



Hospital

**Implementation Strategy
FY 2017-19**

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Introduction

Forward

During 2015-2016, UofL Hospital conducted a community health needs assessment (CHNA) to cover the fiscal years 2017-2019 (July 1, 2017-June 30, 2019). Initially conducted while under the management of the KentuckyOne Health, Inc. hospital system, this report was updated in October 2017 to reflect the management change to University Medical Center (UMC), a nonprofit affiliate of the University of Louisville, and to reflect approval of this report by the UMC Board of Directors.

The original Implementation Strategies document, developed from June-October 2016, serves as an accompaniment to the CHNA report by identifying the strategies which UofL Hospital will employ from FY2017-19 to address the needs identified in the most recent CHNA.

The completion of this report and subsequent approval and adoption by the KentuckyOne Health Board of Directors and, later, the UMC Board of Directors, complies with CHNA requirements mandated by the *Patient Protection and Affordable Care Act of 2010* and federal tax-exemption requirements.

Executive Summary

The implementation strategies process involved the following steps:

- The KentuckyOne Health Healthy Communities department created an inventory of hospital-level and system-level strategies that were already in place to address the applicable health needs.
- UofL Hospital leaders reviewed the inventory, evaluated continuation of current strategies, and added additional strategies where appropriate.
- In October 2017, a representative of UofL Hospital reviewed the strategies to determine which strategies were still in place after the management transition, and added new strategies, per the transition, where appropriate.
- A final list of appropriate strategies was prepared.
- The goals for addressing each identified health need are listed below. The strategies applicable to each goal are detailed in the body of the Implementation Strategies report.
 - Alcohol and Drug Use
 - Goal 1: Address alcohol and drug use using both secondary and tertiary prevention responses, including working upstream to address the mental health issues that can underlie substance abuse.
 - Tobacco Use
 - Goal 1: Improve tobacco cessation rates through education and offering of treatment resources.
 - Community Safety
 - Goal 1: Address community safety through policy and advocacy.
 - Goal 2: Provide community education that promotes safety and decreases morbidity/ mortality.
 - Goal 3: Route patients to services that can interrupt cycles of violence.
 - Diet and Exercise
 - Goal 1: Encourage the availability of healthy eating options.
 - Access to Care
 - Goal 1: Deepen partnerships with physicians.
 - Goal 2: Facilitate health and healthcare education and provide outreach to those who might not otherwise access health care.
- This report was made public and widely-available on or before November 15, 2016. An updated approved report was released in late 2017 to reflect changes due to the hospital management transition.

Organization Description

Until June 30, 2017, UofL Hospital was part of KentuckyOne Health. At the time, this was one of the largest health systems in Kentucky with more than 200 locations, including hospitals, outpatient facilities and physician offices, and more than 3,100 licensed beds. At the time of this report's approval, an 18-member community volunteer board of directors governed KentuckyOne Health, its facilities and operations, including UofL Hospital. Beginning July 2017, University Medical Center, a nonprofit affiliate of the University of Louisville, assumed management of UofL Hospital. The UMC Board of Directors consists of nine members, all of whom are university-affiliated.

UofL Hospital is an academic teaching hospital is at the heart of the Louisville Metro area in downtown Louisville, offering a second-to-none cancer center, world-renowned trauma team and a uniquely streamlined, nationally accredited stroke center – the latest innovations in a history of world-class care.

UofL Hospital also includes the James Graham Brown Cancer Center. The multidisciplinary teams here specialize in treating cancers of the central nervous system (brain and spine), breast, gastrointestinal and reproductive systems, head and neck, lungs, as well as skin. They also have a team focused on blood and marrow transplantation.

UofL Hospital is the only Level I Adult Trauma Center in the region. The Trauma Center admits more than 3,000 patients each year, including 1,500 patients a year who live outside Jefferson County and its surrounding counties –making it a resource not only for Louisville residents, but also for people throughout the region. Included within the trauma care provided at UofL Hospital is a dedicated adult burn unit.

In February 2013, UofL Hospital was named the first Joint Commission-certified Comprehensive Stroke Center in Kentucky and the 20th in the nation. This accreditation recognizes our ability to provide the most comprehensive stroke treatments available.

Community Served

Geographic Area

For the purposes of our CHNA and IS reports, the community served by UofL Hospital is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. Inpatient discharge data for UofL Hospital from July 1, 2014-June 30, 2015 (the latest fiscal year available as of data collection for this writing) shows that Jefferson County was the county of residence for the largest concentration of patients, with 56.13% of patients living in Jefferson County. Therefore, the service area for this community health needs assessment and accompanying implementation strategy is defined as Jefferson County.

Louisville is a major city—the largest in the state of Kentucky and the county seat of Jefferson County. The 2014 population estimate in Jefferson County was 760,026. The metro area includes Louisville-Jefferson County and 12 surrounding counties, eight in Kentucky and four in Southern Indiana. The Louisville metropolitan area is often referred to as Kentuckiana because it includes counties in Southern Indiana. Louisville is southeasterly situated along the border between Kentucky and Indiana, the Ohio River, in north-central Kentucky at the Falls of the Ohio.

Populations

Understanding the population demographics of the community served by UofL Hospital helped the hospital team understand characteristics unique to their community and can impact the identification of health needs. Notable for Jefferson County in comparison to the Kentucky overall is more diversity in race and ethnicity among residents. Detailed community information, including community demographics, can be found in UofL Hospital's 2017-2019 CHNA.

Target Populations for Implementation Strategies

The target populations in the IS plan are described as applying to either the “Broader Community” or those “Living in Poverty” to correspond with federal community benefit reporting requirements. Additionally included is a “Vulnerable Populations” description for strategies targeting persons with disabilities; racial, cultural, and ethnic minorities; and the uninsured/underinsured. When only a certain age bracket is directly impacted by the strategy, we have specified teens, adults, children, infants, or seniors as the strategy's target population. Each strategy has at least one descriptor of its target population.

Significant Health Needs Identified in CHNA

Criteria Used to Identify Priorities

To achieve consistency across community partners and to identify opportunities for cross-community collaboration, we chose to identify our priorities as named in the Robert Wood Johnson County Health Rankings health factors. The vast majority of health outcomes—measured by both length of life and quality of life—are determined by the health factors in these categories: social and economic factors, health behaviors, clinical care and the physical environment. These health factors represent what is commonly referred to as social determinants of health. The Robert Wood Johnson Foundation’s County Health Rankings model illustrates the following:

- Social and economic factors account for 40% of a person’s health outcomes and include these health factors:
 - Education
 - Employment
 - Income
 - Family and Social Support
 - Community Safety
- Health behaviors account for 30% of health outcomes and include these health factors:
 - Tobacco Use
 - Diet and Exercise
 - Alcohol and Drug Use
 - Sexual Activity
- Clinical care accounts for 20% of health outcomes and includes these health factors:
 - Access to Care
 - Quality of Care
- The physical environment accounts for 10% of health outcomes and includes these health factors:
 - Air and Water Quality
 - Housing and Transit

Each of the 13 health factors listed above was assessed on eight prioritization factors: magnitude, impact on mortality, impact on morbidity, trends, community input, strategic alignment, comparison to peer communities and common identification. Each health factor received a score of zero to four, with a four indicating the greatest need possible for that particular factor. The total score was the sum of all prioritization factors for that particular health factor, and the possible total score is 32.

In our efforts to address the health needs that heavily influence health outcomes, we created a system for ranking community health needs using a weighted scale to account for the measure of influence. The measure of influence is the percentage of effect that this category of health factors has on health outcomes. The weighted score was created by multiplying the total score for each health measure by the percentage of their influence on overall health. For example, tobacco use is a health behavior. If all eight prioritization factors added up to a total score of 21, we then multiplied this total score by 30%—the measure of influence for a health behavior according the *County Health Rankings* model. This

weighted score was compared against the other categories. The factors with the highest weighted scores were identified as community health needs for the community served.

Using such a ranking system to also acknowledges the disproportionately negative impact of these social determinants on the health of the poor, vulnerable and underserved in our communities.

Final Priority Health Needs

In March 2016, representatives from multiple hospital leadership teams gathered to review the Jefferson County data and the health needs prioritization chart. This group included representatives from not only UofL Hospital, but also Frazier Rehab Institute, Our Lady of Peace, Sts. Mary and Elizabeth Hospital, and Jewish Hospital, all of which determined their community served to be defined as Jefferson County based on inpatient county of residence data. They made the decision to meet as one group to determine priorities together to allow for more synergy across hospitals serving the same community.

This group discussed each of the health measures in the chart and where they believed the hospital had the greatest capacity to make the most marked improvement. The areas below were chosen as the FY2017-2019 community health needs assessment priority areas:

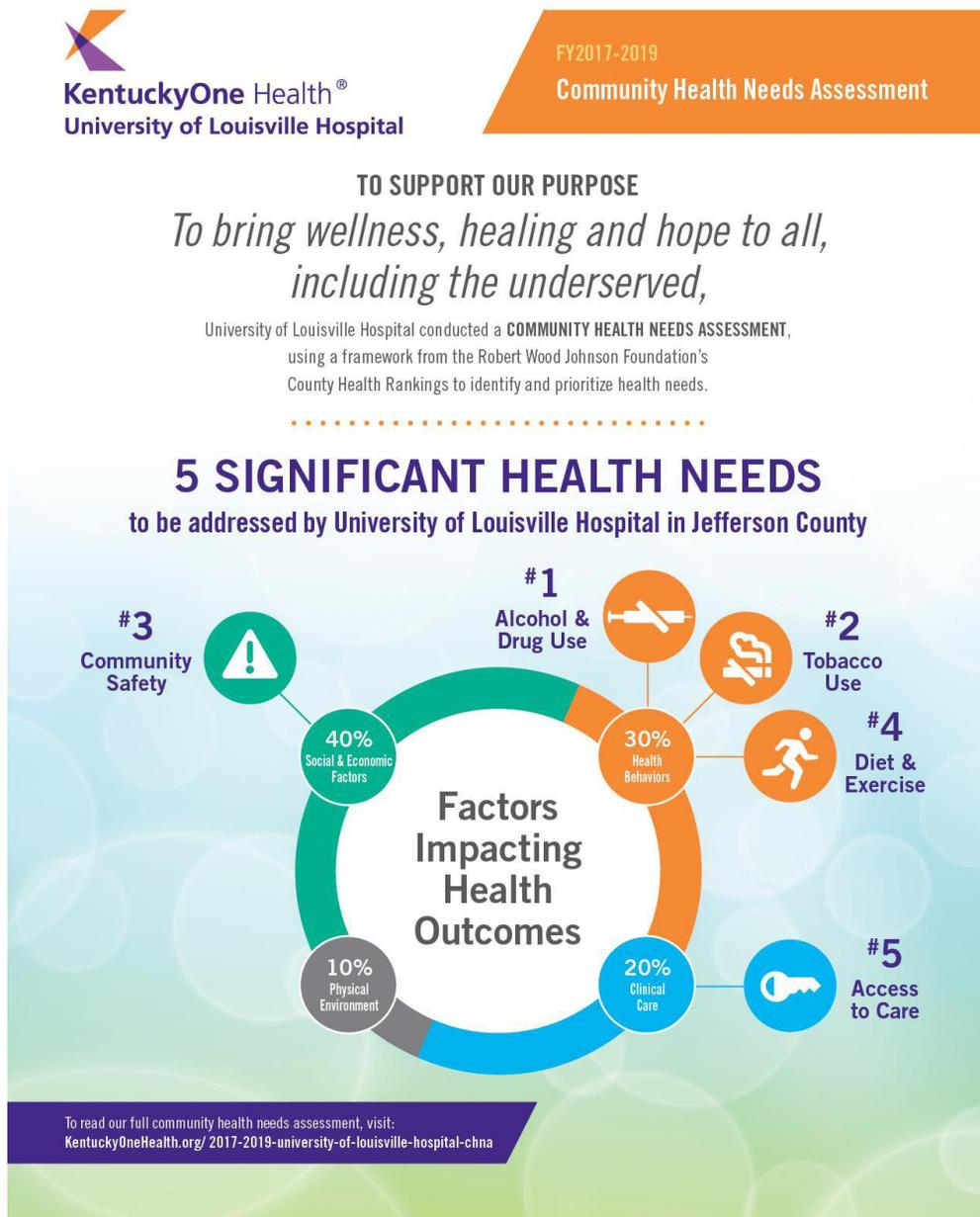
- **Alcohol and Drug Use**
 - The data in the health needs prioritization chart showed alcohol and drug use to have the highest total score and highest weighted score of all health measures assessed. As this issue continues to have increasing impact in Jefferson County, the leadership teams discussed the need to respond.
- **Tobacco Use**
 - The data in the health needs prioritization chart showed tobacco use to have the second highest total score and the third highest weighted score of all health measures assessed. The leadership teams concluded that this issue continues to present itself as a major concern in the community and that the hospital had the capacity to address this health need.
- **Diet and Exercise**
 - The data in the health needs prioritization chart showed diet and exercise to be in the top four highest weighted scores of all the measures assessed. The leadership teams concluded that there were many opportunities to address this health need at various levels in the community and in the hospitals.
- **Community Safety**
 - The data in the health needs prioritization chart showed community safety to have a weighted score in the top five of the measures of health. The leadership teams discussed this health need in relation to the violence prevention work in which University of Louisville Hospital had been involved and would continue to lead. The leadership team decided that community safety should be an area of focus due to the current violence prevention initiatives already in place.
- **Access to Care**
 - The data in the health needs prioritization chart showed access to care to have the third highest total score of all health measures assessed, although its weighted score was lower. The leadership teams discussed the importance of using the CHNAs to guide work where the hospitals could impact community health in the most organic sense, so promoting access to care was determined to be a

Significant Health Need(s) Not Addressed

The data in the health needs prioritization chart showed “Income” to be in the top three highest weighted scores of all the health measures assessed. The leadership team chose not to address this area specifically in the Implementation Strategies report due to the lack of feasible opportunities to make an impact on the overall community beyond employees of the hospital.

CHNA Infographic

This infographic was developed for use in explaining the CHNA process and final priority needs to community members, stakeholders, and hospital personnel.



Implementation Strategy Process

Development of Implementation Strategies

During the development of the CHNA, there were many conversations at the hospital-level and at the KentuckyOne Health system-level about recognizing the many strategies already in place to address community need. It was vital to develop a thorough understanding of current strategies and determine where additional strategies were needed to respond to community need. Therefore, the first step in the implementation strategies report was for the KentuckyOne Health Healthy Communities (Population Health) team to create an inventory of hospital-level strategies that were already in place address the applicable health needs. This involved researching strategies reported in CBISA (Community Benefit Inventory for Social Accountability—the community benefit reporting system used by KentuckyOne Health) and by garnering information from the hospital leadership team.

In August 2016, UofL Hospital leaders met to review this inventory and evaluated it for their commitment to continuation of these strategies. Strategies that proved to be ineffective, inefficient, or did not demonstrate best practices were discussed to ensure resources were linked with proven strategies. Additional strategies were added per the leadership brainstorming session.

In October 2017, a representative of UofL Hospital reviewed the strategies to determine which strategies were still in place after the management transition, and added new strategies, per the transition, where appropriate.

Each strategy is listed with a target population, action plan, committed resources, evaluation plan, and applicable external partners. The target population descriptors are listed earlier in this document. The action plan describes the goal of the strategy. The hospital resources detail UofL Hospital, will commit to the execution of the strategy. The evaluation plan is an outcomes-focused description of how the strategy will be evaluated for impact on the health need it addresses. Any external partners involved in the strategy are also listed.

A final list of appropriate strategies was prepared for final review by hospital leaders. Adoption and approval details are described at the end of this document.

New Features of 2017-19 Reports

To respond to the final 501(r) rules around CHNA and the IS reports and to further the transparency in our response to our community's health needs, we have descriptors included in the 2017-2019 reports additional to what was included in the 2013-2016 reports.

- We have listed more detailed and transparent resources committed to addressing the strategies in place.
- We have created evaluation metrics for determining the success of our strategies, including linking community benefit as a component of evaluation.

Strategies to Address Significant Health Needs

The charts below detail UofL Hospital's identified community needs, the goals it has set as a means of addressing those needs, and the strategies that will forward each goal.

Alcohol and Drug Use

Goal 1: Address alcohol and drug use using both secondary and tertiary prevention responses, including working upstream to address the mental health issues that can underlie substance abuse.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Brief Interventions	Broader Community (Patients)	Provide brief interventions to patients whose hospital admission included a positive toxicology screening for alcohol or illegal substances.	Two Trauma Social Workers have been hired to complete this objective.	Track BI's in TraumaBase.	American College of Surgeons
1.2. Louisville Addiction Response Team	Broader Community	Provide expertise and input to this community workgroup as it develops a community plan as a response to the opioid epidemic.	Risk Management and Trauma will provide staff time to attend these meetings.	Count staff participation toward community benefit.	Louisville Department of Public Health and Wellness
1.3. Kentucky Opioid Response Efforts	Broader Community	Provide a treatment option for patients with opioid addiction. This will include the services of peer specialists and a social worker, as well as the warm hand-off to the treatment facility.	Risk Management will dedicate staff time to oversee this project and will hire a social worker for this project.	Report outcomes in annual funding report.	Centerstone

Tobacco Use**Goal 1: Improve tobacco cessation rates through education and offering of treatment resources.**

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Patient Education	Broader Community (Patients)	Offer treatment resources to patients who want to quit smoking.	Hospital staff will provide these resources to patients.	Continually offer the most up-to-date options for tobacco cessation.	(Not Applicable)
1.2. Community Education	Broader Community	Discuss the importance of tobacco cessation as a part of community education when participating in health fairs and other community events.	Hospital staff providing community education will provide this education as it relates to their area of care.	Share best practices and ensure education materials are accurate.	Various community partners hosting events

Community Safety

Goal 1: Address community safety through policy and advocacy.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Advocate for funding of state-wide trauma system.	Broader Community	Advocate for a funding for a staff-supported structure of the statewide trauma system, which currently operates on volunteers and donations.	The University of Louisville Government Affairs Department is committed to advocating for this effort.	Update progress every legislative session.	University of Louisville Government Affairs

Goal 2: Provide community education that promotes safety and decreases morbidity/ mortality.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
2.1. Trauma Center Education	Broader Community	Provide community education to improve community bystander response to traumatic injuries. Stop the Bleed is an example of this type of program. Provide additional outreach and education to justice-involved youth.	The Trauma Center team will provide this education in line with their Level 1 Trauma Center accreditation guidelines.	Track efforts here toward community benefit. Measure impact by capturing the number of community members educated.	Stop the Bleed

Goal 3: Route patients to services that can interrupt cycles of violence.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
3.1. Arise to Safety	Broader Community	Screen all patients presenting in the Emergency Department for the presence of domestic violence (DV). Positive screening will allow for a link to an advocate with the Center for Women and Families to discuss services and resources available to that patient.	Hospital staff will be part of the screening process.	Measure for universal DV screenings, increase the number of people identified and referred for services, and ultimately decrease DV-related homicides in the community.	Center for Women and Families Mary Byron Project
3.2. Address human trafficking.	Broader Community (Vulnerable Populations)	Improve response to victims of human trafficking by: 1. Improving recognition of signs of victims. 2. Providing referrals to victims identified in the hospital setting.	Efforts to address human trafficking are led by Mission department. Advocacy efforts will be led by the Advocacy and Public Policy Department.	Provide additional education to hospital and physician practice staff about identifying victims in our facilities.	Various community organizations
3.3. Pivot to Peace Intervention Network	Broader Community	Hospital-based intervention linking patients who are recovering from violent injuries with community resources.	ULH staff will provide the initial place of contact for the program. Hospital staff will work with the Pivot team.	Review for one-year program completion rates and reductions in violent crime in neighborhoods of focus.	Peace Ed, Mayor's Office of Safe and Healthy Neighborhoods, Louisville Metro Department of Public Health and Wellness

Diet and Exercise**Goal 1: Encourage the availability of healthy eating options.**

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Provide healthy eating options.	Broader Community	Provide healthy eating options on hospital grounds.	The food service partner at ULH will continue to offer healthy food options and will identify the caloric content of cafeteria items for educational purposes.	Continue to evaluate options for healthy food on the premises.	Sodexo

Access to Care**Goal 1: Deepen partnerships with physicians.**

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
1.1. Partner with UofL Physicians group.	Broader Community	Work with ULP to ensure patients have referrals within the ULP network and can receive care.	A strategic alignment between ULH and ULP will encourage work plan.	Review referrals among providers.	Not Applicable

Goal 2: Facilitate health and healthcare education and provide outreach to those who might not otherwise access health care.

<i>Strategy</i>	<i>Target Population</i>	<i>Action Plan with Objective</i>	<i>Committed Resources</i>	<i>Evaluation Plan</i>	<i>External Partner(s)</i>
2.1. Outreach and Screenings	Broader Community	Provide outreach, as well as health screenings and follow-up referrals in the community. Can occur in conjunction with health fair participation.	Various departments participate and ULH donates supplies and covers the cost of materials.	Track participation and other applicable costs as community benefit.	(varies)
2.2. Residency Positions	Broader Community	As a teaching hospital, ULH will have residency positions open in a variety of specialties for medical school graduates.	ULH is committed to continuing to provide residency positions.	Track efforts and residency salaries toward community benefit.	University School of Medicine

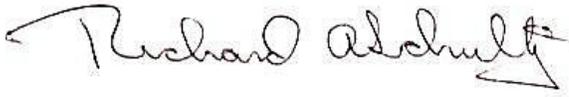
Next Steps

UofL Hospital's Implementation Strategy report will outline the response to the community's health needs through June 20, 2019. This document will be made public and widely available no later than November 15, 2016. UofL Hospital is committed to conducting another community health needs assessment and implementation strategy within three years.

To reflect the management transition on July 1, 2017, an updated version of both reports was approved and released in late 2017.

Adoption/Approval

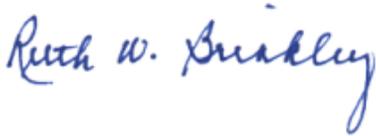
For the report period July 1, 2016-June 30, 2017, KentuckyOne Health's Board of Directors was the approval body for this Implementation Strategy. The KentuckyOne Health Board of Directors approves UofL Hospital's Implementation Strategy that has been developed to address the priorities of the most recent Community Health Needs Assessment.



4/27/2016

 Chair, KentuckyOne Health Board of Directors

Date



4/27/2016

 President & Chief Executive Officer, KentuckyOne Health

Date

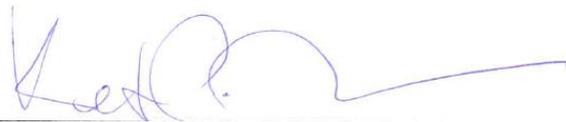
For the report period July 1, 2017-June 30, 2019, the University Medical Center's Board of Directors was the approval body for this Implementation Strategy. The University Medical Center Board of Directors approves UofL Hospital's Implementation Strategy that has been developed to address the priorities of the most recent Community Health Needs Assessment.



11/29/2017

 Chair, University Medical Center Board of Directors

Date



11/21/2017

 President & Chief Executive Officer, University of Louisville Hospital

Date