools and/or school districts to adopt a school-wide or district-wide policy designed to increase student participation in the School Breakfast Program (SBP). NOTE: FY20 is a transition/maintenance year for the FY17-FY19 Weekend Feeding Program (WFP) strategy.
 - Target population: Students in schools and/or school districts that have less than 70% participation rate of students who eat free/reduced-priced lunch also eating breakfast at school.
 - Strategy source: Scientifically supported; System change
 - Social determinants of health: Poverty and transportation
 - Resources: Food Service Director and other school staff, USDA, Indiana Department of Education (IDOE), No Kid Hungry, schools that have successfully implemented Breakfast After the Bell (BAB) models, and St. Vincent
 - Collaboration: No Kid Hungry, IDOE, participating schools
 - Anticipated Impact:
 - SMART objectives: The hospital will partner with a school and/or a school district that have less than 70% participation rate of students who eat free/reduced-priced lunch also eating breakfast in the School Breakfast Program by 2% from the baseline established at the beginning of FY21 until the end of FY22 (June 30, 2022)*. NOTE: FY20 is the planning year for the SBP initiative and a transition/maintenance year for the WFP. **Final goal is pending school guidance.*
 - List relevant local, state and national objectives: No Kid Hungry and Indiana Department of Education Strategic Plan
- Mental Health
 - Goal: Increase the number of community members that are trained in Mental Health First Aid (MHFA) to identify individuals who are experiencing mental health/substance issues
 - Strategy: Offer MHFA training to the community at no charge.
 - Target population: Community members who want to get trained as MFHA “First Aiders”
 - Strategy source: Evidence-based strategy; System change
 - Social determinants of health: Access to community resources
 - Resources: Indiana Department of Education, NAMI, FSSA, Mental Health First Aid, Mental Health of America, OrthoIndy

- Collaboration: FSSA, Schools, Community, Catholic Churches
 - Anticipated Impact:
 - SMART objectives: The hospital will increase the number of community members trained to identify individuals experiencing mental health/substance issues by the end of FY22.
NOTE: There is no baseline for this strategy. Target will be set in FY20 for a two-year period.
 - List relevant local, state and national objectives: 2018 Indiana School Safety Recommendations Report
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An action plan follows for each prioritized need, including the resources, proposed actions, planned collaboration, and anticipated impact of each strategy.

Prioritized Need #1: Access to Health Services

GOAL: Increase the number of people enrolled in Medicare or Medicare Savings programs (HP2020, AHS-1.1 with programs specified)

Action Plan

<p>STRATEGY: Educate people interested in enrolling Medicare or Medicare Savings programs about these options and assist with the application and submission processes.</p>
<p>BACKGROUND INFORMATION:</p> <ul style="list-style-type: none"> • Target population: People interested in enrolling Medicare and Medicare Savings programs • Social determinants of health, health disparities and challenges of the underserved: Access to community resources and income level • Strategy source: Evidence-based strategy; System change
<p>RESOURCES:</p> <ul style="list-style-type: none"> • Health Advocates (HA) from RUAH and CDHI departments at St. Vincent, OrthoIndy
<p>COLLABORATION:</p> <ul style="list-style-type: none"> • Indiana Family & Social Services Administration
<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. HA assesses for eligibility, educates individuals about options, submits application, and verifies eligibility to complete the Enrollment Pathway 2. RUAH will use FY20 data to set the baseline value and FY22 target value
<p>ANTICIPATED IMPACT:</p> <ol style="list-style-type: none"> 1. By June 30, 2022, the hospital will increase its FY20 baseline number of enrollments in Medicare or Medicare Savings programs by 2.5%.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020 (or other national plan):
	N/A	N/A	Healthy People 2020 - 100% of people have medical insurance

Prioritized Need #2: Nutrition & Weight Status – Food Security

GOAL: Eliminate very low food security among children (HP2020, NWS-12)

Action Plan

<p>STRATEGY: Encourage schools and/or school districts to adopt a school-wide or district-wide policy designed to increase student participation in the School Breakfast Program (SBP). NOTE: FY20 is a transition/maintenance year for the FY17-FY19 Weekend Feeding Program (WFP) strategy.</p>
<p>BACKGROUND INFORMATION:</p> <ul style="list-style-type: none"> • Target population: Students in schools and/or school districts that have less than 70% participation rate of students who eat free/reduced-priced lunch also eating breakfast at school. • Social determinants of health, health disparities and challenges of the underserved: Poverty and transportation • Strategy source: Scientifically supported; System change
<p>RESOURCES:</p> <ul style="list-style-type: none"> • Food Service Director and other school staff, USDA, Indiana Department of Education, No Kid Hungry, schools that have successfully implemented Breakfast After the Bell (BAB) models, and St. Vincent
<p>COLLABORATION:</p> <ul style="list-style-type: none"> • Touchpoint, No Kid Hungry, Indiana Dept of Education, participating schools, and community partners
<ol style="list-style-type: none"> 1. Attend SBP introductory session offered by Community Development and Health Improvement 2. Meet with the Food Service Director to assess SBP readiness 3. Submit completed SBP readiness assessment to CDHI 4. Submit a 2-year action plan to CHDI 5. Identify percentage of students eating breakfast at school as baseline data 6. Complete regular check-ins with Food Service Director/appropriate school staff; Submit completed progress summaries to CDHI 7. Identify percentage of students eating breakfast at school as follow up data
<p>WFP ACTIONS: (if applicable)</p> <ol style="list-style-type: none"> 1. Meet with school to review transition/maintenance options 2. Submit completed transition/maintenance options 3. Review options and identify next steps with CDHI 4. Submit final transition letter to school, signed by hospital administrator
<p>ANTICIPATED IMPACT:</p> <ol style="list-style-type: none"> 1. The hospital will partner with a school and/or a school district to increase the percentage of students who eat free/reduced-priced lunch also eating breakfast in the School Breakfast Program

STRATEGY: Encourage schools and/or school districts to adopt a school-wide or district-wide policy designed to increase student participation in the School Breakfast Program (SBP). NOTE: FY20 is a transition/maintenance year for the FY17-FY19 Weekend Feeding Program (WFP) strategy.

by 2% from the baseline established at the beginning of FY21 until the end of FY22 (June 30, 2022)*. NOTE: FY20 is the planning year for the SBP initiative and a transition/maintenance year for the WFP. **Final goal is pending school guidance.*

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020 (or other national plan):
	N/A	No Kid Hungry and Indiana Department of Education Strategic Plan	During their 2018 legislative sessions, New York, New Jersey, and Washington have effectively enacted BAB laws, making breakfast part of the school day. ¹

¹ No Kid Hungry. (2018). *2017-2018 State-Level Policy and Legislative Trends*. Available at: <http://bestpractices.nokidhungry.org/sites/default/files/download-resource/2017-2018%20State-Level%20Policy%20and%20Legislative%20Trends.pdf>

Prioritized Need #3: Mental Health

GOAL: Increase the number of community members that are trained in Mental Health First Aid (MFHA) to identify individuals who are experiencing mental health/substance issues.

Action Plan

<p>STRATEGY: Offer MHFA training to the community at no charge.</p>
<p>BACKGROUND INFORMATION:</p> <ul style="list-style-type: none"> • Target population: Community members who want to get trained as MFHA “First Aiders” • Social determinants of health, health disparities and challenges of the underserved: Access to community resources • Strategy source: Evidence-based practice; System change
<p>RESOURCES:</p> <ul style="list-style-type: none"> • MHFA, National Alliance of Mental Illness, Mental Health of America, St. Vincent staff and funding, OrthoIndy
<p>COLLABORATION:</p> <ul style="list-style-type: none"> • FSSA, Schools, Community, Catholic Churches
<p>ACTIONS:</p> <ol style="list-style-type: none"> 1. Appoint one associate lead for this strategy 2. Attend MHFA strategy orientation conference call offered by CDHI 3. Engage with community and submit completed resource list of mutual stakeholders to determine interest in trainings 4. Identify MHFA Certified Instructors to teach two 8-hour courses: 1 course FY21 and 1 course FY22 5. Submit completed MHFA Checklist with information about local community trainings to CDHI 6. Offer MHFA trainings and report to CDHI
<p>ANTICIPATED IMPACT:</p> <ol style="list-style-type: none"> 1. The hospital will increase the number of community members trained to identify individuals experiencing mental health/substance issues by the end of FY22. NOTE: There is no baseline for this strategy. Target will be set in FY20 for a two-year period.

Alignment with Local, State & National Priorities

OBJECTIVE:	LOCAL / COMMUNITY PLAN:	STATE PLAN:	HEALTHY PEOPLE 2020 (or other national plan):
	N/A	2018 Indiana School Safety Recommendations Report	N/A