“More Care for More Kids”

Community Health Implementation Strategy
FYE’s 2018 – 2020
Introduction

Driscoll Children’s Hospital is a tertiary care regional referral center offering complex and comprehensive medical and surgical care for children. The Hospital’s medical staff is comprised of pediatric specialists in more than 30 specialties. During 2016, Driscoll had more than 86,500 clinic visits and performed more than 7,500 surgeries. Driscoll was the first hospital in South Texas to provide emergency services exclusively for children and in 2016, had more than 37,500 Emergency Room visits. Driscoll was also the first hospital in South Texas to perform an organ transplant.

Other Facts About Driscoll Children’s Hospital:
- Serving 31 counties and 33,000 square miles of South Texas
- 265 Doctors on Medical Staff in more than 30 specialties
- More than 2,000 employees and 353 volunteers
- 6th largest private sector employer in Corpus Christi
- 18-bed Pediatric Intensive Care Unit (PICU)
- 51-bed, Level IV Neonatal Intensive Care Unit (NICU)
- 8 surgical suites
- More than 37,500 Emergency Room visits
- Comprehensive Surgical Services including General Surgery, Cardiovascular, Orthopedic and Neurology
- Pediatric Subspecialty Centers located in Harlingen, Laredo, McAllen, Brownsville and Victoria
- Pediatric Cardiology Clinics
- Child Abuse Resource and Evaluation Team
- 51 Pediatric Residents and 2 Chief Residents
- One of more than 200 pediatric residency programs in the United States
- Texas A&M University Affiliation (affiliated with 34 colleges and universities across Texas and the United States)
- Accredited with The Joint Commission (TJC)
- 3,239 Admissions and 3,527 Observation patients in 2016

Driscoll Children’s Hospital’s Main Campus is located in Corpus Christi, Texas. Additionally, we have five children’s specialty clinics located throughout South Texas, offering twenty-one subspecialty services to serve the needs of all South Texas children.
Identifying Health Needs

The Coastal Bend 18 County Health Needs Assessment was conducted during 2016 under the direction of the Coastal Bend Community Health Needs Assessment Steering Committee consisting of 8 members including one member from Driscoll Children’s Hospital. The steering committee contracted the Social Science Research Center, College of Liberal Arts, Texas A&M University to conduct a formal community health needs assessment. Community input was provided through a convenience sampling of residents from the 18 counties, emergency department data from CHRISTUS Spohn Health System, Citizens Medical Center, Corpus Christi Medical Center, De Tar Health System, and Driscoll Health System, an on-line survey of health care and social service providers, targeted interviews with health care and social service providers, and health care and social service provider community feedback to the “First Look” community feedback sessions. Priorities were recommended to and approved by the Hospital Board of Directors, and based on how Driscoll Children’s Hospital could be most impactful to meet the health needs of the community.

The last Coastal Bend area health needs assessment was conducted in 2013. Driscoll Children’s Hospital’s associated implementation strategy impacted the community in various ways, including decreasing the number of pediatric asthma admissions, increasing the percentage of children receiving comprehensive oral evaluations, decreasing the percentage of patients leaving the emergency department without being seen, increasing the annualized number of pediatric transports to DCH, decreasing reportable pressure ulcers, reducing preterm birth rates, and increasing the Bayley scores for High Risk NICU patients.

The significant health needs identified through the 2016 assessment are as follows:

1. Some segments of the RHP 4 population have limited access to health care services.
2. Some residents, including those with health insurance, use the ED for primary care.
3. Some hospitalizations are preventable.
4. Chronic and co-morbid conditions are prevalent in RHP 4.
5. Obesity is still a major problem in RHP 4.
6. Mental health issues are increasing in the RHP 4.
7. Many people in RHP 4 lack health literacy.
8. Respiratory conditions are a problem in the RHP 4.

9. There are women’s health issues in our community

10. Continued collaboration among health care and social service providers is important

Implementation Strategy

The Patient Protection and Affordable Care Act (ACA) added section 501(r) to the Internal Revenue Code. One of the requirements of Section 501(r) is that 501(c)(3) organizations that operate one or more hospital facilities must conduct a community health needs assessment (CHNA) and adopt an implementation strategy at least once every three years.

The following implementation strategy is planned for the three year cycle to include fiscal years ending 2018, 2019, and 2020.

Questions or feedback related to this implementation strategy may be directed to Bill Larsen, Vice President Human Resources, by telephone (361) 694-6431 or email bill.larsen@dchstx.org.

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PRIORITY: Access to Health Services

Strategies:

A. STAR Kids

STAR Kids is a comprehensive program for children with disabilities that provides nurses and social workers as care coordinators. These coordinators do extensive in-home assessments of these children and their families to create an individual service plan that could include help in getting a wheelchair ramp built, personal care services, private duty nurses, therapy and durable medical equipment services as well as coordinating doctor appointments. These service coordinators will help families get the services and supports needed so that their children can be in the least restrictive environment through person centered care.

These improvements in access can be measured by services provided that would include but not be limited to the numbers of children receiving well child care including immunizations as well as progress towards the goals that these families set for themselves. Additionally, within a year, we plan to administer a survey that will measure satisfaction with service coordination.

B. Urgent Care

Driscoll intends to increase access to pediatric urgent care services in its service area. The Emergency Department (ED) is often the first contact many patients have with our hospital. Data suggest there is a high utilization of emergency room and acute care services by low-income pediatric patients who would be the target population for this initiative. Expanding pediatric primary care access and services in our non-emergent care clinics during After Hours is essential to improving overall health care delivery and health outcomes in the region and will help reduce unnecessary ED utilization. Driscoll plans to address these issues by expanding primary care services at Driscoll’s non-emergent care clinics during after-hours, providing residents an appropriate and convenient alternative source of care to the Emergency Room. When a patient’s pediatrician’s office is closed, Driscoll’s non-emergent care clinics are a low-cost, reliable source of care and an appropriate alternative to the emergency room for patients seeking treatment(s) for a minor illness or injury.

The strategy will be evaluated by measuring the number of low acuity emergency room visits (reference DSRIP Project ID: 132812205.1.1).
C. Neonatal Intensive Care Unit Regionalization Telemedicine

Driscoll Children’s Hospital will lead a full service telemedicine implementation with hospitals that have entered into partnership agreements with Driscoll in order to obtain NICU level of designation. The telemedicine services will allow access to pediatric subspecialists, surgical subspecialists and various ancillary services. The services will include provision of consultation, technical support, training and administration support. Driscoll will accept medically appropriate specialty referral appointments that are within Driscoll’s capability and capacity to safely and effectively treat and will make every effort to utilize telemedicine technology to minimize patient/family healthcare travel.

This strategy will be evaluated by monitoring the number of telemedicine consultations, and feedback from patient site hospitals.

D. Child and Adolescent Psychiatry

Driscoll has a desire to improve access to pediatric specialists in the community. Driscoll Children’s has determined that a shortage exists in the community for psychiatric care of pediatric patients. Driscoll plans to add three board certified child and adolescent psychiatrists to the community. This strategy will be evaluated by monitoring the number of clinic visits at the Driscoll psychiatric offices.

PRIORITY: Prevention and Management of Disease

Strategies:

A. Asthma Management

Driscoll Health System has employed Community Health Workers (CHWs) specifically trained in asthma management. These CHWs meet with families of children who have asthma, in their homes to provide guidance in reducing triggers as well as ensuring compliance with asthma medication preventers.

This strategy will be evaluated by the HEDIS Medication Adherence measure for asthma as well as the number of ED visits and admissions for asthma.

B. Oral Health Services

Driscoll intends to increase access to pediatric oral health services through the application of fluoride varnish treatments and education during pediatric well-visits. Oral Health services are a highly valuable initiative through the Driscoll service area in terms of cost avoidance, population served, and community benefit and need. In 2011, Medicaid spent $4.6 million at Driscoll Hospital on operating room (OR) and related follow up services
to treat children with severe dental caries. Dental cases account for 30% of all OR cases at Driscoll hospital. A large share of these surgical procedures and costs could have been avoided if patients had access to appropriate preventive dental care. These preventative services will help reduce dental caries for children ages five and under. The application is applied to children every six months starting at six months of age until thirty six months of age.

The strategy will be measured by: number of DHP members who receive an oral evaluation, number of “at-risk” DHP members who receive fluoride varnish treatments, and cost per DHP member during the reportable period (reference DSRIP Project ID: 132812205.1.2).

C. Solutions for Patient Safety

Solution for Patient Safety (SPS) is an International Network of hospitals that implement prevention bundles for hospital acquired condition to reduce harm to patients. De-identified data is submitted monthly to SPS to track and trend our performance in reducing harm. The hospital acquired condition bundles that have or will be implemented are as follows: Central Line Associated Blood Stream Infections, Pressure Injuries, Surgical Site Infections, Catheter Associated Urinary Tract Infections, Falls, Antimicrobial Stewardship, Readmissions, Adverse Drug Events, Peripheral Intravenous Vascular Infiltration Extravasation, Unplanned Extubations, Ventilator Associated Events and Vascular Thrombus Embolisms. As we implement and measure our compliance we will continue to teach and learn to further reduce harm for our patients.

D. Readmission Rates Reduction

Driscoll Children’s Hospital has partnered with Solution for Patient Safety (SPS) and Children’s Hospital Association of Texas (CHAT) to look at ways to further reduce our readmission rate. A prevention bundle has been implemented that includes identifying high risk populations, and a plan to help patients adhere to discharge planning. A readmission interview is done with patients and parents to include goal identification. Follow up calls are done within 72 hours for all patients to reinforce discharge instructions to family and patients.

The average readmission rate for 15 day readmissions is 6.7% with the top diagnosis service line being respiratory therapy. The average readmission rate for 30 day readmissions is 10% and the top diagnosis service line being respiratory therapy as well. This strategy will be evaluated monthly through SPS and CHAT, comparing Driscoll to other participating hospitals. Additionally, Driscoll will monitor its’ own progression over time.
**PRIORITY: Collaboration**

**Strategies:**

A. **Reduction in HbA1c Score for Diabetic patients**

According to the Centers for Disease Control, a total of 23.6 million people, or 7.8% of the population, have diabetes. More than 9% of the population in Nueces County is diagnosed with diabetes, and other Coastal Bend counties have rates of 8.3% to 8.9%. Uncontrolled diabetes can lead to several complications including loss of eye sight, hospitalization, kidney failure, nerve damage and more. A significant volume of patients seen in the Driscoll Diabetes and Endocrinology clinics are Driscoll Healthplan members.

The Endocrinology and Diabetes providers and Driscoll Healthplan (DHP) will collaborate on the following initiatives: increase education to DHP community health workers and case managers, review the approval process of glucometer strips available to patients, completing home visits to DHP members, and continuing to assure patients have proper transportation services to clinic visits. Pertinent information obtained during home visits with DHP members will be provided to the Endocrinology and Diabetes clinic providers.

For DHP members 10 to 18 years of year, the goal is to reduce the patient’s HbA1c level to 9% or less through proper outreach and management (reference DSRIP Project ID 132812205.3.4).

B. **Children’s Hospital Association of Texas Collaboratives**

Driscoll has partnered with the Children Hospital Association of Texas (CHAT) on two collaboratives; sepsis and bronchiolitis. The collaboratives span over eighteen months and focus on identifying and treating patients with sepsis and bronchiolitis. The collaboratives will cover three key areas; intervention, education and data collection. Protocols and Pathways will be developed and implemented to help identify and treat children with sepsis and bronchiolitis. The data will be shared with eight Texas hospitals to evaluate and implement methods to improve the care we provide to children with sepsis and bronchiolitis.

C. **Asthma Coalition**

Driscoll Children’s Hospital participates in the Healthy South Texas coalition offering support for the asthma population. Healthy South Texas, the pilot program of Healthy Texas, is an effort to reduce the highest impact diseases and their consequences throughout a 27-county region in South Texas. Healthy South Texas extends solutions to meet underserved health needs in the Nueces county area. Driscoll has worked with Healthy South Texas to co-brand a parent education resource guide, “Living with
Asthma”, that will be distributed throughout the state of Texas. The resource provides information about understanding asthma, asthma triggers, how to treat asthma and avenues for asthma controls support.

This strategy will be evaluated by the number of resource guide books that are distributed.

D. Solutions for Patient Safety

Driscoll has partnered with Solution for Patient Safety (SPS), an International Network that has charged itself to reduce harm to all children in hospitals. SPS has over 100 hospitals in its network that participate in reducing the number of hospital acquired events that occur in their organization. SPS has partnered with Centers for Medicare and Medicaid Services (CMS) to become the first Children Hospital Improvement Innovation Network (HIIN). SPS’s vision is for all hospitals within the network to teach and learn ways reduce the overall harm to all children. The goal for the network is 20% reduction in overall harm and 12% reduction in 30 day readmissions.

Adoption/Approval

Driscoll Children’s Hospital’s Board of Directors approves the Implementation Strategy that has been developed to address the priorities of the Community Health Needs Assessment.

Driscoll Children’s Hospital will utilize this Implementation Strategy as a roadmap to collaborate with the community to address the priorities, particularly for the most vulnerable.

Chair, Driscoll Children’s Hospital Board of Directors

CEO, Driscoll Children’s Hospital

Date

Date