

“Until All Children are Well”

Community Health Implementation Strategy FYE’s 2022-2024

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 2021, Driscoll had more than 143,000 clinic visits and performed more than 6,500 surgeries. Driscoll was the first hospital in South Texas to provide emergency services exclusively for children and in 2021, had more than 33,400 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
- 283 Doctors on Medical Staff in more than 30 specialties
- More than 2,600 employees and 160 volunteers
- 6th largest private sector employer in Corpus Christi
- 8-bed Pediatric Intensive Care Unit (PICU)
- 14-bed Cardiac Intensive Care Unit (CICU)
- 51-bed, Level IV Neonatal Intensive Care Unit (NICU)
- 8 surgical suites
- More than 33,400 Emergency Room visits
- Comprehensive Surgical Services including General, Cardiovascular, Orthopedic and Neurologic Surgery
- Pediatric Subspecialty Centers located in Harlingen, Laredo, McAllen, Brownsville, and Victoria
- Pediatric Cardiology Clinics
- Child Abuse Resource and Evaluation Team
- 48 Pediatric Residents and 3 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)
- 2,836 Admissions and 3,134 Observation patients in 2021

Driscoll Children’s Hospital’s Main Campus is in Corpus Christi, Texas. Additionally, Driscoll has five children’s specialty clinics located throughout South Texas, offering twenty-one subspecialty services to serve the needs of all South Texas children. Additionally, Driscoll sponsors Maternal Fetal Medicine clinics that seek to improve birth outcomes for the region.



Identifying Health Needs

The Driscoll Health System Community Health Needs Assessment was conducted by Dr. Isabel Araiza, Principal Investigator and Britany Stoker-Garcia, Research Associate under a contract from Driscoll Health System.

The resulting report is based on data from the period of September 1, 2018, through August 31, 2021, from Driscoll Children’s Hospital (including inpatient, outpatient, and emergency department data) and Driscoll Health System quick care clinics and specialty centers. Additionally, data from County Health Ranking and Roadmaps provide by the University of Wisconsin Public Health Institute in collaboration with the Robert Wood Johnson Foundation and a series of focus groups and community stakeholders organized by Driscoll Health Plan’s Community Outreach Department were utilized.

The resulting findings in this report were organized in three areas: Preventable Hospital Use, Managing Chronic Illness, Addressing Mental Health Issues.

The last Driscoll Health System health needs assessment was conducted in 2019. Driscoll Children’s Hospital’s associated implementation strategy impacted the community in various ways, improving access to health services for children across our region, growing Medicaid coverage, improving mental health access, building outpatient specialty services to prevent hospitalization, and, in conjunction with the Medicaid health plans, coordinating care for those with chronic and complex medical needs. Despite gains in these areas, the 2022 needs assessment identified ongoing needs in many of these areas.

The significant health needs identified through the 2022 assessment are as follows:

1. Some residents, including those with insurance, use the Emergency Room for primary care.
2. Some hospitalizations are preventable and likely include some admissions for constipation, dehydration, urinary tract infection, phimosis, and tooth decay.
3. Obesity is still a major problem.
4. Diabetes remains a chronic problem across our region—recently aggravated by COVID 19.
5. Mental health issues are increasing.
6. Asthma remains a major driver of hospital admission and school absence.

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 2022, 2023, and 2024. Questions or feedback related to this implementation strategy may be directed to Mary Dale Peterson, M.D., Vice President, and Chief Operating Officer, by telephone (361) 694-4602 or email mary.peterson@dchstx.org.

Driscoll Children’s Hospital Priorities	Correlated Community Health Need
Access to Health Services	<ul style="list-style-type: none"> • Limited Access to Health Services • Some use Emergency Department for Primary Care • Mental Health Issues are Increasing
Prevention and Management of Disease	<ul style="list-style-type: none"> • Some Hospitalizations are Preventable • Chronic and Co-Morbid Conditions--Asthma, Diabetes and Obesity are Prevalent

PRIORITY: Access to Health Services

A. Ensure Families and Children Have Medical Homes

Establishing access to a Medical Home reduces the use of emergency room and decreases hospital visits. This can most easily be accomplished by ensuring that all eligible families and children have insurance coverage. Enrollment in Texas Medicaid Managed Care requires that each member select a primary care physician. Driscoll Health System will assist with Medicaid enrollment at many of its regional sites.

Additionally, the well-functioning medical home should provide a location for ongoing education in the management of common childhood problems that lead to preventable hospital admissions identified in this needs assessment, i.e., constipation, dehydration, phimosis, urinary tract infection, dental caries.

The Medical Home will also serve a care coordination and care management function in the prevention and management of the chronic diseases identified in this needs assessment—asthma, obesity, and diabetes. Driscoll Health Plan as well as Driscoll Children’s Hospital will expand its trained and certified staff to educate and manage children with asthma (asthma educators) and nutritionists to help teach diabetes diet and care.

Driscoll Health Plan has recently begun the education and co-location of Licensed Professional Counselors or Licensed Clinical Social Workers within pediatric offices regionally. It is hoped that this model will provide early intervention preventing mental health crisis visits to the emergency room.

Strategies:

- Promote Medicaid Enrollment
- Enhance the Education provided within the Medical Home
- Assist the Care Management provided by the Medical Home

These strategies will be measured by noting the number of DHS sponsored clinics with Medicaid enrollment assistance available. The number of primary care practices in the region with delegated or co-located Care Managers will be used to assess Care Coordination.

PRIORITY: Prevention and Management of Diseases

A. Refine Education Initiatives

Driscoll Hospital System has multiple venues in which to impart practical knowledge regarding the parent/child education needed to prevent and manage the common illnesses identified in the needs assessment. This ability to do patient education around primary care has been recently emphasized within our residency education program. Assuring that our residents, many of whom practice in the area after graduation have solid training in the care and prevention of constipation, dehydration, and foreskin hygiene should help to improve the outcome for these common problems. Obesity prevention can be addressed with nutritional counsel as an infant grows. Dental hygiene including fluoride toothpaste use and dental fluoride varnish application can occur in the pediatric office decreasing the need for operative dental care.

These education efforts can be propagated system wide thru nursing and staff education. Driscoll Health Plan has provided ongoing education to its primary care providers but may have neglected to include the nurse practitioners and physician assistants who render much of the care in our region. Inclusion of these groups going forward may help to address these issues.

Another education effort includes the new “communication boards” installed in ER, and inpatient rooms, highlighting essential educational needs to be taught by the team prior to dismissal/discharge. It is hoped that this improved communication will prevent unnecessary ER visits and hospital readmissions.

Strategies:

- Add primary care curriculum to our residency training program around identified preventable diseases of dental caries, chronic constipation, phimosis, and education regarding the indications for hospital admission for urinary tract infection.
- Enhance the ancillary providers’ skill in patient education highlighting obesity, asthma, and diabetic care.
- Promote the use of the communication boards by the entire care team
This effort will be monitored through the residency evaluation committee’s curriculum assessment, the health plan’s continuing education efforts (virtual or face to face) with inclusion of ancillary providers, and by the “discharge optimization” committee as it refines and rolls out the use of the communication boards as an educational tool.

B. Expand the Use of Social Workers and Licensed Professional Counselors to Address Behavioral Health

Education of Licensed Professional Counselors (LPCs) and Licensed Clinical Social Workers (LCSWs) to provide a structured Positive Parenting Program (Triple P) has begun in our region. It seeks to increase the parenting knowledge and practice by parents of children in the early childhood years as well as the teen years. Many of these LPCs and LCSWs are already co located in large pediatric groups throughout our region.

Further training in evidenced based Cognitive Behavioral Training (CBT) for these and other behavioral health providers might ease some of the emergency room use for behavioral problems while providing coordinated services throughout the region.

Strategies:

- Expand training of LPCs and LCSWs in use of Triple P
- Promote co-location of Behavioral Health providers in the primary care office
- Supply education to Primary Care and Behavioral Health Providers in “The Unified Protocol”—a cutting edge cognitive behavioral treatment for the treatment of common mental health disorders.
This will be monitored by the Health Plan documenting the education and co-location of BH providers in the primary care offices throughout the region.

C. Push “outdoor” engagement

Physically active children have less psychological problems and burn more calories each day preventing obesity and diabetes. Driscoll Health System can be an agent for the good of children throughout the region by joining with youth organizations that promote physical activity such as Parks and Recreation Departments, Boys and Girls Clubs, Scouts, Head Start, and Children in Nature. The system can use its dollars to promote and support these natural partners to the greater good of our region.

Strategies:

- Look for and support agencies that promote outdoor activities for children and families
- Recognize the physical and mental health benefits of outdoor activity
This will be measured by the number of co-branded, co-promoted events with other community agencies that involve outdoor and nature activities.



D. Build Partnerships across the community

The Driscoll Health System should seek to become the regional facilitator of all matters regarding the health and welfare of children. A series of Meet and Greet workshops for community stakeholders might place Driscoll as the leaven that enriches the quality of regional health for all children.

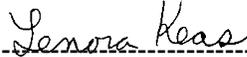
Strategies:

- Commit to be the host of community Meet and Greet series for all community agencies serving vulnerable children in our region.

This will be measured by the scheduling, promotion, and attendance at community liaison events, "Salon Meet and Greet" sessions and community advisory groups such as the mental health task force hosted by Driscoll Health System.

Adoption/Approval

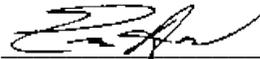
Driscoll Children's Hospital's Board of Directors approves the Implementation Strategy that has been developed to address the priorities of the Community Health Needs Assessment. Driscoll Children's Hospital will utilize this Implementation Strategy as a roadmap to collaborate with the community to address the priorities, particularly for the most vulnerable.



Lenora Keas Chair
Driscoll Children's Hospital Board of Directors

11/7/2022

Date:



Eric Hamon, CEO
Driscoll Children's Hospital

11/7/2022

Date: