

Swedish Community Health Needs Assessment (CHNA) Implementation Strategies

Swedish has identified 4 system wide priorities that will be our focus for the next 3 years. In addition, each Swedish campus has an implementation strategy which addresses site specific priorities.

These system priorities were chosen based on public health data, recommendations from the CHNA champions at each site (using community feedback) and the Swedish CHNA Advisory Council. Our goal will be to strengthen our existing programs, create new programs and collaborate with numerous community partners to improve the health in our community.

2013-2016 priorities include:

- Diabetes and Obesity
- Access to Care
- Behavioral Health
- Community Needs Advisory Council

Diabetes & Obesity

Diabetes affects 25.8 million people of all ages in the United States or 8.3% of the U.S. Population. This includes 18.8 million diagnosed and 7 million undiagnosed individuals. Diabetes is the leading cause of kidney failure, non-traumatic lower-limb amputation, and new cases of blindness among adults. It is a Major cause of heart disease and stroke and is the seventh leading cause of death.

Further statistics:

- Of the 25.6 million diagnosed in 2010 (11.3%) > 20 years of age.
- Men: 13.0 Million (11.8%)
- Women: 12.6 million (10.8%)
- Non-Hispanic whites: 15.7 million (10.2%)
- Non-Hispanic blacks: 4.9 million (18.7%)
- Over 65 years, 10.9 million (26.9%)

**Prevalence of overweight and obesity Among Adults with Diabetes
Pre-diabetes**

CDC analysis of prevalence of overweight and obesity among U.S. adults= 20 years with previous diagnosed diabetes:

- *Overweight or obesity:85.2%*
- *Obesity: 54.8%*

In 2005-2008, based on fasting glucose or hemoglobin A1C levels, pre-diabetes was detected in:

- 35% of adults ages 20 years and older
- 50% of adults age 65 years and older
- An estimated 79 million adults ages 30 years and older

People with pre-diabetes have an increased risk of developing type 2 diabetes, heart disease, and stroke.

Type 2 Diabetes in Children and Adolescents

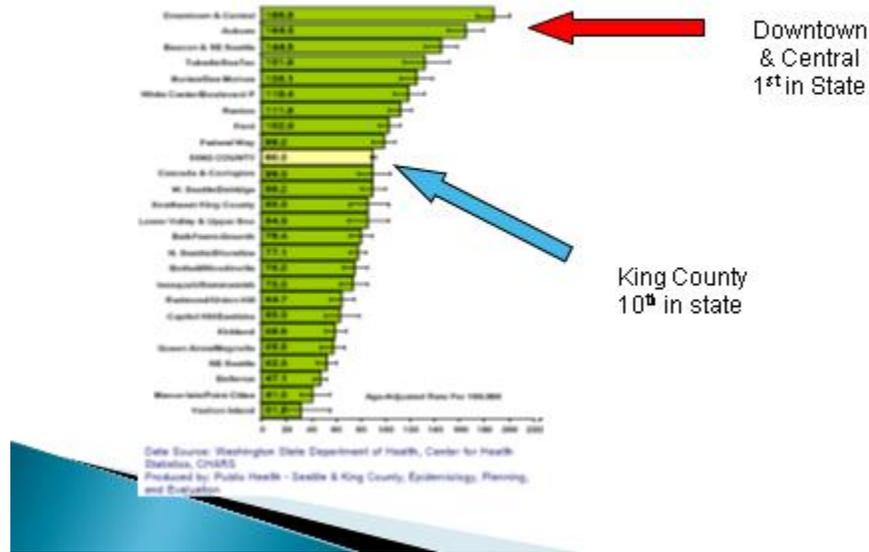
- Obesity Has Tripled in Children since 1980
- Nearly 1 in 4 Children Aged 12-19 years old. (note: A decade ago it was 1 in 10)
- The percentage of teens with diabetes in 2007-2008 was 9% in 1999-2000 it tripled to 23%

Complications of Diabetes and Costs

- Heart disease and stroke
- Hypertension
- Blindness, eye problems
- Renal disease
- Nervous system disease
- Amputations
- Dental disease
- Complications of pregnancy
- Other complications.

Data for King County:

Hospitalization for Diabetes , King County 1999–2003



In the Swedish system, we have collected the following information:

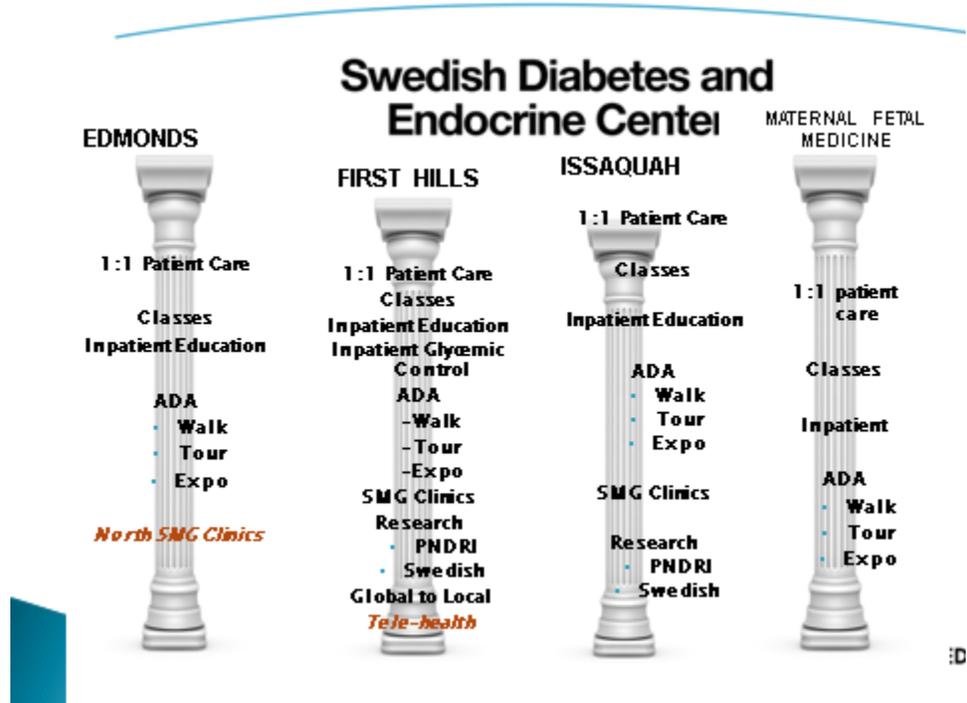
Diabetes is a serious chronic illness that affects a growing number of people in the United States every year. 389,000 adults in Washington State have a diagnosis of Diabetes. Swedish Hospital had 378 Diabetic patients admitted in 2011. In June of 2012, >800 SMG clinic patients were not optimally controlled

CLINIC	NUMBER OF HIGH RISK DIABETIC PATIENTS
SP BALLARD	85
SP CENTRAL SEATTLE	108
SP DOWNTOWN	76
SP FACTORIA	60
SP GREENLAKE	79
SP ISSAQUAH	80
SP MAGNOLIA	26
SP MILL CREEK	65
SP PINE LAKE	23
SP QUEEN ANNE	16
SP REDMOND	54
SP SNOQUALMIE	14
SP SOUTHLAKE UNION	4
SP WEST SEATTLE	120
TOTAL=	820

Diabetes is the sixth most expensive condition nationally due to various long-term complications associated with the disease which include:

- Heart disease, hypertension, heart attacks, and stroke
- Nerve damage
- Ulcers and lower limb amputation
- Eye problems and blindness
- Kidney disease and kidney failure

To that end, Swedish currently identifies these services and activities at its current locations.



Next Steps to Creating a comprehensive Program

Over the next few years, the diabetes team will expand its services and has identified the following components that will constitute our comprehensive program:

- Work with clinics in creating a Medical Neighborhood.
- SMG is creating Medical Homes
- RN Specialist
- Auto Drop Orders
- BMI >30 auto referral to nutrition
- A1C > 7 auto referral to CDE
- Care Pathways
- Work with Bariatrics to create program
- Diabetes Education
- Opening Hubs at each campus
- Support services
- Add Endocrine services
- Social Work
- Expert education
- Diabetes Education
- Tele-Health
- Services on Peninsula (ACO)
- Services in Yakima (ACO)
- Bariatrics/Diabetes Adolescence program
- Pediatric Endocrine-
- Train all RD's in one model
- Research
- Islet Cell Transplant
- Type One Research

Partnerships

PNDRI

- ▶ Teddy Study
- ▶ Increase awareness
- ▶ Increase marketability
- ▶ Stay cutting edge
- ▶ Partner to ensure current
- ▶ Research gets to patient.

Global 2 Local

- Teach the teacher
- Video's for ATT Phones
- Shopping buddy

American Diabetes Association.

- ▶ Accreditation
- ▶ Walk
- ▶ Tour de cure
- ▶ EXPO

Access to Care

According to Communities Count King County 2008 the following four indicators lead us to choose *Access to Care* as our number 1 priority over the next 3 years:

- *Living in poverty is increasing*
- *People who could not get healthcare due to cost are increasing*
- *People having no usual source of care are increasing*
- *Percent of uninsured is increasing*

In 2012 over 180,000 – or over 10 percent of residents – have no health insurance and can't pay for health services. Hospitals and health systems in King County feel the burden of this, paying more than \$500 million in uncompensated care each year. People without health insurance are also less likely to get preventive care, which results in more expensive chronic illnesses and unnecessary emergency room visits.

With the advent of the Affordable Care Act (ACA), many of these residents will be enrolled in new insurance plans, but access to specialty care will continue to be a concern.

In response, the Swedish goal is to develop programs and processes that bridge the gaps in access to care through the following strategies and activities:

1. *ACA Enrollment Initiative*
2. *Development of Innovative programs to provide services to the underserved.*

1. ACA Enrollment Initiative:

The purpose of the Affordable Care Act Initiative is to develop and implement a robust program at Swedish that will facilitate enrollment in the Washington State Healthcare Exchange. Special focus will be on Medicaid enrollment for the underserved. The components of this initiative include:

- Enrollment strategy
- Physician access strategy
- A toolkit for our patients and staff.
- Communication strategy.

Enrollment

Our goal over the next 3 years a primary focus will be to help enroll new patients through Medicaid expansion/the exchanges

- A plan is in place for the SMC Financial Patient Navigators to be trained and certified to enroll patients admitted in any Swedish hospital. Still to be discussed is the availability of resources to assist with enrolling patients in our Emergency Departments.
- The goal will be that all 100% of eligible patients will be contacted and assisted with enrollment.

Physician Strategy

The focus of the physician strategy is to understand the impact of Medicaid expansion on the physician network and develop a strategy to support the potential influx of new patients

- The team is developing a clinic-by-clinic enrollment strategy. Partnerships with Federally Qualified Health Centers (FQHCs) and other community clinics are also being explored to help manage the influx of new patients and their enrollment needs.

Toolkit

The goal is to develop a suite of materials to educate and inform both internal audiences and patients about the upcoming changes in health care.

- Swedish is identifying the materials needed for both internal audiences and patients. Swedish will look to leverage current, approved content from the state and Public Health – Seattle & King County once those materials become available. Materials will be offered in a variety of languages to best meet the needs of our patients.
- As the ACA evolves, our toolkit will be updated to ensure that the latest information is available.

Communications

The communication of this complex information will take on many forms. We want to ensure that all stakeholders remain informed of key activities and progress

- Internal: The team will continue to use a variety of communications tools such this update, the Swedish Intranet and Mini-Memo, and appropriate meetings to share progress reports.
- External: Our communications team will lead all external communication efforts, including media relations, staff and patient websites, social/digital media outreach, and event coordination (as appropriate).

Initial Results:

The following website was developed for our patients and staff:

<http://www.swedish.org/patient-visitor-info/billing/insurance-plan-information/new-insurance-exchange-information>

Ongoing Plan:

As enrollment continues into 2015, Swedish plans to be a thought leader in the community and share its best practices for enrollment. We will continue to be a part of the Dow Constantine King County Leadership Circle to keep abreast of all trends, new best practices and these will be reported back to the enrollment advisory council for implementation.

2. Development of Innovative programs to provide services to the underserved.

In response to the disparity in access to care, Swedish has implemented two nationally recognized programs that address access to care for the underserved. The programs will be refined, expanded and replicated across the next 3 years. The two programs are:

- *Global to Local Initiative*
- *Swedish Community Specialty Clinic (SCSC).*

Global to Local Initiative:



The Global to Local initiative is a new approach in applying global solutions to local healthcare challenges in underserved populations. Numerous organizations within the Washington Global Health Alliance are working to improve lives of millions of people worldwide. Global to Local seeks to utilize expertise and experience from these organizations to discover ways in which successful global health strategies can be applied in our county, state and country.

Global to Local is collaborating with neighboring cities in Tukwila and SeaTac, Wash., to provide innovative, holistic and community-driven solutions to providing healthcare and economic development strategies in diverse, low-income populations.

Click here for a video about Global to Local:

<http://www.swedish.org/About/Overview/Mission-Outreach/Community-Engagement/Community-Programs/Global-to-Local#axzz2ScIqwpYT>

Swedish Community Specialty Clinic:

To further Swedish Medical Center's commitment to serve the uninsured, we opened SCSC's First Hill clinic in September 2010. The former Mother Joseph and Glaser specialty clinics combined and partnered with King County Project Access (KCPA) to provide expanded specialty care services to our community. SCSC provides a workable solution to one of the most pressing health care problems facing low-income and uninsured people in our community – access to specialty care services. This program builds on the safety net of primary care provided by the community health and public health clinics in King County. Through KCPA and a volunteer staff of over 300 Swedish specialty physicians, low-income uninsured patients have access to needed specialty health care and donated ancillary, in- and out-patient hospital services.

In 2011 a Specialty Dental Clinic with more than 30 volunteer oral surgeons and dentists was added. This program was developed and funded through a unique collaboration between Swedish, Project Access Northwest, Seattle-King County Dental Society/Foundation and the Washington Dental Services Foundation. Our goal is to set a new standard in community health and demonstrate the importance of charity care to our nonprofit mission even in tough economic times.

Behavioral Health Initiative

Improving gaps in access to behavioral healthcare at all of our clinics and campuses was identified as a key focus in the next 3 years. A strategic plan for implementing Behavioral Health (MH/SA) **outpatient** and **inpatient** services at Swedish is a priority. What follows are strategic plans for Inpatient and Outpatient Mental Health services:

Outpatient initiative:

Elements of the outpatient strategic plan are:

- To coordinate design and implementation across delivery system that is financially sustainable over time with valid metrics and outcome measures
- Integrate with current community based services that provides continuity of care

Process

- Develop a Steering Committee to oversee implementation of strategic initiatives related to outpatient BH/SA services. Coordinate with other groups and constituencies in an open and transparent fashion. Inform and coordinate activities with governance (SMG/PEC), ASC department, operations and SMC. Initial MH/SA service implementation designed for at risk populations that can be scaled up to new populations at risk. Coordinate with ACO contracting requirements and contracting efforts for reimbursement of BH services.

Goals

- Identify the behavioral health need at clinic level, evaluate Primary Care Mental Health implementation (MH/SA scope); develop gap in care analysis
- Identify and evaluate community resources currently available to meet gaps in care
- Identify and coordinate with current services offered within Swedish Health Services for seamless, continuity of treatment for patients
- Evaluate model(s) for strategic, operational and financial criteria before implementation

- Promote model with constituencies; coordinate and guide implementation of preferred approach
- Coordinate model to effectively integrate with but not replace public funding for “chronic, severe, acute” state defined populations.
- Determine and implement processes & structure that will support long term sustainability of the services.
- Ensure actions are consistent with regulatory requirements.
- Develop separate community inpatient bed initiative with hospitals in King County.

Milestones:

- Determine Gaps in care and identify and evaluate community resources
- Steering Committee is formed with charter, regular meetings and attendance, tasks, accountabilities, timeline
- Evaluate models and determine preferred model with metrics and resources
- Preferred model agreed to by SMG/PEC leadership with metrics
- Coordinate and message implementation across SHS and with community

Measures:

- Increased enrollee engagement (PAM survey)
- Decreased symptoms
- Increased quality
- Increased patient satisfaction
- Increased provider satisfaction
- Productivity/FFS for BH services
- Reduced total cost of care for cohort after BH treatment
- Increased access to care

Community Resources:

- Asian Counseling & Referral Service
- Catholic Community Services of Western Washington (youth / families)
Community House Mental Health Center (adults)
- Community Psychiatric Clinic (adults / youth)
- Consejo Counseling & Referral Services (adults / youth)
- Downtown Emergency Service Center (adults)
- EvergreenHealth (adults)
- Navos (adults / youth)
- SeaMar Community Health Centers

- Seattle Children's (youth)
- Sound Mental Health (adult / youth)
- Therapeutic Health Services (adults / youth)
- Valley Cities Counseling & Consultation (adults / youth)
- YMCA of Greater Seattle (youth)
- Residential Mental Health Care Plan Providers
- Cascade Hall (Community Psychiatric Clinic)
- Chartley House (Sound Mental Health)
- El Rey Treatment Facility (Community Psychiatric Clinic)
- Highwest Residence (Navos)
- Keystone (Community Psychiatric Clinic)
- Spring Manor (Community House Mental Health)
- Stillwater Residence (Sound Mental Health) Transitional Resources 2970 SW Avalon Way Seattle, WA 98126 Phone: 206-883-2051
- Specialized Mental Health Care Plan Providers
- Crisis Clinic
- Domestic Abuse Women's Network (DAWN)
- Guided Pathways
- Interchange Northwest - Mental Health Ombuds Service of King County
- Muckleshoot Indian Tribe
- National Alliance on Mental Illness (NAMI)
- Snoqualmie Tribe

Inpatient Initiative:

Program description:

Swedish proposes an inpatient psychiatric unit for persons 18-64 years old. It will include both voluntary and involuntary (“ITA”) patients. Co-located at Swedish/Ballard, it will have available robust medical ancillary care, including hospitalists, sub-specialists, imaging, and surgical services. Swedish/Ballard proposes to operate 25 inpatient beds.

Primary focus will be to provide care for adult patients who suffer from a mental disorder (as defined in RCW 71.05.020), are under voluntary or involuntary status, and whose medical condition requires that the patient receive services in an acute care setting of a hospital licensed under RCW 70.41.

Secondary focus will be adult patients who suffer from a mental disorder and are involuntarily detained under RCW 71.05. These patients meet ITA criteria but are boarded because there are no inpatient beds available.

The unit will be configured and staffed such that all bed spaces can serve both voluntary and involuntary inpatients.

For purposes of evaluating patient status regarding ITA determination, Swedish proposes having such court-determined evaluations on-site. Swedish will provide necessary space and facilities for this legal evaluation.

Admission criteria:

The inpatient psychiatric unit will admit persons 18-64 years old who are within the Primary and Secondary focus, as defined above. It will include both voluntary and involuntary ("ITA") patients.

This unit will exclude the following:

- Persons < 18 years of age or 65 years of age and older.
- Traumatic brain injured patients
- Dementia patients

The Swedish admissions process will include a triage mechanism, used by unit-admission coordinators, built in conjunction with our collaboration which is transparent and fair to Swedish and other collaboration members. Initial intake is available 24 hours a day, 7 days a week. The intake is used to gather information about the patient in order to understand what the underlying problem is, assess and respond to the urgency of the patient's current condition, and to match the patient with appropriate treatment resources. This information includes, but is not limited to: the patient's description of his or her problem, psychosocial history, mental status, medical history and comorbidities, current medication(s), substance use/abuse, previous mental health treatment, and basic demographic information.

Admissions will be based on clinical acuity and order of presentation by Swedish and other participating collaborating hospitals, not by physical location. As is currently the case with its Cherry Hill unit; Swedish, on a daily basis, will evaluate inpatient census, expected discharges, and available capacity. Based on this daily assessment, it will establish capacity for additional inpatient admits. In the event the daily capacity assessment demonstrates no current capacity, requested admissions will be placed on a waiting list and given a waitlist number. As capacity is created, additional admissions will be drawn from the waitlist based on the criteria stated above.

In the case of individuals who meet involuntary commitment criteria, a Designated Mental Health Practitioner (DMHP) will be contacted to conduct an evaluation. If it is determined that the patient poses a substantial risk to himself, to others, or is gravely disabled and there is current capacity within the unit, then the patient will be admitted.

Process for accepting transfers from other hospitals.

Swedish will use a standard, transparent admissions process as outlined above to evaluate and accept other hospital transfers. When capacity is available, the unit admission coordinator will notify the hospital with the identified waitlist patient, that space is available and a transfer can be made. The admission coordinator will work with the transferring hospital to provide ambulance transport. This includes necessary patient transfer records with appropriate medical documentation and orders. Once the patient arrives at Swedish, Swedish will use its standard admission and intake process. As follow up, Swedish will notify the transferring hospital when admission has been completed and the patient's primary service provider as appropriate.

Management of transfers out of unit:

Swedish has comprehensive utilization management and discharge planning policies. These policies ensure active oversight of patient care consistent with each patient's treatment plan. They also ensure active discharge planning throughout the inpatient stay. Consistent with the treatment plan, planning for discharge either to home or to other facilities is initiated and followed throughout the inpatient stay. This ensures discharge or transfers are relatively seamless, well planned and best suited to patient recovery.

This requires care coordination and involvement by other mental health providers over the course of patient treatment, beginning with patient admission. Well before patient discharge or transfer, best follow-up, longer-term treatment resources are identified and planning is undertaken to facilitate discharge or transfer.

Successful continuity of care requires active community partnerships. Swedish has a number of these in place and will establish additional resources during unit development and operation. This may include such organizations as Sound Mental Health, Navos, and Fairfax Behavioral Health, among others. In summary, Swedish will work with collaboration partners and other providers to best coordinate inpatient and outpatient care delivery, with the goal of transparency and integrated care, best suited to improve patient outcomes.

Availability of medical/ancillary services:

Swedish proposes establishing its psychiatric/medical service at Swedish/Ballard. The plan would be to take an existing licensed bed unit currently not used and reconfigure it. These newly configured beds would meet necessary licensure standards for inpatient psychiatric care, and be operated within Swedish/Ballard.

Swedish/Ballard, as a community hospital with strong linkages to Swedish's First Hill and Cherry Hill campuses, has all necessary medical/surgical ancillary service support. This includes complete imaging capabilities, pharmacy, lab, and nutrition services. It also has 24/7 hospitalists service available to med/psych patients. In addition, a full complement of surgical and medical subspecialists are on its medical staff and key specialties are on-call 24/7. In addition, Swedish/Ballard has a prominent Emergency Department, providing emergent resource capabilities.

Swedish/Ballard also has surgical services on site, and could provide telemetry and infusion services. In the unlikely event higher level care is required, Swedish/Ballard has First Hill and Cherry Hill resources immediately available.

Unit Configuration

Unit location.

As stated above, the med/psych unit will be located within Swedish/Ballard, utilizing currently unused inpatient space. It will occupy 4 North within Swedish/Ballard.

Number of beds.

Swedish plans to build a 25-bed inpatient unit that would be built in accordance with licensure requirements for both voluntary and involuntary ("ITA") patients.

Semi-private/private rooms.

It is Swedish's intent to make each of these rooms private.

Certificate of need issue.

Swedish plans to operate this unit as a PPS-exempt unit. Thus, while Swedish/Ballard acute care beds are licensed, this unit will require certificate of need approval as a designated, PPS-exempt psychiatric inpatient unit.

As of July 1, 2014, continuing through June 30, 2015, the Department of Health will be modifying its certificate of need approval process for qualifying organizations that wish to convert licensed acute care beds to PPS-exempt beds that offer both voluntary and involuntary psychiatric treatment. A much simplified, lower cost application and approval process will be permitted. Qualifying hospitals would submit a three page request to the Department. The Department has stated it would review such projects within 30 days of submittal.

Such approved projects must “commence” construction within two years of approval.

Quality.

The Medical Director and Unit nurse manager will assume responsibility for all operational quality. Quality measures will include current Joint Commission HBIPS (“Hospital based inpatient psychiatric services”) performance and quality metrics.

Collaboration expectations.

Swedish expectations for Puget Sound Mental Health collaboration partners regarding capital expenditure sharing have been discussed above.

Swedish will collaborate with participating members regarding admissions/transfer of qualifying inpatients in a transparent manner, ensuring all participants are treating equitably. As requested, Swedish will make available its intake and admissions records to demonstrate conformance.

Swedish will commit to providing annual metrics that demonstrate utilization and performance including admissions by location, quality measures, discharges and transfers, and overall financial stewardship.

Timeline for patient occupancy.

Swedish will undertake active design and approval once collaboration members agree its proposal meets expectations. Work will also include Certificate of Need exemption submittal and approval. As stated above, if submitted within July 1, 2014-June 30, 2015, this process will require 30 days for review/approval. Subsequent to such approval, build out would commence, and would likely require 12 months. Assuming the project is moved forward July 2014, a rough timeline for opening the proposed unit would be mid-to-late 2015.

Community Needs Advisory Council Partnership Initiative

After we identified the top tier negative health trends in our communities, Swedish launched an initiative aimed at strengthening partnerships with specific agencies whose missions addressed the particular negative health trends identified in our CHNA. These local, regional and national agencies were committed to reversing negative health trends and we brought them together to form the cornerstone to our Community Benefits program. These evolving partnerships have explored new ways to share resources and encourage teamwork to impact the health of our community. The CEOs and Executive Directors of these agencies sit on an Advisory Council that meets quarterly. We learned quickly that this group could not only help us shape our response to a particular health trend, but collectively we could start working on overlapping health concerns. These partners were offered multiple year partnerships through agreements that focused less on the funds and more about engagement.

To date, the CHNA Advisory Council includes:

- American Cancer Society
- American Diabetes Association
- Lifelong AIDS Alliance
- Senior Services
- March of Dimes
- National Multiple Sclerosis Society
- American Heart Association

Our priority is to continuously define initiatives that will have impact on the negative health trends. Examples of current activities include:

- Swedish has enhanced opportunities to expand CPR training, community presentations of its Life's Simple 7 cardiovascular program
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- Expanded participation in walking and diet programs offered by the AHA.
- Swedish has partnered with Lifelong AIDS to host conferences focused on prevention, policy and practice, along with forming a Medicaid Expansion work group to understand the upcoming challenges and opportunities with healthcare reform in Washington.

- Swedish staff works closely with March of Dimes to improve education and support for expecting and new parents, along with an active involvement in public and fundraising activities throughout the community. Senior Services
- Swedish has partnered with Senior Services to provide mobile mammography services to aging women of color, along with tailored health and fitness classes.
- Swedish and Senior Services partnered on presentations to 15 senior housing facilities, centers and groups.
- Swedish Multiple Sclerosis Center hosts regular group support meetings with individuals in various stages of the disease.
- All agencies are working with the Global to Local Initiative to identify ways to improve health in South King County.
- All agencies are collaborating to develop a preventive health toolkit that can be offered to employers to inform their employees of ways to stay healthy.

Measurable Goals:

- At the beginning of the year, each agency will submit annual project goals. These goals will identify how Swedish and the agency can partner on projects that will impact the trends in our community. These goals can include other agencies on joint projects.
- At the close of the year, each agency will submit an annual progress report that measures the success of stated goals.
- Quarterly roundtable discussions will be held to discuss progress, new ideas, and share new information/data.
- Public Health will attend all quarterly meetings to advise and identify new initiatives.
- Sponsorship funding will be tied to the success of project goals.