

CHRISTUS DUBUIS Hospital of Alexandria

Community Health Implementation Plan

2022 - 2022

2020 -2022 Community Health Improvement Plan for CHRISTUS DUBUIS Hospital of Alexandria

MISSION FOR IMPLEMENTATION

CHRISTUS DUBUIS Hospital of Alexandria, LA is a long term acute care hospital (LTACH) located within CHRISTUS St. Frances Cabrini Hospital. CHRISTUS DUBUIS Hospital of Alexandria provides care to patients who require acute care over an extended period of time and is co-owned and operated by LHC Group of Lafayette, LA in a joint venture with CHRISTUS Health. CHRISTUS Health was formed in 1999 to strengthen the Catholic faith-based health care ministries of the Congregations of the Sisters of Charity of the Incarnate Word of Houston and San Antonio that began in 1866. Founded on the mission "to extend the healing ministry of Jesus Christ," CHRISTUS Health's vision is to be a leader, a partner, and an advocate in creating innovative health and wellness solutions that improve the lives of individuals and communities so that all may experience God's healing presence and love.

As part of this effort and to meet <u>federal IRS 990H requirements</u>, this document serves as a community health improvement plan (CHIP) report for CHRISTUS DUBUIS Hospital of Alexandria. This report is the companion piece to the Community Health Needs Assessment (CHNA) report that was finalized June 2016 (see separate document), and based, in part, off several needs identified in that document.

TARGET AREA/ POPULATION

CHRISTUS DUBUIS Hospital of Alexandria sees patients from the following five parishes in the Central Louisiana region. Due to the nature of the long term acute care industry, the regulatory bodies that oversee and govern the types of services that are provided, and the limited resources available to address the needs highlighted within the CHNA, patients admitted to CHRISTUS DUBUIS Hospital of Alexandria will serve as the target population for most of the implementation strategies discussed in this report.

CHRISTUS Health Central Louisiana Parishes		
Avoyelles	Rapides	
Bienville	Red River	
Grant	Allen	
Evangeline	Vernon	

PRIORITY HEALTH NEEDS

Leadership for CHRISTUS DUBUIS Hospital of Alexandria was provided with a draft community health needs assessment report May 2019. A panel of experts comprised of both CHRISTUS staff and external partners representing various members of the community was tasked with reviewing the findings and determining which priority issues would be selected to address over the next three years as part of a community health implementation plan.

The panel took a number of things into consideration when choosing priorities. Some priorities were selected based off issue prevalence and severity according to parish and regional secondary data. Input

provided by key informants, focus group participants, and other community stakeholders was also heavily considered, especially for priority areas where secondary data were less available. The official Community Health Needs Assessment report was finalized June 2019 (see separate document). Based on the process described above, the priority health needs selected by CHRISTUS DUBUIS Hospital of Alexandria are:

- 1. Chronic Disease Management
- 2. Access to Care
- 3. Cost of Medications

SELECTED IMPLEMENTATION STRATEGY

The following implementation strategies outline actions DUBUIS Hospital of Alexandria will take over the next three years to address the four priority health needs listed above.

CHRONIC DISEASE MANAGEMENT PRIORTY STRATEGY

Reduce/ mitigate poor health outcomes associated with chronic conditions within the CHRISTUS DUBUIS Hospital of Alexandria community by providing, when possible, disease management & prevention education and thorough follow-up care.

Major Action(s)	Sub-actions
Maximize opportunities to provide disease management & prevention education	Explore ways to provide disease management & prevention education where diagnosis-related group or co-morbidity with chronic conditions is occurring
	Anticipated Outcome: Providing this type of education offers the knowledge and skills necessary to prevent some chronic conditions or, at least, mitigate poorer health outcomes that can occur as a result of these conditions.
	2. Continue to ensure that all follow-up protocols as part of patient discharge procedures are conducted (e.g. any subsequent appointments are scheduled prior to discharge and check-in phone calls are made after patient is released)
	Anticipated Outcome: Ensuring that follow-up is provided could reduce other preventable diseases, improve the odds of a fuller, quicker recovery post-release, and reduce need for further hospitalization.

ACCESS TO CARE PRIORITY STRATEGY

Improve access to care and, particularly, access to high cost or unaffordable medications by establishing innovative ways to connect low-income community members with organizations and/or resources that provide health services and medications at a free or reduced cost

Major Actions	Sub-actions
Explore establishing a referral system of community organizations or agencies that can assist with improving access to care or providing other health services at a reduced cost	Determine a list of agencies and organizations that may be able to provide other health services at a reduced cost Anticipated Outcome: List will serve as a resource when providing referrals to community members. Linking patients with these resources may improve opportunities for them to access care they may not be able to afford otherwise.
Maximize ways to provide affordable medication options	Refer community members, when appropriate, to the Dispensary of Hope for Community HealthWorx Anticipated Outcome: Dispensary of Hope makes available medication assistance to as many people as possible who qualify. Dispensary of Hope provides much needed medications at a reduced/ reasonable cost, which can increase access to such medications.
	 Obtain drug company involvement for the indigent when possible Anticipated Outcome: Drug companies can assist with providing some medications at a reduced/ reasonable cost, which can increase access to such medications. Arrange for samples from physician offices when available Anticipated Outcome: Many area physicians receive complimentary drug samples from pharmaceutical companies that could be given to those who may not be able to pay for these medications otherwise.

COST OF MEDICATIONS PRIORITY STRATEGY

Improve the accessibility of health education resources provided to patients by ensuring that community members are aware of what is available to them and that the materials are relevant and at a literacy level most will be able to understand.

Major Actions	Sub-actions
Easily connect community members with the resources or tools they	Ensure that any education materials developed are available at a reading level most can understand
need to make good decisions regarding their	Anticipated Outcome: Materials that are provided at the appropriate literacy level are more likely to be understood and utilized.
health and prevention	Provide patient discharge education online and encourage staff to access and routinely provide
	Anticipated Outcome: This ensures that all patients are systematically provided the discharge information and education they need to continue to maintain good/ optimum health once released and reduce the risk of further hospitalization
	When possible, engage other disciplines in any education materials developed
	Anticipated Outcome: This ensures that any health education materials developed reflect the expertise of the many disciplines that work together to address health needs and improve outcomes.

OTHER COMMUNITY NEEDS THAT CANNOT NOT BE ADDRESSED

In an effort to maximize any resources available for the priority areas listed above, leaders and staff at CHRISTUS DUBUIS Hospital of Alexandria determined that the following issues would not be explicitly included in their Community Health Improvement Plan (CHIP):

- Mental health/ behavioral issues
- Social Determinants of Health

Mental health / Behavioral Issues is acknowledged as a critical community issue. However, CHRISTUS DUBUIS Hospital of Alexandria, per CMS regulations, is not allowed to provide mental or behavioral health services and, as such, will not address this identified health need found in the CHNA.

The issue of Social Determinants of Health was not selected as it seemed less appropriate because these factors don't really fall within the usual scope of what a long term acute care hospital provides.