

2022-2025 Community Health Implementation Workplan

Priority 1: Access to and continuity of care (Page 1 of 2)

Goal(s): Increase options to accessible services (primary care and specialty) for patients in the hospital service area.

General strategy: Identify and Implement strategies that expands access options and decreases barriers to current and future options for service.

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
Offer accessible services for patients and decrease barriers to services at University Medical Center New Orleans.	Patients identified in the University Medical Center service areas.	 Document # of patients served in each program Document no show rates and their improvement over time Increase patient satisfaction with accessible and barrier-free services. 	 Year 1-3: Provide inpatient and outpatient health services. Optimize telehealth services as appropriate Ensure ability to access services thru cell phones. Provide education on utilization of service thru MyChart capacity. Assess and expand services on evenings/weekends as dictated by patient needs/data. Assess and evaluate expanding services off the immediate UMC campus. Increase the number of providers as indicated by volume changes. 	Lead: University Medical Center VP of Business Development Timeframe: Year 1-3	Resources: Budget, staff time, materials, durable goods, dedicated space Partners: 504 Healthnet, LSU and Tulane Schools of Medicine, New Orleans East Hospital Community Health Care Workers Project, LDH, Ride Share companies (Uber Medical), local governmental representatives



Priority 1: Access to and Continuity of Care (Page 2 of 2)

Goal(s): Increase options to accessible services (primary care and specialty) for patients in the hospital service area.

General strategy: Identify and Implement strategies that expands access options and decreases barriers to current and future options for service.

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
			 Increase transportation options for patient access to services. ID and implement ride share options. Develop process to ID patients in need of transportation services. Advocate for revisions to Medicaid transportation program (more rideshare, timeliness of service/utilization. Increase transportation options for patient access to services. ID and implement ride share options. Develop process to ID patients in need of transportation services. Advocate for revisions to Medicaid transportation program (more rideshare, timeliness of service/utilization. 		



Priority 2: Mental and Behavioral Health

Goal(s): Provide in-patient and out-patient behavioral health services.

General strategy: Provide access to mental and behavioral health services in the hospital primary and secondary service areas.

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
 Offer behavioral health services to patients in the hospital service area. Partner with local public health leaders to provide outreach for mental health first aid citywide project. 	Patients identified in the University Medical Center service areas	Document # of patients receiving services through University Medical Center (by service area)	Provide inpatient and outpatient behavioral health services. IP behavioral health services Integrated Health Services Outpatient BH services Intensive Outpatient Therapies for BH and Substance use OP services for specific populations including Trauma and Women's Develop service awareness campaign of available services and accessibility. Develop outreach plan with partners re: citywide Mental Health First Aid training.	Lead: Behavioral Health Service Line Director Timeframe: Year 1	Resources: Budget, Staff time, materials, space Partners: LSU and Tulane Schools of Medicine, New Orleans Health Department, Metropolitan Human Services District, LDH



Priority 3: Health Education and Health Literacy

Goal(s): Expand capability to provide culturally and linguistically appropriate health services.

General strategy: Increased ability to meet patient care needs when there are limitations either educational levels or language barriers.

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
Grow language and cultural services programmatic initiatives, including interpretation services, appropriate educational and literacy level materials and culturally appropriate spiritual support.	Patients identified in the University Medical Center service area and their family support systems.	Document number of accesses to interpretive services (language lines) Document patient satisfaction with:	 Ensure initial access to services provides information for patient in the language needed to have their needs met. Ensure easy access to translation services during patient encounters. Assess and review patient education materials thru a patient's eye for ease of understanding. Provide employees with educational opportunities related to patient education. Change way finding signage to include prominent languages at University Medical Center (English, Hispanic, Vietnamese). Educate University Medical Center employees on cultural competency and spiritual support for patients and families. 	Lead: Lisa Miranda, COO Timeframe: Year 1-2	Resources: Budget, staff time, materials, cost of translational services Partners: LPHI, various hospital departments



Priority 4: Discrimination in Health Care (Page 1 of 4)

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
Workforce — Recruit a diverse employee pool through trainings, recruitment programs, and community partnerships	Healthcare workers	 Number of in-person trainings offered Number of participants 	 Obtain University Medical Center demographic data on employees by race/ethnicity/job level to inform further actions. University Medical Center will offer H.E.L.M. (Health Equity Leadership Matters) training to all staff thru LCMC over the next 3 years. Development of Health Equity series for all patient access staff for collection of Race Ethnicity and Language (REaL) data. Implementation of a Diversity & Social Responsibility presentation for New Leaders. 	Recruit workforce lead: Chief Diversity and Social Responsibility Officer, Organizational Development Timeframe: Year 1-3 The "At the HELM" training will span over three years and will cascade from Senior Leaders Year 1, Directors & Managers Year 2, Frontline Workers Year 3, the content will be adjusted based on the target audience each year	Resources: Budget, staff time, materials Partners: New Orleans Black Nurses Assn, New Orleans Hispanic Nurses Assn, National Association of Healthcare Executives. Dillard, Xavier, and Southern Universities. Tulane and LSU Diversity and Equity Departments.



Priority 4: Discrimination in Health Care (Page 2 of 4)

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
Workforce - Retain a diverse workforce through authentic employee culture and engagement.	Healthcare workers	 Number of employed providers and increase of minority providers to serve population. Number of employed providers who can provide services in multiple languages, specifically Spanish and Vietnamese. 	 Ensure that minority candidates are brought forward for interviews and consideration. Partner with minority professional organizations for relationship/networking for qualified individuals for recruitment. Partner with HBCU's for needed professionals for recruitment by providing mentorship and learning opportunities (IT, accounting, healthcare, etc. 	Retain workforce lead: VP Business Development Timeframe: Year 1	Resources: Budget, staff time Partners: HBCU's (Dillard University, Xavier University, Southern University of New Orleans, National Association of Health Service Executives, Southeast Louisiana (NAHSE – SELA)



Priority 4: Discrimination in Health Care (Page 3 of 4)

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
Clinical Interactions — Increase equitable patient quality outcomes	Patients identified in the University Medical Center service area	 Document quality metrics thru data stratification Document patient satisfaction related to their perception of care. 	 Stratify quality data by race, ethnicity, gender, age, and social vulnerability. To include the development of standardized methodology for the collection of Sexual Orientation Gender Identity (SOGI) data for improved aggregation. Determine causes for differences thru proven quality methods such as root cause analysis. Conduct patient interviews for their likes/dislikes regarding treatments. Develop and implement tools to screen for social needs during healthcare interactions. Develop actions based on findings and measure results. Create mechanisms to connect patients to identified services to address the need. Create a patient feedback loop regarding biases and address inequalities. 	Clinical interactions lead: Director of Quality in coordination with Chief Diversity & Social Responsibility Officer Timeframe: Year 1 & 2	Resources: Budget, staff time, materials Partners: LCMC, LPHI for other data sources



Priority 4: Discrimination in Health Care (Page 4 of 4)

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
Community Engagement — Build partnership with the community to address issues of equitable healthcare. Establish University Medical Center as an anchor institution	Patients and community members identified in the University Medical Center service area Patients, businesses, and potential employees in the University Medical Center service area	Establish a Health Equity community group Established Anchor Institution	 Identify community leaders to include marginalized populations, community businesses and University Medical Center employees who are committed to addressing health equity Develop strategy that identifies and implements healthcare services, employment opportunities and purchased services within the targeted underserved zip codes (Claiborne Corridor, Treme neighborhood). Create opportunities with community and other medical partners to engage with University Medical Center through outreach activities and other collaborative events to build relationships. 	Community Engagement Lead: VP Business Development Timeframe: Year 1-3	Resources: Budget, staff time, materials Partners: City of New Orleans, National Urban League, New Orleans East Hospital, LCMC, ASHE Cultural Center, others to be identified



Priority 5: Health Related Impacts of Violence

Goal(s): Identify and reduce the health-related outcomes of violence in the University Medical Center Service Area General strategy: Identify actions to be implemented in UMC target areas to promote positive health behaviors and increase better health outcomes. Provide behavioral health services to victims and neighborhoods within our service area to reduce the health effects of violence

SMART Objective (anticipated outcome)	Target Population(s)	Success Measures (process and outcomes)	Actions (can be multiple actions for one objective)	Lead & Timeframe	Resources & Partners
 Provide services at the hospital that addresses the immediate consequences of violence: violence interruption, SANE services, trauma informed care Provide community education/trainings for traumatic incidences 	 Patients identified in the University Medical Center primary service area and their family support systems. Healthcare workers, community groups, high school students 	Number of documented trauma interventions provided:	 Provide opportunities to inform community and University Medical Center staff about the various services and interventions accessible at University Medical Center for trauma related events. Ensure accessibility to the services by University Medical Center patients upon admission to the ED and then thru outpatient services. Coordinate referrals to other community resources for continued access. Collaborate with community partners and leaders to coordinate and offer trainings where those groups gather/meet. 	Lead: VP of Business Development Timeframe: Year 1	Resources: Budget, staff time, materials Partners: City of New Orleans (various departments), LSU and Tulane Medical Schools, neighborhood businesses and watch groups, Area high schools



Significant needs not being addressed and why:

If the hospital facility does not intend to address a significant health need identified in the CHNA, providing a brief explanation of its reason for not addressing the health need is sufficient. Reasons for not addressing a significant health need may include, but are not limited to:

- · Resource constraints,
- Other facilities or organizations in the community are addressing the need,
- Relative lack of expertise or competencies to effectively address the need, and/or
- A lack of identified effective interventions to address the need.

Significant need	Why is it not addressed	
Poverty	 Relative lack of expertise or competencies to effectively address the need A lack of identified effective interventions to address the need 	
Infrastructure	 Relative lack of expertise or competencies to effectively address the need A lack of identified effective interventions to address the need 	
Environmental factors	 Other facilities or organizations in the community are addressing the need Relative lack of expertise or competencies to effectively address the need A lack of identified effective interventions to address the need 	