**2022 LA PALMA INTERCOMMUNITY HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT**

**IMPLEMENTATION PLAN**

**EXECUTIVE SUMMARY**

**Overview**

LPIH is a not-for-profit hospital operated by the Prem Reddy Charitable Foundation. In accordance with requirements under the Patient Protection and Affordable Care Act (ACA) enacted on March 23, 2010, La Palma Intercommunity Hospital (LPIH) has prepared a Community Health Needs Assessment (CHNA), which nonprofit hospital organizations must prepare every three years to satisfy requirements under section 501(c) 3 of the Internal Revenue Code. This is the second time that a CHNA has been prepared, and it will be a guideline for operations of the hospital until 2022.

As part of the CHNA process, each hospital is required to review its services over the past three years, and show the services and goods provided to its community over that period.

A second requirement is to review the current CHNA and determine what the hospital will do to meet needs developed in the CHNA

process. This document provides an outline for the hospital to follow in serving its community over the next three year.

**Services Performed in Fulfillment of Report Community Needs 2022**

LPIH’s 2022 CHNA incorporated an implementation Plan to meet the needs identified in the assessment. . The service provided to address those needs are listed along with each need outlined. Ongoing services are listed, and in most cases are expected to continue.

IMPLEMENTATION PLAN 2021 RESULTS

LPIH has been providing services meeting some of the needs expressed in the 2021 Community Health Needs Assessment over the

past three years. Staff will continue to enhance existing services while implementing new ideas and programs. Existing programs and

services, as well as projects underway, are listed in red.

Senior Services

LPIH provided a variety of services that support health for seniors. Among the programs and services in place then were:

* Support for social services agencies serving seniors in the community, including:
* American Cancer Society
* American Heart Association CPR classes
* Covid-19 Vaccination Program
* Health Screenings
* St. Edna Carnival Screening Announcements
* Social/Nutrition/Exercise Programs for Seniors:
* Due to Covid 19 pandemic and statewide restrictions on gatherings, the hospital elected to suspend senior activity programs until the state of emergency is cleared.

Coordination of transportation services:

* Taxi vouchers to facilitate appointment attendance was converted to Uber Health Program.
* Bus passes for outpatients needing regular visits – Suspended due to Covid-19 restrictions during the shut-down in early 2021. Provided $727 later in the year.

Additional programs being explored included:

* Home safety inspections for clients making multiple visits to the Emergency Department (ED). Still in negotiations with local ire and police departments due to COVID-19 restrictions.

Medication reconciliations upon discharge, and coordination with community physicians and healers. Providing emergency

medical magnets to discharge patients. These magnets list medications, emergency contact information, and health problems that the individual may have.

Reaching out to ethnic services agencies to address needs of seniors in those communities – See list of organizations above.

Mental Health Services

The hospital is a provider of inpatient mental health services, and outpatient referrals. La Palma Intercommunity Hospital is one of Orange County’s hospitals with an existing designated inpatient mature adult geropsychiatric unit providing 21 beds, and we continued to offer mental health services for older adults in this unit throughout 2022. The programs involve multiple treatment modalities, including:

* Comprehensive medical and psychiatric assessments on admission
* Occupational therapy
* Recreational and physical therapy
* Family Visitation
* Nutritional counseling
* Extensive discharge planning and follow-up
* Intensive Outpatient Program
* Inpatient and partial hospitalization programs

Plans for future improvements in the programs include:

* Designation by OSHPD as a secure site for 5150-designated clients – The hospital obtained the approval asa locked unit for patients admitted under the state’s 5150 designation to offer a comprehensive range of inpatient services for a broader base of individuals in need of mental health services.
* Improvements to care plans for 7-day and 30-day outpatient programs – Provided 3,410 patient days of inpatient care through our mature adult designated unit. This care involves multiple treatment modalities as appropriate and includes a comprehensive medical and psychiatric assessment on admission, recreational and physical therapy, family visitation, nutritional counseling, and extensive discharge planning and follow-up.
* Enhancements to relationships with community providers to foster better coordination of care - Continued relationships between our cases managers and skilled nursing facilities, home health and other community providers to foster care coordination at discharge.
* Stuttering support groups – program is ongoing
* The Hospital is implementing plans to expand the unit with an additional 6 beds and is expected to open the expanded area by 2022.

Diabetes

Programs to combat diabetes, both in children and adult-onset, have been part of LPIH’s current range of services. They included:

* Explorer Scouts training programs in health services, with focus on inpatient care for common disease such as diabetes.
* Coordinating with the Illumination Foundation to work with homeless residents, many of whom are diabetic.
* Due to the pandemic and shutdown, coordinating a food drive was restricted in 2021. The hospital staff continued working with admitted patients and clients presenting at the ED to address immediate diabetic complications and provide workplans to manage their conditions upon discharge.

The hospital is continuing to work with local diabetes organizations and other healthcare providers to improve the continuum of care for people suffering from diabetes and its complications.

Obesity/Diet

While the survey respondents for LPIH had a lower proportion of reported obesity than the OCHIT data reports for Orange County, there is still a large population with weight problems, and some respondents indicated that they live in an area with limited access to healthy food. This is an area that is largely outside the ability of a hospital to affect directly, so the focus has been on education and programs to promote healthy dining options. Many of the programs mentioned earlier include components related to the Obesity/Diet issue, including:

* Health Fair participation includes information on diet and exercise as complements to a healthy lifestyle, and the screenings offered provide alerts to clients that they need to adjust their habits.
* Health Fair and Wellness at Cerritos Senior Center. Participation also allows the hospital to promote healthy diet and exercise as a lifestyle.
* Work with diabetes patients includes designing protocols to help them lose weight and live a healthier lifestyle-during the healthcare week in May.

Each of these programs will be continued and expanded as new methodologies are developed and awareness of Obesity as a health issue grows.

Home Health/Preventative Care

Home Health providers are a separate group from hospitals, and LPIH maintains relationships with many home health agencies in the area to provide services to clients discharged from the hospital. Since these agencies are unique legal entities, LPIH has little ability to affect the way they provide services, except to limit discharges to agencies that generate higher-than-usual readmissions or get poor reviews from surveyors. The review process is ongoing, and home health agencies are routinely monitored for adherence to care protocols.

Preventive Care is a different issue, since it involves providing services to persons who are not yet inpatients or even outpatient clients of the hospital. There is a large subgroup of former patients, however, whose home environments present problems that may cause readmissions. Many of these environmental problems can be ameliorated or solved with minor adjustments to the client’s home environment. Staff at LPIH is constantly on the lookout for signs that discharge environments may be toxic to their clients. Protocols are in place to address some of these issues, such as medication interferences, potentially dangerous hazards around the home, lack of supportive family members able to monitor care at home, or simple inability to understand directions for care. When these issues arise, solutions are developed and coordinated with appropriate providers. Since there are always new hazards being discovered, the process of developing protocols to remedy them is ongoing. As providers and payors increase their focus on Social Determinants of Health, the hospital is working with these organizations to assure that patients discharged are moving to new environments that will promote maximum recovery.

IMPLEMENTATION PLAN TO ADDRESS COMMUNITY HEALTH NEEDS 2022 (OR 2021-2024)

The programs outlined above are all planned to continue, and additional programs are planned to address the issues raised in focus group and *Orange County Health Improvement Plan 2022.* The issues considered most pressing in the 2022 Community Health Needs Assessment are addressed in the following section.

**Mental Health**

This issue was the most cited, and LPIH is actively expanding its services to meet the growing demand. In addition to existing services, several expansions of inpatient services are in process and expected to become active within the next three years. These include:

* Continuing the approval process to allow operation as a locked unit for patients admitted under the states 5150 designation. This will allow the hospital to offer a comprehensive range of inpatient services for a broader base of individuals in need of mental health services.
* These expansions will allow the hospital to increase its range of services to behavioral clients, and to serve a larger role in caring for the mental health of the community

**Training for Mental Health Services**

This issue is directly related to issue #1 but highlights the need for education of first responders and clinicians as to the varying needs of subgroups in the mental health spectrum, including drug and alcohol abuse, misuse of prescription pharmaceuticals, medication compliance, interactions with homeless persons who may or may not be having mental health crises, and other issues. LPIH’s staff is in an ideal position to provide education and training services to members of the public health and social services agencies that have direct contact with clients experiencing mental health issues and will explore options for developing programs to meet their needs. Examples of programs include:

* Training of first responders to de-escalate crisis situations and redirect persons experiencing the crises to appropriate care situations.
* Working with social service agencies to assess home situations that can provoke mental health crises and bring appropriate resources to address the situation.
* Working with local physicians to recognize potential prescription pharmaceutical misuse and develop alternative treatments to limit use of psychoactive drugs

Housing for Homeless

While hospitals are not housing providers, they can provide short-term shelter when medical crises occur to homeless individuals. LPIH has capacity to serve clients whose immediate needs involve housing with medical services and will continue to work with longer term housing providers to ease the transition to more stable environments. Recent proposals by representatives of the Department of Health and Human Services and state MediCal programs would provide funds to allow providers to make arrangements for housing. LPIH will monitor the progress of these proposals, and If reimbursement programs change to encompass housing solutions, LPIH will develop appropriate programs to administer the process.

Coordinating Transitions Between Care Levels

As Social Determinants of Health become more recognized as important factors in maintaining residents in their homes, hospitals and other institutional providers must develop protocols to facilitate movement to and from hospitals, including coordination of services and transfer of patient information between providers. It is also important to be an advocate for highlighting high users of hospital services and working with social service agencies and first responders to coordinate services to prevent crises that cause these people to access health providers unnecessarily. LPIH will work with local agencies to develop the protocols that aid residents to recognize problems and solve them without resorting to emergency services.

Veteran Issues

As more veterans return from active service and older veterans age, the need for services among military retirees in increasing. The logical first responder to these needs is the Veterans’ Administration healthcare system, but many veterans experience problems that bring them to other hospitals or service providers. LPIH will develop protocols to assess veterans who present at the hospital, and coordinate with VA and veterans’ organizations in maintaining care for these patients following their acute episodes.

Low Income Care Placement

This issue revolved around worries that low-income clients would still have problems accessing hospital services due to deductibles and copays. The problem has morphed somewhat from lack of insurance as expressed in the last Community Health Needs Assessment in 2018, to problems paying deductibles, which under many Covered California plans may reach multiple thousands. Hospitals are addressing this by assisting clients in getting qualified for coverage they may not realize exists. As was noted earlier, the secretary of Health and Human Services has suggested that Medicare/Medicaid providers may be allowed in the future to provide financial housing assistance to ensure safe living conditions for low-income clients upon discharge from hospital care. LPIH will monitor this development, and participate in programs developed, to the extent allowed in developing/managing/financing placement alternatives.

It is important to note that most of the issues raised above are not medical diagnoses, but instead are conditions which generated need for medical care. In order to bring attention to medical issues in the area, LPIH reviewed the *Orange County Health Improvement Plan 2020-2021 (OCHIP).* This document outlines four **priority areas**, of which all are within the purview of services offered by LPIH. These priority areas are summarized here. As part of its mission to provide comprehensive, quality healthcare in a convenient, compassionate and cost-effective manner. LPIH will participate in meeting the priorities set out in that plan.

OCHIP Priority Area 2: Older Adult Health

By 2040, 1 in 4 residents of Orange County will be 65 or older. The public health system is challenged to mee the needs of this growing population. The OCHIP outlines two objectives to address the issue.

First to improve wellness and quality of life of older adults in the county, the OCHIP sets a goal of increasing utilization of Annual Wellness Visits by 5% each year. LPIH will assist in this objective by offering clients access to Annual Wellness Visits

when they are seen for emergent health problems, with the intent of increasing visits provided by more than 5%.

Second, to reduce complications of chronic disease by increasing completion rates in chronic disease self-management

program by 10%. LPIH will assist in this process by providing such programs both on site and in community settings, and by

coordinating with social service agencies that provide additional courses to direct appropriate patients to them.

OCHIP Priority Area 3: Obesity and Diabetes

The OCHIP focuses on children, noting that 1 in 6 fifth graders are now obese. Goals set to address this issue include increasing the proportion of residents who are in a healthy weight category. This is to be accomplished by supporting community specific coalitions to implement collective impact approaches that includes multi-sector interventions. LPIH is currently involved in several of these activities and plans to continue its participation.

Activities include:

* Health screenings as part of community health fairs, and education of affected individuals to address their health issues.
* Continuing current diabetes education programs offered at the hospital, and utilizing the Diabetes Education to expand programs both in and outside the hospital
* Coordinating discharge processes to ensure maximum compliance with medical directives for patients discharged with obesity or diabetes-related diagnoses.

A second goal is to reverse the trend of increasing incidence of diabetes among Orange County Adults. As with the previous goal, the OCHIP plan includes promotion and expansion of the availability and utilization of effective diabetes prevention and self-management programs by persons who are risk for diabetes and living with prediabetes, diabetes, or gestational diabetes. The programs outlined in the first goal will also be useful in meeting this goal.

OCHIP Priority Area 4: Behavioral Health

This Area coincides well with issues raised by the Focus Group, as well as with LPIH’s goal of providing comprehensive services to residents with behavioral and mental health problems. Orange County’s hospitalization rates due to alcohol abuse and substance abuse were reported by OCHIP to the higher than the state average. Only half of Orange County Adults who needed behavioral health services report receiving them. The Goals outlined in the OCHIP document are congruent with plans in place and in process at LPIH.

Specific goals include:

* Reduce drug and alcohol abuse in Orange County. This includes programs to address underage substance abuse, reduce impaired driving collisions, reduce opioid-related visits to Orange County emergency rooms, and create a clearinghouse of resources to manage changes in marijuana laws.
* LPIH can be most effective in working with its medical staff to reduce opioid use to address this goal. Programs anticipated will include in-house opioid education, and promotion of alternative treatments for pain, as well as outreach programs to schools and social organizations to promote drug-free living.
* Increase the number of Orange County residents who experience emotional and mental wellbeing throughout their lifespan. The program strategy involves working with the Orange County Health Care Agency Behavioral Health Services (OCHCABHS) to publish a comprehensive assessment of the mental health system of care, needs and gaps.
* As LPIH develops its new capabilities in inpatient mental health care, it will coordinate with OCHCABHS to ensure that services needed are made available at LPIH to the extent allowed. LPIH can serve as a care center for the most serious mental health problems, and act as a clearinghouse for follow-up programs to help clients manage their situations after the acute crises pass.

MAINTAINING INNOVATION IN HEALTH IMPROVEMENT

The healthcare industry is in a period of rapid change, with changes in governmental policy and attitudes toward how healthcare dollars are spent, and what kinds of care are most appropriate. Many of these changes have direct impacts on hospitals’ ability to serve clients. As more care methodologies move out of hospital settings and new technologies arise to deal with health problems, hospital administrators will med to constantly re-assess their place in the healthcare continuum. Some changes in the industry may result in changes to the hospital’s mission, and new opportunities are expected to arise that cannot be foreseen. LPIH will continue to monitor changes in the industry and continue to reorient its services to maintain its mission to promote better health for all members of its community.