

**“MORE CARE FOR MORE KIDS”**

**Community Health  
Implementation Strategy  
FYE’s 2019 – 2021**



## **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 2019, Driscoll had more than 141,000 total clinic visits and performed more than 6,600 surgeries. Driscoll was the first hospital in South Texas to provide emergency services exclusively for children and in 2019, had more than 46,000 Emergency Department 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
- 263 Doctors on Medical Staff in more than 30 specialties
- More than 2,500 employees and 350 volunteers
- 7<sup>th</sup> largest employer in Corpus Christi
- 18-bed Pediatric Intensive Care Unit (PICU)
- 61-bed, Level IV Neonatal Intensive Care Unit (NICU)
- 8 surgical suites
- More than 46,000 Emergency Department 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
- 48 Pediatric Residents and 2 Chief Residents and a Curriculum Specialist
- One of more than 200 pediatric residency programs in the United States
- Texas A&M University Affiliation (affiliated with 22 colleges and universities across Texas and the United States)
- Accredited with The Joint Commission (TJC)
- 3,676 Admissions and 3,199 Observation patients in 2019

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 2019 Driscoll Health System Community Health Needs Assessment was conducted by Dr. Isabel Araiza, Principal Investigator, and Brittany Stoker-Garcia, under the direction of Driscoll Health System (Driscoll). Driscoll contracted with Dr. Araiza to conduct a formal community health needs assessment.

Emergency department, inpatient, outpatient, and clinic data were provided by Driscoll for fiscal years 2017 – 2019. These data were used to determine patterns of health care utilization and prevalence of disease among the hospital system's different departments.

**The significant health needs identified through the 2019 assessment are as follows:**

1. Some segments of the target population use the emergency department for primary care.
2. Some hospitalizations are preventable.
3. Chronic and co-morbid conditions are prevalent in the target population.
4. Obesity remains a major problem for the target population.
5. Diabetes is an issue among the patients seeking services from Driscoll.
6. Mental health issues are among the most frequent primary and secondary diagnoses in the target population.
7. Respiratory conditions are prevalent among the target population.

**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 2019, 2020, and 2021.

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](mailto:bill.larsen@dchstx.org) .

<b>Driscoll Children’s Hospital Priorities</b>	<b>Correlated Community Health Need</b>
<b>Access to Health Services</b>	<ul style="list-style-type: none"><li>• Some use Emergency Department (ED) for Primary Care</li><li>• Mental Health Issues Frequent</li></ul>
<b>Prevention &amp; Management of Disease</b>	<ul style="list-style-type: none"><li>• Some Hospitalizations are Preventable</li><li>• Respiratory Conditions are Prevalent</li><li>• Chronic and Co-Morbid Conditions are Prevalent</li><li>• Diabetes is an Issue</li><li>• Obesity is an Issue</li></ul>

## **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 conduct 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 support 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.

#### **B. Urgent Care**

Driscoll continues 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 the hospital. Data suggests there is a high utilization of emergency department 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 expanded 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 ED. When a patient's pediatrician office is closed, Driscoll's non-emergent care clinics are a low-cost, reliable source of care and an appropriate alternative to the ED for patients seeking treatment(s) for a minor illness or injury.

The strategy will be evaluated by measuring the number of low acuity ED visits as well as urgent care visits across our system.

#### **C. Neonatal Intensive Care Unit Regionalization**

Driscoll has implemented a full service telemedicine service with hospitals that have entered into partnership agreements with Driscoll in order to obtain higher NICU levels of designation. The telemedicine services allows access to pediatric subspecialists, surgical subspecialists and various ancillary services. The services include provision of consultation, technical support, training and administration support. Driscoll accepts 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.

Driscoll has also entered into coverage agreements with NICU's in several of our outlying service areas, to provide the highest level of NICU care for patients in those areas.

This strategy will be evaluated by monitoring the number of telemedicine consultations, patient encounters, clinical outcomes 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 has determined that a shortage exists in the community for psychiatric care of pediatric patients. Driscoll has added board certified child and adolescent psychiatrists to the community.

Driscoll has also entered into relationships with the local mental health authority and psychiatric facilities to expedite placement of patients in need of psychiatric care.

Driscoll has increased social work coverage specifically for behavioral patients and now provides 24x7 social work coverage for hospital and emergency department patients.

This strategy will continue to be evaluated by monitoring the number of clinic visits at the Driscoll psychiatric offices as well as the number of ED visits for behavioral patients.

### **PRIORITY: Prevention and Management of Disease**

#### **Strategies:**

#### **A. Asthma Management**

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

Driscoll has implemented a Bronchiolitis after care service to reinforce education and training. This program was implemented in November of 2019, to provide education, training, and reinforcement care for patients with Bronchiolitis.

Driscoll has employed an Asthma Coordinator, whose role is to go into the community, teaching in schools and with patient families. Training focuses on the care and prevention of asthma, and how to avoid triggers that cause flare-ups.

Driscoll promotes optimal health for these diseases through guidance, advocacy, trigger recognition, symptom management, educational awareness, and increased compliance with asthma medication preventers.

This strategy will be evaluated by the Healthcare Effectiveness Data & Information Set (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. A large share of dental procedures could be avoided if Driscoll patients have 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 Driscoll Health Plan (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.

**C. Solutions for Patient Safety**

Solution for Patient Safety (SPS) is an International Network of hospitals that implement prevention bundles for hospital acquired conditions 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 been implemented are as follows: Central Line Associated Blood Stream Infections, Pressure Injuries, Surgical Site Infections, Catheter Associated Urinary Tract Infections, Falls, 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 completed a partnership with Solution for Patient Safety (SPS) and Children’s Hospital Association of Texas (CHAT) that looked at ways to further reduce our readmission rate. A prevention bundle was implemented that included identifying high-risk populations, and a plan to help patients adhere to discharge planning. Readmission interviews are conducted with patients and parents to include goal identification. Follow up calls are conducted within 72 hours for all patients to reinforce discharge instructions to family and patients.

Driscoll continues to participate in several Delivery System Reform Incentive Payment Program (DSRIP) measures to reduce readmissions. Additionally, readmission rate reduction is a goal for all Directors and Physicians at Driscoll, and is measured on a monthly basis. For FY2020, Driscoll developed a comprehensive strategy for Bronchiolitis patients, related to home care. Bronchiolitis/Respiratory diagnoses were the number one diagnosis for readmissions at Driscoll prior year. Part of this plan was the development of an after-care visit where parents could bring their child back to the hospital for support and reinforcement of their education and training regarding care of their child. This multidisciplinary effort has proved successful during the first three months of implementation.

**E. Chronic Diseases**

Driscoll continues to participate in DSRIP measures related to pediatric chronic disease management, such as diabetes and obesity.

**F. Discharge Planning for Acute/Chronic Disease Admissions on the System Level**

Since the fall of 2019, the Driscoll Health Plan Service, Care and Utilization leadership teams communicate with the Hospital Care Management team to identify and prioritize patients/members who have additional barriers to discharge, needs of social case management or home visit services after discharge.