Ochsner Lafayette General

Ochsner Abrom Kaplan Memorial Hospital Community Health Needs Assessment Implementation Strategy

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Public Comment Notice

Comments or feedback about this report are welcomed.

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Introduction

Implementation Strategy Process for Ochsner Abrom Kaplan Memorial Hospital

The most recent Community Health Needs Assessment (CHNA) for Ochsner Abrom Kaplan Memorial Hospital was adopted on September 16, 2020. The Implementation Strategy (IS) will allow for ongoing assessment of relevant community health outcomes throughout Vermilion Parish.

Implementation Strategy Process for Ochsner Abrom Kaplan Memorial Hospital

The top five health priorities identified from the CHNA will be addressed within the IS.

1. Chronic Disease
2. Care for Older Adults (Aging Population)
3. Social Determinants of Health
4. Behavioral Health
5. Obesity

Implementation Strategy

Community Health Need	Target Population		Action Plan	Goals	Potential Partners	Rationale
Behavioral Health	Vermilion Parish Residents	1	Increase timely access to behavioral health care	Partner with behavioral health providers to streamline outpatient treatment referrals and inpatient treatment placement	Compass Health	Compass Health's 24-hour call center serves as a single point of entry for guidance and access to behavioral health care anytime. Compass Health's goal is to improve throughput of psychiatric patients in the Emergency Room by providing appropriate placement options in a timely manner. The result is a decrease in the amount of time a psychiatric patient waits in the Emergency Room, improved appropriate patient dispositions, and ultimately, reduced costs for the hospital.
Behavioral Health	Vermilion Parish residents	2	Improve suicide rates	Continue to sponsor the Annual Suicide Awareness Walk to provide community education and promote suicide prevention initiatives	Compass Health, NAMI, local mental health workers	"Developing effective suicide prevention approaches for rural settings is critical for reducing rates nationwide. Although suicide is a public health problem that affects everyone, suicide rates are generally higher in rural areas. These have limited mental health providers, barriers in accessing available providers, and stigma around talking about and seeking mental health treatment." -Journal of Rural Mental Health
Behavioral Health	Healthcare providers	3	Improve provider skills and self-efficacy to identify mental health concerns and refer patients to local treatment and support	Continue provider education on behavioral health topics like suicide prevention	Compass Behavioral Health, NAMI	"Current treatments and the dominant model of mental health care do not adequately address the complex challenges of mental illness. These circumstances call for change in the paradigm and practices of mental health care, including improving standards of clinician training. Such guidelines will provide a template for deriving safe, effective, and cost-effective assessment and treatment approaches." -Dr. James Lake, The Permanente Journal
Care for Older Adults	Older adults	4	Increase older adults' ability to utilize technology to access health services	Host a town hall once a quarter geared toward teaching older adults how to use health related websites and applications (i.e. setting up telemedicine visits, ordering pharmaceutical refills, setting up third party health applications, etc.)	Vermilion Council on Aging, AARP	"At each level of prevention, health-related technologies help older adults adapt to changes in the domains of health status, physical function, cognitive function, and social interaction. In terms of location, devices may be implanted in, worn by, or within reach of an older adult." -The National Center for Biotechnology Information

Implementation Strategy, Continued

Community Health Need	Target Population		Action Plan	Goals	Potential Partners	Rationale
Chronic Disease	Individuals with prediabetes or diabetes	5	Increase knowledge and self-management skills to reduce hospital stays related to diabetic complications	Host a diabetic health convention annually to provide comprehensive education related to living with diabetes (i.e. nutrition, addressing SDOH, self-management empowerment, success stories of healthy diabetic lifestyles, etc.)	Local physicians, organizations that address SDOH in relation to diabetes, local pharmacies	"It is crucial for diabetic patients to be aware of nature, treatment, risk factors and complication of this disease. Better diabetic education and knowledge to control and treat diabetes at right time can minimize the chances to develop complications of diabetes and thus reduce morbidity and mortality in diabetics." -Dr. Chaudhary Nazar, Journal of Nephropharmacology
Chronic Disease	Individuals with heart disease	6	Improve cardiovascular medication management to improve health outcomes and reduce readmissions	A) Continue to provide patient education surrounding medication management. B) Facilitate provider education related to effective medication and treatment substitutions to improve adherence.	Cardiovascular Institute of the South, the American Heart Association	"Poor medication adherence has been associated with a number of adverse health impacts. To begin with, poor adherence is associated with poor control of risk factors such as hypertension and cholesterol. Although poor adherence leads to lower medication costs, it can increase non-medication health care costs by causing suboptimal disease control and increased health care utilization." -Dr. Ian Kronish, Elsevier Progress in Cardiovascular Diseases
Chronic Disease	Individuals who smoke	7	Reduce smoking rates	Implement Tobacco Cessation education provided by respiratory therapists within the Pulmonary / Cardiovascular Rehab program	MTS Therapy / Cardiovascular Institute of the South	"Quitting smoking has significant and immediate health benefits for men and women of all ages. The sooner you quit, the greater the benefits. People who quit smoking before age 50 reduce their risk of dying over the next 15 years by one-half, as compared with those who continue to smoke." -Dr. Nancy Rigotti, UpToDate
Chronic Disease	Women	8	Increase heart health screening rates, promote early identification, reduce complications associated with heart disease	Continue to host the annual Women's Cardiac Event to provide health education and improve awareness of screening guidelines and health resources	Cardiovascular Institute of the South	"Women don't experience heart disease the same way men do. Women tend to have less angina. Heart attacks among women usually are more sudden and come on with less warning. As a result, women are less likely to think they're having a heart attack and to see emergency medical care." -University of California San Francisco Health

Implementation Strategy, Continued

Community Health Need	Target Population		Action Plan	Goals	Potential Partners	Rationale
Cross Cutting: Care for Older Adults & Social Determinants of Health (SDOH)	Older adults	9	Promote access to reliable transportation services	Collaborate with Vermilion Council on Aging to provide free and low-cost transportation services to adults over 60	Vermilion Council on Aging, Vermilion Public Transit System, National Aging and Disability Transportation Center	Transportation is necessary for access to healthcare, community participation, and overall quality of life, especially for older adults. Numerous elderly people stop driving due to safety concerns or mobility impairment. These barriers to transportation can potentially lead to lower access to healthcare, missed or delayed medical appointments, and increased costs. -American Society on Aging
Obesity	Vermilion Parish residents	10	Improve nutrition and increase access to healthy foods	A) Collaborate with Ochsner Health's Eat Fit Acadiana team to implement the Eat Fit program in local restaurants B) Promote the Eat Fit mobile app that includes education and resources on wellness and nutrition	Ochsner Health, local restaurants	"Strong evidence shows that healthy eating patterns are associated with a reduced risk of cardiovascular disease (CVD). Moderate evidence indicates that healthy eating patterns also are associated with a reduced risk of type 2 diabetes, certain types of cancers (such as colorectal and postmenopausal breast cancers), overweight, and obesity. Emerging evidence also suggests that relationships may exist between eating patterns and some neurocognitive disorders and congenital anomalies." -Office of Disease Prevention & Health Promotion
Obesity	Vermilion Parish residents	11	Increase physical activity levels	A) Develop promotional/marketing campaigns geared towards increasing the use of free, accessible physical activity and recreation options, like local parks and walking trails B) Collaborate with local gyms and internal therapists to provide virtual workout sessions, like the Medicare "Silver Sneaker" Program.	Local athletic clubs and sports teams, Walk with a Doc, local gyms, MTS Therapy / Cardiovascular Institute of the South.	"The U.S. Surgeon General estimates that 60% of American adults are not regularly active and another 25% are not active at all. Trails and greenways provide a safe, inexpensive avenue for regular exercise for people living in rural, urban and suburban areas. Trails promote safe and livable communities. The recreation, health, transportation and environmental benefits collectively can contribute to an overall enhanced quality of life in communities." -U.S. National Parks Service
SDOH	Individuals with low health literacy	12	Improve patient knowledge and understanding of health topics within print and online resources	Provide clear communications that incorporate plain language in order to better engage individuals with lower levels of health literacy	CDC Plain Language Resources and Clear Communication Initiative	"Health literacy is the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions ... Plain language is a strategy for making written and oral information easier to understand. It is one important tool for improving health literacy." - NIH and HP2020
SDOH	Individuals with low socio-economic status	13	Address social risk factors (social determinants of health) in order to improve treatment adherence and health outcomes	A) Incorporate a screening tool into the Electronic Health Record system to identify unmet social needs B) Maintain a list of local resources to assist patients with social needs C) When unmet needs are pinpointed, case managers will direct patients to local resources	AHC HRSN screening tool, Ochsner Health	"Poverty limits access to healthy foods and safe neighborhoods, and more education is a predictor of better health. Differences in health are striking in communities with poor SDOH such as unstable housing, low income, unsafe neighborhoods, or substandard education. By applying [knowledge] about SDOH, [improvements can be made to individual and population health [as well as] advancing health equity." -CDC

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Thank you for the opportunity to present our solutions to Ochsner Lafayette General.
We are committed to being your innovative strategic partner.