St. Luke's Hospital

Community Health Needs Assessment Implementation Plan

November 2019

St. Luke's HOSPITAL

Our specialty is you.

Overview

St. Luke's Hospital (STLH) developed this Implementation Plan based on our 2019 Community Health Needs Assessment and identification of these health priorities:

- Opioid Use Disorder
- Diabetes Prevention & Self-Management
- Health Literacy & Cultural Competency
- Access to Care for Older Adults

Action Teams were created to formulate strategic and measurable implementation plans to address these priorities. This implementation plan summary provides a path forward, to improve the health of our community with specific actions and objectives.

Any feedback or input about the implementation plan can be provided to St. Luke's Hospital by emailing SLHCommunityBenefit@stlukes-stl.com, or by writing to:

St. Luke's Hospital
Community Outreach
232 S. Woods Mill Road
Chesterfield, MO 63017

Opioid Use Disorder

Across the region, community members have voiced concern about mental health and substance abuse, and in particular, the opioid crisis. In the past 7 years, opioid-related deaths have increased by nearly 300%, affecting individuals and families of all ages and socioeconomic statuses, with a disproportionate number of men, African-Americans, and individuals ages 25-44 impacted. On June 28, 2018, opioid addiction and overdose were declared a public health emergency in St. Louis County. An action plan was released in conjunction with the declaration. The community-wide effort, led by the Saint Louis County Department of Public Health, focuses on five key areas in the fight against opioid addiction, including education & prevention, harm reduction & rescue, treatment, recovery and public health data. Since the action plan was released, improvements have been measured in the amount of opioids prescribed, the number of available healthcare providers trained in Medication-Assisted Treatment (MAT) and in the utilization of the Prescription Drug Monitoring Program (PDMP) database. However, opioid-related deaths continue to rise. St. Luke's Hospital will work with community partners to address opioid use disorder, by educating the community, promoting responsible prescribing practices and medication disposal, increasing the availability of Naloxone, connecting patients with Medication-Assisted Treatment (MAT) and supportive services.

Program Goals:

Reduce the number of opioid-related deaths

Program Objectives:

Increase utilization of Prescription Drug Monitoring Programs (PDMP)

Reduce the average day supply of opioid medications prescribed

Increase the number of Naloxone doses distributed in the community

Increase patients engaged in treatment for OUD

Increase the proper disposal of prescription drugs in the community

Action Plan:

Streamline PDMP enrollment with new physician on-boarding and medical residency programs

Conduct ongoing training / education for physicians and practices on PDMP utilization

Enact and monitor pain management protocols for the prescription of opioid medications

Patient education on Naloxone with prescription opioid medications

Promote distribution of Opioid Addiction Resource Guide

Support medication take-back at local independent living facilities

Explore procuring additional support staff for hospitalists, emergency room and physician practices (ex: Recovery Coaches or Pain Management Coordinators)

Expected Outcomes:

Decrease the number of nonfatal overdoses per month

Outcome Measurements:

Track patient searches/prescriptions dispensed through St. Louis County driven PDMP

Monitor enforcement of internal drug prescription protocols, including number of Naloxone prescriptions recommended and filled

Report nonfatal overdoses and track patient referrals for follow up treatment

Record pounds of prescription medication disposed of through Prescription Drug Take Back Days

Hospital Departments Involved:

St. Luke's Medical Group, Community Outreach, Pharmacy, Clinical Education, Population Health, Emergency Department and Hospitalists

Potential Community Partners:

National Council on Alcoholism and Drug Abuse (NCADA), Alliance for Healthy Communities, St. Louis County Prescription Drug Monitoring Program, Clayton Behavioral, St. Louis County Community Resources to Stop Heroin (CRUSH), EPICC, COMTREA and Behavioral Health Response

Diabetes Prevention & Self-Management

Nationwide, 30.3 million individuals live with diabetes (CDC, 2019). This includes 11.6% of adults over the age of 20 in St. Louis County, which is higher than state and national averages, and has increased since 2013. 24.8% of the Medicare population has also been diagnosed with diabetes, and at the same time, diabetic monitoring among Medicare patients is also below state averages, with 86% of diabetic Medicare patients ages 65-75 reporting having had a blood sugar (HbA1c) test in the past year, compared to 86.3% statewide. With appropriate treatment and lifestyle changes, diabetes and its complications can be managed. But without proper care, diabetes can lead to kidney disease, nerve damage, high blood pressure, and stroke. In order to make a significant impact on the rate of diabetes diagnosis, it is essential to be proactive about preventing the onset of disease, and helping those individuals with prediabetes make lifestyle changes to lower or reverse their diabetes risk.

Program Goals:

Improve health outcomes for individuals with diabetes and decreasing diabetes incidence

Program Objectives:

Increase attendance of in-house DPP or diabetes self-management programs, community diabetes classes and exercise programs

Increase knowledge of healthy eating and exercise

Increase knowledge of diabetes preventative care

Increase knowledge of resources and self-coping skills

Increase in self-monitoring activities by individuals with diabetes

Reduction in preventable diabetes related complications

Increase in prescription adherence with diabetes medications

Action Plan:

Market of local health services related to diabetes prevention and management

Increase Physician referrals to in-house DPP or diabetes self-management programs

Provide diabetes prevention and/or management community classes and exercise programs

Facilitate local farm to hospital initiatives at St. Luke's Hospital

Provide community grocery store tours

Host Annual Diabetes Update Event

Expected Outcomes:

Reduced readmissions for diabetes-related complications

Increased diagnoses of prediabetes

Outcome Measurements:

Community education classes and exercise programs:

- Evaluate success of program through pre/post tests
- Solicit participant feedback to improve class offerings and content

Record number of readmissions due to diabetes-related complications

Record number of Hemoglobin A1c tests provided to patients

Track outcomes of Diabetes Prevention Programs, including weight lost

Track referrals to community support programs and resources

Hospital Departments Involved:

Nutrition Wellness and Diabetes Center, Therapy Services, Pharmacy, Clinical Education, Community Outreach, Population Health, St. Luke's Medical Group, Marketing and Wound Care

Potential Community Partners:

American Diabetes Association, Missouri Coalition for the Environment, St. Louis County Diabetes Collaborative and St. Louis Partnership for a Healthy Community

Health Literacy & Cultural Competency

According to the Centers for Disease Control and Prevention, being health literate is essential for a patient to receive timely and effective healthcare services. Health literacy involves being able to understand your health risk for a particular disease, engage in self-care and disease management, recognize bias in health information reporting, and respond to necessary alerts and warnings. Adults with low health literacy tend to have poor health status, use emergency rooms and inpatient care more frequently and have a higher risk of death. While health literacy is correlated with education, it involves more than being able to simply read health information. St. Luke's Hospital will work with community partners to empower individuals to take appropriate action for their health through improved health literacy and cultural competency. This will involve improving the health literacy of the population through health care provider communication and resources and increasing social marketing in health promotion and disease.

Program Goals:

Reduce health and racial disparities and improve health outcomes and quality of life of the community members

Program Objectives:

Translate key patient materials for plain language and readability

Assess language needs of the community and patient population

Train staff in plain language and health literacy

Assess inclusivity of patient forms for LGBTQ community

Action Plan:

Coordinate with Clinical Education, Community Outreach, CME, and Marketing to review current education materials for readability and make appropriate edits hospital wide

Work with Population Health, Community Outreach, and Marketing to determine the language needs of community

Coordinate with Clinical Education, Marketing, and external partner Health Literacy Media to provide training to the appropriate STLH staff

Work with Population Health and Community Outreach to review inclusivity and appropriateness of patient forms for the LGBTQ community

Expected Outcomes:

In the short term, improve the readability of STLH's materials, increase social marketing in health promotion and disease prevention, and provide more culturally competent care to LGBTQ people. In the long term, improve health outcomes and quality of life of the community and reduce health and racial disparities.

Outcome Measurements:

Record percentage of STLH website that is at the appropriate reading level for the community

Record number of health literacy trainings and number of participants

Hospital Departments Involved:

Clinical Education, Medical Library, Marketing, Community Outreach, Continuing Medical Education, Population Health and Cancer Center

Potential Community Partners:

Health Literacy Media and Missouri Hospital Association

Access to Care for Older Adults

The CDC reports that the population of adults aged 65 or older is projected to increase to 23.5% (98 million) by 2060, bringing additional challenges to addressing the health and well being of seniors. In addition to health literacy, several concerns with regard to the elderly exist in the community, including chronic disease management, mental health, safety in the home, managing medications, and delayed diagnosis and treatment of cognitive disorders such as Alzheimer's disease or dementia. Central to these issues is the underlining struggle that many seniors have in accessing and affording care, which leads to the fragmentation of care, poor management of chronic diseases, and increased risk for hospitalization. Addressing access to care is particularly important because older adults are at an increased risk for disability with age, including increased cognitive, hearing, self-care, vision and ambulatory difficulties. They can also experience greater rates of social isolation, with fewer personal networks to assist in overcoming barriers to care.

Program Goals:

Increase patient outcomes and quality of life for older adults

Program Objectives:

Increase utilization of electronic personal health management tools

Increase prescription adherence

Action Plan:

Offer community classes / support for mystlukes patient portal

Expand community education classes geared for older adults (e.g. prescription adherence)

Implement a “Senior Hub” program at St. Luke’s campuses to connect seniors with education, resources and help them navigate electronic medical record portal

Explore possibility of creating geriatric specialty units within appropriate departments of the hospital

Expected Outcomes:

Reduce readmission rates for older adults in the community

Outcome Measurements:

Community education classes:

- Evaluate success of program through pre/post tests
- Record number of education classes geared towards older adults and number of participants

Track utilization of mystlukes portal

Monitor reach of Senior Hubs

Hospital Departments Involved:

Population Health, Information Services, Volunteer Services, Community Outreach, Pharmacy, Therapy Services and St. Luke's Medical Group

Potential Community Partners:

AARP St. Louis, St. Louis Area Agency on Aging, Alzheimer's Association and Maryville University