Children’s Hospital of New Orleans

Implementation Plan

November 2015
Table of Contents

- Introduction... Page: 2
- Community Definition... Page: 3
- Methodology... Page: 6
- Community Health Needs and Implementation Plan... Page: 9
Introduction

Children’s Hospital of New Orleans is a 247-bed, not-for-profit medical center offering advanced pediatric care for children from birth to 21 years located in New Orleans, Louisiana, and is also one of a network of 4 not-for-profit hospitals throughout the Greater New Orleans area. In response to its community commitment, Children’s Hospital of New Orleans contracted with Tripp Umbach to facilitate a comprehensive Community Health Needs Assessment (CHNA). The community health needs assessment was conducted between March 2015 and October 2015 (See the Children’s Hospital of New Orleans Community Health Needs Assessment for the full report).

This report is the follow-up implementation plan that fulfills the requirements of the Internal Revenue Code 501(r)(3); a statute established within the Patient Protection and Affordable Care Act (ACA) requiring that non-profit hospitals develop implementation strategies to address the needs identified in the community health needs assessment completed in three-year intervals. The community health needs assessment and implementation planning process undertaken by Children’s Hospital of New Orleans, with project management and consultation by Tripp Umbach, included extensive input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of public health issues. Tripp Umbach worked closely with leadership from Children’s Hospital of New Orleans and a project oversight committee, to accomplish the assessment and implementation plan.

This implementation plan includes strategies to address the community health priorities among youth served by the hospital which were identified and prioritized based on the input of community leaders representing the communities served by Children’s Hospital of New Orleans. Those priorities are: 1) Access to care; 2) Care coordination; 3) Cultural competence; 4) Early intervention and prevention; and 5) Behavioral health services. As a non-profit hospital, Children’s Hospital of New Orleans intends to provide care to youth under the age of 21 regardless of their insurance status.
Community Definition

While community can be defined in many ways, for the purposes of this report, the Children’s Hospital of New Orleans community is defined as 8 zip codes – including 3 parishes that hold a large majority (80%) of the inpatient discharges for the hospital (See Table 1 and Figure 1).

<table>
<thead>
<tr>
<th>City</th>
<th>Zip Code</th>
<th>Parish</th>
<th>City</th>
<th>Zip Code</th>
<th>Parish</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crowley</td>
<td>70526</td>
<td>Acadia Parish</td>
<td>New Orleans</td>
<td>70128</td>
<td>Orleans Parish</td>
</tr>
<tr>
<td>Gonzales</td>
<td>70737</td>
<td>Ascension Parish</td>
<td>New Orleans</td>
<td>70129</td>
<td>Orleans Parish</td>
</tr>
<tr>
<td>Prairieville</td>
<td>70769</td>
<td>Ascension Parish</td>
<td>New Orleans</td>
<td>70130</td>
<td>Orleans Parish</td>
</tr>
<tr>
<td>Deridder</td>
<td>70634</td>
<td>Beauregard Parish</td>
<td>New Orleans</td>
<td>70131</td>
<td>Orleans Parish</td>
</tr>
<tr>
<td>Lake Charles</td>
<td>70601</td>
<td>Calcasieu Parish</td>
<td>West Monroe</td>
<td>71291</td>
<td>Ouachita Parish</td>
</tr>
<tr>
<td>Lake Charles</td>
<td>70605</td>
<td>Calcasieu Parish</td>
<td>Belle Chasse</td>
<td>70037</td>
<td>Plaquemines Parish</td>
</tr>
<tr>
<td>Sulphur</td>
<td>70665</td>
<td>Calcasieu Parish</td>
<td>Arabi</td>
<td>70032</td>
<td>St. Bernard Parish</td>
</tr>
<tr>
<td>Ferriday</td>
<td>71334</td>
<td>Concordia Parish</td>
<td>Chalmette</td>
<td>70043</td>
<td>St. Bernard Parish</td>
</tr>
<tr>
<td>Zachary</td>
<td>70791</td>
<td>East Baton Rouge Parish</td>
<td>Meraux</td>
<td>70075</td>
<td>St. Bernard Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70802</td>
<td>East Baton Rouge Parish</td>
<td>Violet</td>
<td>70092</td>
<td>St. Bernard Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70805</td>
<td>East Baton Rouge Parish</td>
<td>Destrehan</td>
<td>70047</td>
<td>St. Charles Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70815</td>
<td>East Baton Rouge Parish</td>
<td>Luling</td>
<td>70070</td>
<td>St. Charles Parish</td>
</tr>
<tr>
<td>Baton Rouge</td>
<td>70816</td>
<td>East Baton Rouge Parish</td>
<td>Saint Rose</td>
<td>70087</td>
<td>St. Charles Parish</td>
</tr>
<tr>
<td>Ville Platte</td>
<td>70586</td>
<td>Evangeline Parish</td>
<td>Lutcher</td>
<td>70071</td>
<td>St. James Parish</td>
</tr>
<tr>
<td>New Iberia</td>
<td>70560</td>
<td>Iberia Parish</td>
<td>Vacherie</td>
<td>70090</td>
<td>St. James Parish</td>
</tr>
<tr>
<td>Welsh</td>
<td>70591</td>
<td>Jefferson Davis Parish</td>
<td>LA Place</td>
<td>70068</td>
<td>St. John the Baptist Parish</td>
</tr>
<tr>
<td>Metairie</td>
<td>70001</td>
<td>Jefferson Parish</td>
<td>Reserve</td>
<td>70084</td>
<td>St. John the Baptist Parish</td>
</tr>
<tr>
<td>Metairie</td>
<td>70002</td>
<td>Jefferson Parish</td>
<td>Opeleousas</td>
<td>70570</td>
<td>St. Landry Parish</td>
</tr>
<tr>
<td>Metairie</td>
<td>70003</td>
<td>Jefferson Parish</td>
<td>Breaux Bridge</td>
<td>70517</td>
<td>St. Martin Parish</td>
</tr>
<tr>
<td>Metairie</td>
<td>70005</td>
<td>Jefferson Parish</td>
<td>Morgan City</td>
<td>70380</td>
<td>St. Mary Parish</td>
</tr>
<tr>
<td>Metairie</td>
<td>70006</td>
<td>Jefferson Parish</td>
<td>Patterson</td>
<td>70392</td>
<td>St. Mary Parish</td>
</tr>
<tr>
<td>Gretna</td>
<td>70053</td>
<td>Jefferson Parish</td>
<td>Abita Springs</td>
<td>70420</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Gretna</td>
<td>70056</td>
<td>Jefferson Parish</td>
<td>Bush</td>
<td>70431</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Harvey</td>
<td>70058</td>
<td>Jefferson Parish</td>
<td>Covington</td>
<td>70433</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>City</td>
<td>Zip Code</td>
<td>Parish</td>
<td>City</td>
<td>Zip Code</td>
<td>Parish</td>
</tr>
<tr>
<td>--------------</td>
<td>----------</td>
<td>------------------</td>
<td>---------------</td>
<td>----------</td>
<td>------------------</td>
</tr>
<tr>
<td>Kenner</td>
<td>70062</td>
<td>Jefferson Parish</td>
<td>Covington</td>
<td>70435</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Kenner</td>
<td>70065</td>
<td>Jefferson Parish</td>
<td>Folsom</td>
<td>70437</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Marrero</td>
<td>70072</td>
<td>Jefferson Parish</td>
<td>Madisonville</td>
<td>70447</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Westwego</td>
<td>70094</td>
<td>Jefferson Parish</td>
<td>Mandeville</td>
<td>70448</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70121</td>
<td>Jefferson Parish</td>
<td>Pearl River</td>
<td>70452</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70123</td>
<td>Jefferson Parish</td>
<td>Slidell</td>
<td>70458</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Lafayette</td>
<td>70501</td>
<td>Lafayette Parish</td>
<td>Slidell</td>
<td>70460</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Lafayette</td>
<td>70506</td>
<td>Lafayette Parish</td>
<td>Slidell</td>
<td>70461</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Lafayette</td>
<td>70508</td>
<td>Lafayette Parish</td>
<td>Mandeville</td>
<td>70471</td>
<td>St. Tammany Parish</td>
</tr>
<tr>
<td>Youngsville</td>
<td>70592</td>
<td>Lafayette Parish</td>
<td>Hammond</td>
<td>70401</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Thibodaux</td>
<td>70301</td>
<td>Lafourche Parish</td>
<td>Hammond</td>
<td>70403</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Cut Off</td>
<td>70345</td>
<td>Lafourche Parish</td>
<td>Amite</td>
<td>70422</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Galliano</td>
<td>70354</td>
<td>Lafourche Parish</td>
<td>Independence</td>
<td>70443</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Larose</td>
<td>70373</td>
<td>Lafourche Parish</td>
<td>Kentwood</td>
<td>70444</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Lockport</td>
<td>70374</td>
<td>Lafourche Parish</td>
<td>Loranger</td>
<td>70446</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Raceland</td>
<td>70394</td>
<td>Lafourche Parish</td>
<td>Ponchatoula</td>
<td>70454</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Denham Springs</td>
<td>70726</td>
<td>Livingston Parish</td>
<td>Tickfaw</td>
<td>70466</td>
<td>Tangipahoa Parish</td>
</tr>
<tr>
<td>Walker</td>
<td>70785</td>
<td>Livingston Parish</td>
<td>Gray</td>
<td>70359</td>
<td>Terrebonne Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70113</td>
<td>Orleans Parish</td>
<td>Houma</td>
<td>70360</td>
<td>Terrebonne Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70114</td>
<td>Orleans Parish</td>
<td>Houma</td>
<td>70363</td>
<td>Terrebonne Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70115</td>
<td>Orleans Parish</td>
<td>Houma</td>
<td>70364</td>
<td>Terrebonne Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70116</td>
<td>Orleans Parish</td>
<td>Leesville</td>
<td>71446</td>
<td>Vernon Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70117</td>
<td>Orleans Parish</td>
<td>Angie</td>
<td>70426</td>
<td>Washington Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70118</td>
<td>Orleans Parish</td>
<td>Bogalusa</td>
<td>70427</td>
<td>Washington Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70119</td>
<td>Orleans Parish</td>
<td>Franklinton</td>
<td>70438</td>
<td>Washington Parish</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70122</td>
<td>Orleans Parish</td>
<td>Mississippi</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Orleans</td>
<td>70124</td>
<td>Orleans Parish</td>
<td>Kiln</td>
<td>39556</td>
<td>Hancock County</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70125</td>
<td>Orleans Parish</td>
<td>Gulfport</td>
<td>39503</td>
<td>Harrison County</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70126</td>
<td>Orleans Parish</td>
<td>Carriere</td>
<td>39426</td>
<td>Pearl River County</td>
</tr>
<tr>
<td>New Orleans</td>
<td>70127</td>
<td>Orleans Parish</td>
<td>Picayune</td>
<td>39466</td>
<td>Pearl River County</td>
</tr>
</tbody>
</table>
Figure 1. Map of Children’s Hospital of New Orleans Study Area
Methodology

Tripp Umbach facilitated and managed an implementation planning process on behalf of Children’s Hospital of New Orleans, resulting in the development of an implementation strategy and plan to address the needs identified in their community health needs assessment completed in 2015 (i.e., access to health services; resource awareness and health literacy; access to healthy options; and behaviors that impact health).

**Key elements of the implementation planning process included:**

- **Implementation Strategy Process Planning:** A meeting was facilitated by the consultants and the CHNA oversight committee consisting of leadership from Children’s Hospital of New Orleans.

- **Community Health Needs Assessment Review:** Tripp Umbach facilitated a brief overview of Community Health Needs Assessment findings to hospital leaders and facilitated a discussion process during a meeting held on October 7, 2015. Hospital leaders then participated in a discussion to determine which of the previously identified community health priorities could be and which could not be addressed by Children’s Hospital of New Orleans. Once needs were selected; hospital leadership were asked to provide rationale for the needs that the hospital could not meet.

- **Inventory of Internal Hospital Resources:** An online survey was developed based on the underlying factors identified as driving the significant health needs in the Children’s Hospital of New Orleans Community Health Needs Assessment. The survey was reviewed and administered by hospital leadership to key staff of the hospital which completed the survey. The internal survey identified what programs and services are offered at Children’s Hospital of New Orleans that meet significant community health needs.

- **Committee Review of Evidence-Based Practices and Plan Development:** Tripp Umbach facilitated a review of strategy and evidence-based practices among hospital leaders during a meeting held on October 20, 2015. Based on the practices previously provided, hospital leadership reviewed and discussed the strategy and subsequent action steps needed to implement best practices to begin to address the health needs identified in the service area. Hospital leaders aligned needs with best practice models and available resources, defined action steps, timelines, and potential partners for each need to develop the accompanying implementation plan.
Final Implementation Planning Report: A final report was developed that details the implementation plan the hospital will use to address the community health priorities identified by the Children’s Hospital of New Orleans Community Health Needs Assessment which includes:

- Objectives
- Anticipated impact
- Target population
- Planned action steps
- Planned resource commitment
- Collaborating organizations
- Evaluation methods and metrics
Community Health Needs and Implementation Plan

Community Health Needs Implementation Planning Meeting
Qualitative and informational data were presented during a meeting held on October 7, 2015 with Children’s Hospital of New Orleans leadership with the purpose of selecting significant community health needs for hospital implementation planning.

Tripp Umbach presented the results of the CHNA and used these findings to engage the hospital leaders in a group discussion related to the needs that Children’s Hospital of New Orleans would address in implementation planning. The hospital leaders were asked to discuss a plan for health improvement in their community, and select the needs that they felt the hospital could address and assist the community in resolving, and those that they felt the hospital would not be well positioned to resolve.

During the process, hospital leaders determined that they were capable of meeting each of the community health priorities identified in their 2015 CHNA. As a result, hospital leaders believe the following health needs are those to which Children’s Hospital of New Orleans is best positioned to dedicate resources to address within their community.

1. Access to Care
2. Care Coordination
3. Cultural Competence
4. Early Intervention and Prevention
5. Behavioral Health Services

Tripp Umbach completed an independent review of existing data, in-depth interviews with community stakeholders representing a cross-section of agencies, and detailed input provided by survey respondents, which resulted in a summary of the community health priorities in the Children’s Hospital of New Orleans community and the implementation strategy developed to address those needs:
**KEY COMMUNITY HEALTH PRIORITY #1:**
**INCREASING ACCESS TO HEALTHCARE**

*Underlying factors* identified by secondary data and primary input from community leaders, community stakeholders, and resident survey respondents:

1. There are greater barriers to accessing healthcare in areas with the poorest socioeconomic status
2. Provider to population ratios that are not adequate enough to meet the need.

Increasing access to health services for youth is identified as the number one community health priority by community leaders. Access to health care is an ongoing health need in many areas across the U.S. Leaders discussed the need to increase access to health services for youth and their families as a top community health priority. Community leaders focused their discussions primarily on the limited access youth have to health services in areas where poverty rates are high, the limited number of providers, and restrictive regulations that impede service provision.

Socio-economic status creates barriers to accessing health care (e.g., lack of health insurance for undocumented youth, limited services located in areas with higher rates of poverty, etc.), which typically have a negative impact on the health of residents. Often, there is a high correlation between poor health outcomes, consumption of healthcare resources, and the geographic areas where socio-economic indicators (i.e., income, insurance, employment, education, etc.) are the poorest. In the needs assessments completed by Children’s Hospital of New Orleans in 2013, community stakeholders and focus group participants identified access to health care and medical services (i.e., primary, preventive, and mental) as a need in the hospital service area.

While Children’s Hospital of New Orleans, a hospital in the LCMC Health System, provides access to affordable healthcare for youth 21 years old and younger in numerous ways, the need to improve access was identified through the most recent community health needs assessment. Recognizing that Children’s Hospital of New Orleans is not the only medical resource in the hospital’s service area, hospital leadership developed the following three-year strategy to further align the resources of the hospital with the health needs of the community:
**NEED:** Access to Care  
**UNDERLYING FACTORS:** Limited access youth have to health services in areas where poverty rates are high, the limited number of providers, and restrictive regulations that impede service provision  
**ANTICIPATED IMPACT:** Provide access to youth seeking care at Children’s Hospital of New Orleans that may not otherwise have access to health services

<table>
<thead>
<tr>
<th>Objective - Provide access to medical and preventive health services available to youth in the hospital service area</th>
<th>Target Population</th>
<th>Planned Annual Activity</th>
<th>Timeframe/ Measures</th>
<th>Potential Resources</th>
</tr>
</thead>
</table>
| Youth 0-21 served by CHNO | **Year 1-3:**  
1. Expand access to medical and preventive care to patients within the community  
   A. Expand primary care  
   B. Expand specialty care  
2. Provide preventative services contributing to overall health improvement of pediatric community including immunizations  
   A. GNO Immunization Program (see Appendix A for complete description of program)  
   B. Ambulatory Clinical and Nutritional Support to support healthy eating and lifestyle (see Appendix A for complete description of program).  
3. Provide a health insurance coverage option for those families not able to obtain an otherwise sufficient insurance plan  
   A. Children’s Healthcare Assistance Program (CHAP) - assists in providing medical care to our facility to uninsured or under insured patients (see Appendix A for complete description of program). | **Year 1-3:**  
1- Growth in outpatient volume and specialty  
2A- Number of Immunizations given  
3A- # of patients and $ committed  
3B- # of Youth assisted | **Year1-3:**  
Resources:  
This might include budget, staff time, materials, durable goods, etc.  
1A- Staff time, committed space, cost of clinic operations, etc.  
1B- Unfunded specialty care, staff time, equipment, etc.  
2A- Operational cost, staff time, supplies, etc.  
3A- Operational cost, budget to cover care, etc.  
3B- Operational cost, staff time, etc.  
4- Staff time, cost of transportation when provided, etc. |
**NEED: Access to Care**

**UNDERLYING FACTORS:** Limited access youth have to health services in areas where poverty rates are high, the limited number of providers, and restrictive regulations that impede service provision

**ANTICIPATED IMPACT:** Provide access to youth seeking care at Children’s Hospital of New Orleans that may not otherwise have access to health services

<table>
<thead>
<tr>
<th>Objective - Target Population</th>
<th>Planned Annual Activity</th>
<th>Timeframe/Measures</th>
<th>Potential Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B. Offer a Medicaid enroller on site to assist families in applying for Medicaid.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Potential Partners:**
- Family Service of Greater New Orleans Office/Westbank
- Louisiana Medicaid/Jefferson Parish West Bank
- Louisiana Medicaid/Plaquemines Parish
- Louisiana Medicaid/St. Charles Parish
- Louisiana Medicaid/St. John Parish
- Daughters of Charity/Metairie, City of NO Health Department/School based Dental Van
- Cohen School Based Health Center
- LSU-HSCD School Based Health Center/At Science and Math
- Daughters of Charity/St. Cecilia
- Daughters of Charity/Carrollton One Bunch Hook Up LLC
- Cheatam Medical Transit
- Happy Day Transportation Service
- A-One Transportation LLC
- Punctual Transportation LLC
- New Orleans Regional Transit Authority
- Crawford Transit Service
- Birds Transportation LLC
- Just around the City
- Green Light Transportation
KEY COMMUNITY HEALTH NEED #2: NEED FOR CARE COORDINATION

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. Need for care coordination.
2. Limited access to healthcare as a result of transportation issues.

Leaders recognized that care coordination will continue to improve with the growth of technology and engagement of pediatric providers and community based organizations (e.g., the health information exchange, electronic medical records, etc.). However, leaders recognized that care coordination in present times is not always functioning in the most effective way for youth. Leaders focused discussions around the need for organized, ongoing care coordination for youth that includes input from all relevant parties (e.g., parents, religious affiliates, teachers, nurses, counselors, etc.).

While Children’s Hospital of New Orleans, a hospital in the LCMC Health System, provides programs and services which aims to increase care coordination, the need to improve care coordination was identified through the most recent community health needs assessment. Recognizing that Children’s Hospital of New Orleans is not the only medical resource in the hospital’s service area, hospital leadership developed the following three-year strategy to further align the resources of the hospital with the health needs of the community:
### NEED: Care Coordination

**UNDERLYING FACTORS:** Need for organized, ongoing care coordination for youth that includes input from all relevant parties (e.g., parents, religious affiliates, teachers, nurses, counselors, etc.)

**ANTICIPATED IMPACT:** Provide care coordination to youth seeking care at Children’s Hospital of New Orleans

<table>
<thead>
<tr>
<th>Objective - Target Population</th>
<th>Planned Annual Activity</th>
<th>Timeframe/Measures</th>
<th>Potential Resources</th>
</tr>
</thead>
</table>
| Provide services that effectively assist caregivers in coordinating healthcare services for youth when seeking care at CHNO | Youth 0-21 served by CHNO regardless of ability to pay | **Year 1-3:** 1. Provide educational information about what services are available in the community  
   A. Maintain relationship with office of public health via Children’s Special Health Services (CSHS) to provide a resource center located onsite  
   B. Maintain relationship with State Board of Education with our Ventilator Assisted Care Program (VACP) to educate school health professionals  
   2. Provide educational information about health management and healthy behaviors  
      A. The diabetes and healthy lifestyles clinic offers educational information to families of youth diagnosed with diabetes.  
   3. Implement organization-wide Electronic Health Record system  
   4. Provide education to the patient/family to ensure a safe and healthy environment for the pediatric ventilated patient in the home. | **Year 1-3:** 1 A-B Maintain relationship  
   2 A-D- # of youth receiving services at the Diabetes and healthy lifestyles clinic and Web hits.  
   3 Implement by Summer 2017  
   4A- VACP documentation | **Year1-3:** **Resources:**  
   This might include budget, staff time, materials, durable goods, etc.  
   Web development budget, staff time (i.e., case managers and social workers), dedicated space, cost of implementing EMR, printing costs, etc. |
### NEED: Care Coordination

**UNDERLYING FACTORS:** Need for organized, ongoing care coordination for youth that includes input from all relevant parties (e.g., parents, religious affiliates, teachers, nurses, counselors, etc.)

**ANTICIPATED IMPACT:** Provide care coordination to youth seeking care at Children’s Hospital of New Orleans

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>5.</td>
<td>Centralize resources to provide streamlined and coordinated care to patients</td>
<td>5 A. Increase # of Physicians and Clinic using Call Center for scheduling</td>
</tr>
<tr>
<td></td>
<td>A. Call Center</td>
<td>B. Transfer Center</td>
</tr>
</tbody>
</table>

**Potential Partners:**
*Office of Public Health, Community-based pediatric providers, and Web developers/providers.*
KEY COMMUNITY HEALTH NEED #3
NEED TO IMPROVE CULTURAL COMPETENCE

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. Presence of barriers related to literacy, awareness and language
2. Need to increase culturally sensitive clinical care and educational outreach to vulnerable populations

Improving cultural competence was identified as a top health priority for the Children’s Hospital of New Orleans service area. Community leaders focused their discussions primarily on the need for bilingual providers, and treatment options that are culturally sensitive. Community leaders discussed the cultural competence and linguistic challenges that play a role in providing effective treatment that patients and their parents can understand and comply with. There is a need for culturally competent care in the hospital as well as in the community for Latino and Vietnamese residents including providing information in the language and various dialects residents speak.

While Children’s Hospital of New Orleans, a hospital in the LCMC Health System, provides services which are culturally competent, the need to improve cultural competence was identified through the most recent community health needs assessment. Recognizing that Children’s Hospital of New Orleans is not the only medical resource in the hospital’s service area, hospital leadership developed the following three-year strategy to further align the resources of the hospital with the health needs of the community:
**NEED:** Cultural Competence  
**UNDERLYING FACTORS:** the need for bilingual providers, and treatment options that are culturally sensitive.  
**ANTICIPATED IMPACT:** Provide health services and information to youth and their families that is culturally sensitive.

<table>
<thead>
<tr>
<th>Objective - Ensure effective communication with patients and their families through culturally sensitive communications and education.</th>
<th>Target Population</th>
<th>Planned Annual Activity</th>
<th>Timeframe/ Measures</th>
<th>Potential Resources</th>
</tr>
</thead>
</table>
| Youth 0-21 served by CHNO with varying cultural backgrounds (i.e., Latino, Vietnamese, etc.) and residents with limited English skills | **Year 1-3:**  
1. CHNO will screen patients during admission for their language of preference and provide appropriate translation services for patients that prefer a language other than English.  
   - Offer a language line for translation  
   - Based on resources and availability, offer bi-lingual staff to assist with translation.  
   - Offer education and outreach in a variety of languages  
   - Ensure comprehension of medical documents for patients with limited English speaking skills.  
2. CHNO will strive to offer culturally sensitive care to patients.  
   - Offer chaplain services to provide oversight and coordination for religious preferences and practices for a variety of affiliations. | **Year 1-3:**  
1 A-D- # of uses of the translation line (cost and languages), # of classes/educational outreach efforts provided in a language other than English.  
2A- number of chaplains on staff, and budget | Year 1-3:  
This might include budget, staff time, materials, durable goods, etc.  
Staff time, cost of language line, cost of document translation and printing |  
**Potential Partners:**  
Community-based chaplains
KEY COMMUNITY HEALTH NEED #4
NEED TO IMPROVE EARLY INTERVENTION AND PREVENTION

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. Lack of awareness about symptoms and need for early intervention (parents and providers) and
2. Lack of awareness about what services are available (parents and providers)

Community leaders discussed the need for early intervention and prevention as a top health priority. Community leaders focused their discussions primarily on the lack of providers and limited awareness of parents and providers regarding the need for services as well as the resources that are available in local communities.

While Children’s Hospital of New Orleans, a hospital in the LCMC Health System, provides early intervention and prevention services, the need to improve cultural competence was identified through the most recent community health needs assessment. Recognizing that Children’s Hospital of New Orleans is not the only medical resource in the hospital’s service area, hospital leadership developed the following three-year strategy to further align the resources of the hospital with the health needs of the community:
**NEED: Early Intervention and Prevention**

**UNDERLYING FACTORS:**

**ANTICIPATED IMPACT:** Improve early detection and response as well as access to preventive care related to health issues for youth

<table>
<thead>
<tr>
<th>Objective - Provide early intervention and preventive health services in the communities served by CHNO</th>
<th>Target Population</th>
<th>Planned Annual Activity</th>
<th>Timeframe/Measures</th>
<th>Potential Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Youth 0-21 served by CHNO regardless of ability to pay</td>
<td><strong>Year 1-3:</strong> 1. Ensure providers are aware of the most up to date preventive practices and detection methods by providing outreach and education to local providers. 2. Offer general and special pediatric care which includes services to facilitate early intervention with any health issues outside of typical child development including referrals (see Appendix A for program descriptions). 3. Provide parents with the education and support necessary to facilitate early intervention and preventive care for youth served by CHNO (see Appendix A for program descriptions).</td>
<td><strong>Year 1-3:</strong> 1- Document outreach to providers 2A-D: Document the # of youth served by each area 3 A-B: Document the # of parents served and presentations given 4 A-B: Document the # of youth served by each area</td>
<td><strong>Year 1-3:</strong> Resources: This might include budget, staff time, materials, durable goods, etc.  Staff time, dedicated space, durable goods, funding, etc.</td>
</tr>
</tbody>
</table>
**NEED: Early Intervention and Prevention**  
**UNDERLYING FACTORS:**  
**ANTICIPATED IMPACT:** Improve early detection and response as well as access to preventive care related to health issues for youth

<table>
<thead>
<tr>
<th>B. Cancer community outreach education</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. Provide patients with information about and access to healthy options (see Appendix A for program descriptions).</td>
</tr>
<tr>
<td>A. Ambulatory Clinical and Nutritional Support</td>
</tr>
<tr>
<td>B. Miracle League of Greater New Orleans</td>
</tr>
</tbody>
</table>

**Potential Partners:**  
*Families Helping Families, Covenant House, March of Dimes, American Cancer Society New Orleans Office, Boys & Girls Club of Southeast Louisiana, Baptist Community Ministries, Catholic Charities, and Boy Scouts of America Southeast Louisiana Council.*
KEY COMMUNITY HEALTH NEED #5
NEED TO IMPROVE BEHAVIORAL HEALTH SERVICES

Underlying factors identified by secondary data and primary input from community leaders, community stakeholders and resident survey respondents:

1. There are not enough providers to meet the demand and the spectrum of services available in most areas is not comprehensive enough to treat individual needs.

Community leaders at the community forum identified the need to address behavioral health needs as a top health priority. Community leaders, stakeholders, and survey respondents agree that behavioral health and substance abuse is a top health priority. Discussions focused primarily on the limited number of providers that are not adequate enough to meet the growing demand. According to the New Orleans City Health Department, New Orleans residents carry a heavy burden from mental health, substance abuse, and other behavioral health issues. While this is not directly related to youth, it is indicative of a populations with growing behavioral health concerns. Much of the data available focuses on adult behavioral health measures, though stakeholders and leaders indicated that there are similar issues among youth in the study area.

While Children’s Hospital of New Orleans, a hospital in the LCMC Health System, provides early intervention and prevention services, the need to improve access to behavioral health services was identified through the most recent community health needs assessment. Recognizing that Children’s Hospital of New Orleans is not the only medical resource in the hospital’s service area, hospital leadership developed the following three-year strategy to further align the resources of the hospital with the health needs of the community:
**NEED: Behavioral Health Services**

**UNDERLYING FACTORS:** Limited number of providers that are not adequate enough to meet the growing demand

**ANTICIPATED IMPACT:** Provide access to pediatric behavioral health services in the hospital service area

<table>
<thead>
<tr>
<th>Objective - Offer behavioral health services to youth in the hospital service area</th>
<th>Target Population</th>
<th>Planned Annual Activity</th>
<th>Timeframe/ Measures</th>
<th>Potential Resources</th>
</tr>
</thead>
</table>
| | Youth 0-21 served by CHNO regardless of ability to pay | Year 1-3: 1. Provide inpatient and outpatient behavioral health services (see Appendix A for program descriptions)  
   A. Rapid Treatment Program  
   B. The Child and Adolescent Behavioral Health Center  
   C. Audrey Hepburn CARE Center  
   D. Autism Center  

   2. Provide care coordination for patients receiving behavioral health services.  
   A. Provide information and connection to community resources as needed to patients and families through the social services department. | Year 1-3: 1 A-D- Document the number of patient served in each program  
2A- Document the number of referrals made | Year 1-3: Resources: This might include budget, staff time, materials, durable goods, etc. Staff time, dedicated space, funding, etc. |

**Potential Partners:**
- Kingsley House, Covenant House, Catholic Charities/Metairie, Catholic Charities Archdioceses of New Orleans, Daughters of Charity/Carrollton, LSU-HSCD
- School Based Health Center/at Eleanor McMain, Mercy Family Center, Jewish Family Services, Celebration Hope Center, The Guidance Center, Jefferson Parish Human Services Authority, Family Services of Greater New Orleans, Metropolitan Human Services District, Enhanced Destiny Services Inc, and Integrated Behavioral Health LLC.
Program Descriptions

Children’s Hospital of New Orleans

November, 2015
GNO Immunization Program -- The Centers for Disease Control recommends that when children are up-to-date with their vaccinations they are protected against 16 serious childhood diseases and widespread disease outbreaks are more likely to be prevented. This is not only beneficial for the individual child, but for the community as a whole, which makes immunizations one of the most cost-effective ways to maintain community health. For every dollar spent on vaccinations, the caregiver saves $18 directly and $9 indirectly (i.e., prevention of work loss by the caregiver and lost earnings from disability). Therefore, the Greater New Orleans Immunization Network (GNOIN) and the School Kids Immunization Program (SKIP) objective is to improve immunization rates of children living in the greater New Orleans area to an ideal rate of 90%. Vaccines are provided to GNOIN for free through the Louisiana Office of Public Health as part of the federally funded Vaccines for Children program (VFC). Children’s Hospital currently partners with four area hospitals that deliver babies - East Jefferson General Hospital, Ochsner Clinic Foundation, Touro Infirmary, and West Jefferson Medical Center - to support the efforts of the immunization bus.

Children’s Healthcare Assistance Program (CHAP) -- Children’s Healthcare Assistance Program (CHAP) provides physician and hospital services at no cost to children whose family income is too high to qualify for Medicaid, but whose lack of resources limit their access to quality healthcare.

Ambulatory Clinical and Nutritional Support -- The outpatient Registered Dietitian provides nutritional assessments, helps determine nutrition diagnoses, determines and implements nutrition interventions and then monitors and evaluates patients’ progress in an outpatient setting. Nutrition education for disease prevention and nutrition counseling for chronic conditions are essential components of a comprehensive healthcare program. Medical Nutrition Therapy improves patient outcomes and quality of life, and it lowers healthcare costs. And because many nutritional and dietary services are not covered under Louisiana Medicaid, there is a need to provide them to the indigent population. Registered Dietitians are an integral part of the healthcare team for many outpatient clinics, as they help to initiate and manage therapeutic diets.

Rapid Treatment Program-- The Rapid Treatment Program opened in 2008, as an outpatient mental health triage clinic designed to provide an expedited response to patients. The goal of this program is to provide culturally sensitive, time-limited assessment and treatment intervention services to children primarily suffering from Post Traumatic Stress Disorder, depressive disorders, anxiety disorders, school avoidance/phobia, sleep disorders (not assessed to be Central Nervous System dependent), and Attention Deficit Hyperactivity Disorder. Many schools provide very limited, if any, mental health and psychological treatment options. The combination of the rapid treatment and inpatient adolescent behavioral health programs provide treatment options to children dealing with stress associated with school or their personal lives.
 Adolescent Behavioral Health-- The Child and Adolescent Behavioral Health Center is a 34-bed inpatient psychiatric program located at Children’s Hospital’s Calhoun Campus. The goal of treatment is to stabilize the patient’s psychiatric symptoms and provide evaluation and medication adjustment. We also provide educational groups to enhance positive coping and problem solving skills.

 Audrey Hepburn CARE Center-- The Audrey Hepburn CARE (Children At Risk Evaluation) Center is a comprehensive forensic medicine center providing pediatric forensic medicine evaluations to aid in the proper recognition, intervention, protection, prevention and care of maltreated children, including cases dealing with physical abuse, neglect and sexual abuse. Last year, our Audrey Hepburn CARE Center evaluated more than 1,000 children who had been abused and/or neglected. Advanced technology and procedures are utilized for the physical examination, documentation of diagnosed maltreatment and collection of evidence. In addition to providing clinical excellence in forensic medicine, the CARE Center is active in treatment, consultation, prevention, training and education, and research. The CARE Center provides information and presentations to parents and the community on child abuse and injury prevention. The center also advocates legislation and policies that ensure the protection of at-risk children.

 Autism Center-- The purpose of The Autism Center at Children’s Hospital is to improve the quality of life for children with Autism Spectrum Disorders (ASD) and their families. In order to accomplish this goal, The Autism Center provides comprehensive, evidence-based assessment and treatment for children with Autism Spectrum Disorders. Although clinical care is the primary mission of The Autism Center at Children’s Hospital, the center also serves as a training facility for providers and engages in innovative research endeavors to promote understanding about Autism Spectrum Disorders and their impact on families. The program is geared for children and adolescents 2-21 years of age who are suspected of having Autism Spectrum Disorders (evaluation) and youth who have been previously diagnosed with ASDs (treatment).

 The Parenting Center-- The Parenting Center at Children’s Hospital provides a place where parents, through the help of professionally trained staff, can develop competence and confidence in rearing children. The Center serves as an educational resource center where parents can learn about child development and related skills; a support center where parents can discuss concerns with other parents and staff while their children enjoy the company of other children; and a referral center where parents can receive direction to appropriate community resources. The Parenting Center offers a variety of programs that address the normal developmental problems and issues facing today's parents.
Safe Kids -- Safe Kids Louisiana is a part of Safe Kids Worldwide, a global organization dedicated to protecting kids from unintentional injuries, the number one cause of death to children in the United States. Safe Kids focuses on three areas to prevent unintentional injuries in children: the home, cars and road, sports and play. Safe Kids Louisiana uses community health fairs as the primary mechanism to reach families at the local and regional level, providing educational material such as car seat safety, healthy eating tips, and toy safety.

Miracle League -- The mission of the Miracle League of Greater New Orleans is to promote the health and well being of children with disabilities, provide opportunities for able-bodied children to learn about and interact with children with disabilities, and develop community awareness and support for the child athlete with disabilities through organized sports leagues. The Miracle League is designed to serve kids who cannot be accommodated by established baseball and soccer leagues due to the special needs of their disabilities. The vision of the Miracle League is to provide any disabled child, regardless of their level of disability, the opportunity to play league sports and enjoy the emotional and physical benefits of being part of a team sport.

Orleans Parish School Board Teacher at Children’s -- In addition to patient treatment and medical services, we have worked with the Orleans Parish School Board to have a special education teacher on site on a part time basis. Children’s provides office space and supplies and the main responsibility of the teacher while on campus is to sit with the patients to make sure they do not fall too far behind in their scholastic duties. This allows for a smoother transition when a patient is discharged and returns to school.