

2020 IMPLEMENTATION PLANS

of the 2019 Community Health Needs Assessment



ROPER  **ST. FRANCIS**
HEALTHCARE

After examining the range of services currently available, significance, impact ability, relevance to the population served, and needs already being addressed by community partners, Roper St. Francis chose the following priorities to address:

- Access to Care
- Obesity, Nutrition, and Physical Activity
- Maternal, Infant, Child Health
- Mental and Behavioral Health
- Clinical Preventive Services

Fortunately, the priorities identified for 2019 directly complement the strategies and services initiated in both 2013 and 2016. This will allow Roper St. Francis teammates to continue successful efforts to address the identified priorities. In addition, it allows administrative staff an opportunity to explore these health topics in more detail, allowing opportunities for innovation and creativity.

Roper St. Francis will engage system leaders and essential community partners to implement evidence-based strategies to address each health priority identified in the 2019 Community Health Needs Assessment (CHNA) process. We will:

- Identify local organizations and agencies that address each health priority, and provide support;
- Develop specific and measurable goals;
- Develop detailed work plans across internal departments and external local partners;
- Ensure coordination of related priorities and efforts; and
- Communicate regularly with the assessment team.

This plan will be used and assessed each year for three years. Strategies are clearly defined, and applicable hospital campuses are identified. The team will also develop a monitoring method at the conclusion of the implementation planning process to provide status updates to community partners, stakeholders, and the community-at-large. As such, the community benefit planning is integrated into the system's annual planning and budgeting process.

IMPLEMENTATION PLAN AT-A-GLANCE

Roper St. Francis Healthcare Sites: Roper Hospital (RH); Bon Secours St. Francis Hospital (BSSF); RSF Mount Pleasant Hospital (MPH); RSF Physician Partners (PP); RSF Berkeley Hospital (BH)

| Health Priority | Strategy | RH | BSSF | MPH | PP | BH |
|---|---|----|------|-----|----|----|
| Access to Care Ability to reach and receive regular medical/dental care from a primary care provider or health center | Navigate high users of emergency departments to primary care medical homes. | * | * | * | * | * |
| | Connect underinsured and uninsured patients to medical homes. | * | * | * | * | * |
| | Coordinate and collaborate with safety-net partners for delivery of services, including area Federally Qualified Health Centers (FQHCs), free clinics, and homeless shelters. | * | * | * | | * |
| Clinical Preventive Services Routine physical exams, cancer screenings and immunizations | Provide routine, primary care for low-income, uninsured adults that live or work on the sea islands of Charleston County. | * | * | * | | * |
| | Provide early intervention services for patients diagnosed with HIV/AIDS. | * | * | * | * | * |
| | Provide evidence-based outpatient care for diabetic patients. | * | * | * | * | * |
| | Expand access to free annual breast health screenings for all women, particularly African-American women. | * | * | * | * | * |
| Mental Health Emotional, psychological and behavioral services, programs, and providers | Coordinate services between Emergency Departments and regional mental health agencies. | * | * | * | | * |
| | Expand mental health services within central outpatient clinic. | * | * | * | * | * |
| Obesity/Nutrition/Physical Activity Diet, exercise and weight management to control health and wellness | Increase opportunities for comprehensive wellness for older adults. | * | * | * | * | * |
| | Collaborate with local partners to increase healthy food options in underprivileged communities. | * | * | * | | * |
| | Host evidence-based health and wellness community programs for older adults. | * | * | * | * | * |
| Maternal, Infant & Child Health Adequate prenatal care and birth outcomes | Offer specialized services for high risk pregnancies. | | * | * | | * |
| | Provide prenatal care for uninsured patients that are not eligible for Medicaid. | | * | * | * | * |
| | Host expectant parent education classes and tours, and Safe Sitter® classes. | | * | * | | * |

- Roper Hospital, Inc. no longer offers labor and delivery services at its hospital facility and will not directly address this identified significant health need. While this need is not a direct focus for the hospital, Roper Hospital will support the strategies of the Roper St. Francis sites and other local organizations specifically designed and better prepared both through resources and experience to respond to this need.

IMPLEMENTATION PLAN

Roper St. Francis Healthcare’s four full-service member hospitals are the heart of the extensive regional healthcare network. For nearly two centuries, **Roper Hospital (RH)** and **Bon Secours St. Francis Hospital (BSSF)** have been medical anchors for the residents of Charleston. In the last decade, the system added **Roper St. Francis Mount Pleasant Hospital (MTP)** and **Roper St. Francis Berkeley Hospital (BH)** to create a vast system that stretches throughout Berkeley, Charleston and Dorchester counties. The 668-bed system also includes more than 90 facilities and doctor offices (**Physician Partners (PP)**).

The implementation strategies for each campus are provided below by priority area. Often, more than one campus will contribute to a strategy to ensure system-wide synergy and community health improvements.

PRIORITY: ACCESS TO CARE

More than 20% of the Tri-county residents are without health insurance at any given time. Nearly 16% of adults do not have a regular doctor and approximately 14% of hospital discharges are designated as due to ambulatory care sensitive conditions, conditions that could have been prevented if adequate primary care resources were available and accessed by patients.

| STRATEGY: Navigate high users of emergency departments to primary care medical homes. | | | |
|---|---------------------------------------|---|--|
| Lead Agency: Roper St. Francis Healthcare (system-wide) | | | |
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Collaborate with local healthcare systems to identify Emergency Department “super utilizers”. | Care Coordination | The four local hospital systems actively participate in AccessHealth Tri-County Network. | Sustain support and participation with AccessHealth. |
| Navigate uninsured Emergency Department “super utilizers” to AccessHealth and/or the Transitions Clinic. | AccessHealth Transitions Clinic/RSFPP | AccessHealth (2019): 3,411 patients (1,042 new patients) Transitions (2019): 6,155 visits by 1,321 patients (406 new patients) resulting in a 61% reduction in ED visits | Continue to coordinate with AccessHealth and Transitions. |
| Develop a team-based program to create a comprehensive, patient-centered care plan for Emergency Department “super utilizers,” engaging both RSF and community resources. | ED U-Turn Program | BSSF: Enrolled 45 patients in the program. Roper: Enrolled 25 patients in the program. | Seek opportunities to expand program to other facilities. Continue efforts to identify patients and enroll in program. |
| STRATEGY: Connect underinsured and uninsured patients to medical homes. | | | |
| Lead Agency: Roper St. Francis Healthcare (system-wide) | | | |

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|--|---|--|---|
| Refer underinsured and uninsured RSF patients to AccessHealth and/or the Transitions Clinic. | AccessHealth Transitions Clinic Care Coordination | AccessHealth (2019): 3,411 patients (1,042 new patients) Transitions (2019): 6,155 visits by 1,321 patients (406 new patients). | Continue to coordinate with AccessHealth and Transitions. |

STRATEGY: Coordinate and collaborate with safety-net partners for delivery of services, including area Federally Qualified Health Centers (FQHC), free clinics, and homeless shelters.

Lead Agency: Roper St. Francis Healthcare (system-wide)

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|--|-----------------------------------|--|---|
| Provide lab work, free supplies, and ancillaries to partner medical clinics and supportive service agencies: Barrier Islands Free Medical Clinic, Our Lady of Mercy Outreach, East Cooper Community Outreach, Dream Center, One80 Place Medical Ministries | Mission | Signed contracts to continue partnerships. | Continue providing in-kind services. |
| Manage care coordination for eligible patients referred from local partners through the shared care navigation hub managed by AccessHealth. | Care Coordination AccessHealth | AccessHealth (2019): 3,411 patients (1,042 new patients) | Continue to coordinate with local partners. |

STRATEGY: Provide in-home care to patients with limited mobility through Home Health and Hospice Care.

Lead Agency: Roper St. Francis Healthcare (system-wide)

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|---|---------------------|---|--|
| Provide high quality care for patients with transportation or mobility issues or those with end-of-life needs through in-home or inpatient Hospice or Home Health services. | Home Health | Home Health: 5,525 patients In-home Hospice: 561 Inpatient Hospice: 562 | Continue providing Home Health and Hospice services. Increase community awareness of Hospice Cottage option |

PRIORITY: CLINICAL PREVENTIVE SERVICES

Routine physical exams, disease screenings and immunizations have been highlighted as critical preventive services to reduce premature death and disability. Yet, thousands of South Carolinians forgo preventive services due to a list of antecedents. Fortunately, the Tri-county has been ranked as three of the healthiest counties (of 46) in South Carolina.

STRATEGY: Provide routine, primary care for low-income, uninsured adults that live or work on the Sea Islands of Charleston County.

| Lead Agency: Roper St. Francis Healthcare (system-wide) | | | |
|--|----------------------------|--|--|
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Provide lab work, free supplies, and ancillaries to partner medical clinics and supportive service agencies: Barrier Islands Free Medical Clinic, Our Lady of Mercy Outreach, East Cooper Community Outreach, Dream Center, One80 Place Medical Ministries | Mission | Signed contracts to continue partnerships. | Continue providing in-kind services. |
| Provide financial support for clinical staff and infrastructure at Our Lady of Mercy Outreach. | Mission | Signed contracts to continue partnerships. | Continue financial support and promote services of the agency. |

STRATEGY: Provide early intervention services for patients diagnosed with HIV/AIDS.

| Lead Agency: Roper St. Francis Healthcare (system-wide) | | | |
|---|----------------------------|--|--|
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Enroll HIV positive patients into federally funded Ryan White program. | Ryan White Wellness Center | Ryan White Wellness Center provided comprehensive HIV and primary care for 869 HIV positive patients. | Continue to provide comprehensive HIV care |
| Ensure continued health insurance coverage for HIV positive adults using federal and employer insurance programs. | Ryan White Wellness Center | Ryan White Wellness Center maintains health insurance coverage for 267 patients. | Continue to enroll patients in federal insurance program and assist with employer-based plans. |
| Seek grant funding to expand primary prevention services for high risk HIV negative adults, and prevent the rate of transmission for HIV positive patients. | Ryan White Wellness Center | Ryan White Wellness Center invested over \$105,000 in transportation assistance to reduce barriers to accessing services. RWWC provided HIV prevention (PrEP) to 123 HIV negative patients. | Continue to promote HIV awareness and prevention. |
| Provide free HIV testing at community events and in-clinic | Ryan White Wellness Center | Community events: 44 HIV tests Clinic testing: 311 HIV tests | Continue to promote HIV testing, awareness, and prevention. |

STRATEGY: Provide evidence-based outpatient care for diabetic patients.

| Lead Agency: Roper St. Francis Physician Partners | | | |
|--|----------------------------|--|--|
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Track percentage of patients who receive evidence-based outpatient care for diabetes. | RSF Physician Partners | 92.6% of all RSFPP patients with a diagnosis of diabetes received A1c testing. | Continue assessments via the RSF Physician Partners. |
| STRATEGY: Expand access to free annual breast health screenings for all women, particularly African-American women. | | | |
| Lead Agency: Roper St. Francis Physician Partners | | | |
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Host annual "Family Wellness Night" (formerly Ladies' Night Out) and other screening events for underserved men and women to get breast and colorectal screenings. | Oncology Services | 79 clinical breast exams with 72 referrals for additional testing and 55 colorectal screenings with no referrals for positive FIT test | Continue hosting events and encouraging participation. |
| Host annual skin cancer screening | Oncology Services | 119 skin cancer screenings with 31 referred for biopsy | |

PRIORITY: MENTAL HEALTH

Research has proven that adults and children with undiagnosed and untreated mental health issues are at higher risk for unhealthy and unsafe behaviors. Behaviors like alcohol or drug abuse, violent or self-destructive behavior, and suicide have been noted as measurable indicators of a community's mental health. County Health Rankings identifies a shortage of mental health providers in the Tri-county area.

| STRATEGY: Coordinate services between Emergency Departments and regional mental health agencies. | | | |
|--|----------------------------|--|---|
| Lead Agency: Roper St. Francis Healthcare (system-wide) | | | |
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Participate in the Charleston/Dorchester Mental Health Department's community task force. | Emergency Services | Ongoing participation and collaboration | Continue participation in regularly scheduled meetings. |
| Coordinate care of behavioral health patients, using local agencies and resources for support. | Care Coordination | Ongoing coordination and collaboration | Continue coordination using community resources. |
| Collaborate with mental health providers to engage community members in highest need areas to direct to appropriate services | Farmacy Program | Over 2,000 bags of fresh produce distributed to families in need | Continue partnership with Charleston Police Department, MUSC, |

| | | | |
|--|--|---|--|
| | | Added Charleston County Public Library to the list of collaborators | Lowcountry Food Bank, and CDMHC. Coordinate with other agencies to broaden the scope of the project |
|--|--|---|--|

STRATEGY: Provide services and education to combat the opioid epidemic.

Lead Agency: Roper St. Francis Healthcare (system-wide)

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|---|---------------------|--|---|
| Develop partnerships with local law enforcement to create an alliance for holding Drug Take Back events | Pharmacy, Mission | Expanded initiative and created relationships with North Charleston Police Dept and Berkeley County Sheriff's Dept | Continue current partnerships and build new ones throughout the area. |
| Organize Drug Take Back events throughout the Tri-County | Pharmacy, Mission | Successfully applied for two grants to increase the reach of take back events with education and awareness around the opioid epidemic Held 11 take back events and collected 755 pounds of drugs. | Hold at least 10 Take Back events in the area. |

STRATEGY: Provide mental health screenings at wellness and postpartum OB/GYN visits.

Lead Agency: Roper St. Francis Healthcare (system-wide)

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|---|------------------------|--|--|
| Incorporate depression screenings at primary care wellness visits and postpartum OB/GYN patient visits. | RSF Physician Partners | 79.8% of all patients received a depression screening during primary care wellness checks. 90.6% of all patients received a depression screening during follow-up postpartum visit. | Continue tracking and promoting mental health screenings as part of routine primary care and postpartum medical exams. |

PRIORITY: OBESITY, NUTRITION, AND PHYSICAL ACTIVITY

Diet, exercise and weight management are the foundations of health and wellness. A healthy balance of each greatly contributes to better long-term health outcomes and decreased health risks. USDA data shows a number of food deserts in the Tri-county area, a common measure synonymous with high poverty areas. Charleston County contains 12 urban census tracts that have a significant number of people with low access to a grocery store. Berkeley and Dorchester counties contain rural census tract food deserts, which means a significant amount of people are more than 10 miles from a healthy food outlet.

| STRATEGY: Increase opportunities for comprehensive wellness. | | | |
|--|--|---|---|
| Lead Agency: Roper St. Francis Healthcare (system-wide) | | | |
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Require annual primary care screening for each RSF employee. | Human Resources Employee Health RSF Physician Partners | 3,463 teammates had PCP visits | Continue to implement Wellness Works incentives to increase employee participation. |
| Promote employee participation in disease-specific events to increase health awareness and advocacy. | Mission | 7,859 hours of staff time supporting initiatives, serving 19,373 community residents. | Continue to encourage participation in community-based health events. |
| Host informative and interactive tables/booths during local community and agency health fairs/screenings. | Mission | Participated in over 100 community health fairs, screenings and events. | Continue to encourage participation in health fairs/events. |
| STRATEGY: Collaborate with local partners to increase healthy food options in underprivileged communities. | | | |
| Lead Agency: Roper St. Francis Healthcare (system-wide) | | | |
| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
| Engage community members in highest need areas to promote wellness and nutrition | Farmacy Project | Over 2,000 bags of fresh produce distributed to families in need. | Continue partnership with Charleston Police Department, MUSC, Lowcountry Food Bank, and CDMHC |
| Collaborate with the Lowcountry Food Bank and East Cooper Meals on Wheels to provide home-delivered meals in low-income communities. | Mission | Assisted in providing 3,000 meals to 400 homebound residents in Charleston County. | Continue financial support and promote services of the agency. |

STRATEGY: Host evidence-based health and wellness community programs for older adults.

Lead Agency: Roper St. Francis Healthcare (system-wide)

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|--|---------------------|---|--|
| Offer physical wellness classes specifically targeting older adults. | Senior Services | <p>2019: 1,789 seniors were enrolled as members at Lowcountry Senior Center</p> <p>2019: 76,882 visits to fitness and exercise activities, including exercising in our fitness centers</p> <p>2019: 1,619 seniors were enrolled as members at Waring Senior Center.</p> | Continue providing programs & classes throughout the Tri-County. |

PRIORITY: MATERNAL, INFANT, AND CHILD HEALTH

The health of a community's women and children are essential to growth and will predict the future's public health strengths and challenges. The Healthy People 2020 recognizes adequate prenatal care and birth outcomes as two strong indicators of infant death and disability. Charleston County has the lowest infant mortality rate in state (4.8 per 1,000 live births), and Berkeley County has one of the highest (7.2 per 1,000 live births). However, prenatal care and birth weight rates are comparable between the counties and with the state.

STRATEGY: Offer specialized services for high risk pregnancies.

Lead Agency: Bon Secours St. Francis Hospital

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|---|-----------------------------|--|-----------------------------------|
| Continue specialized care teams for high risk pregnant women to include a board-certified maternal fetal medicine specialist. | Women, Infant, and Children | Accomplished | Continue coordinating care teams. |
| Support a Maternal Fetal Medicine program that includes medical management, counseling, biophysical profiles, diagnosis and management of birth defects, and other highly specialized services. | Women, Infant, and Children | <p>5,761 patient visits</p> <p>1,930 total patients served</p> | Continue MFM services. |

STRATEGY: Provide prenatal care for uninsured patients that are not eligible for Medicaid.**Lead Agency: Bon Secours St. Francis Hospital**

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|---|----------------------------|---|--|
| Support prenatal care for eligible uninsured and immigrant patients of Our Lady of Mercy Outreach, a local rural healthcare clinic. | Women, Infant and Children | Provided 103 annual exams, 25 deliveries, and 60 total GYN patients | Continue support and promote services of the agency. |
| Provide routine lab work, radiology services, prenatal education classes, and Maternal Fetal Medicine services for Spanish-speaking patients. | Women, Infant and Children | Signed contracts to continue partnerships | Continue support and promote services of the agency. |

STRATEGY: Host expectant parent education classes and tours, and Safe Sitter® classes.**Lead Agency: Bon Secours St. Francis Hospital, Roper St. Francis Mt. Pleasant Hospital**

| Action Step | Lead RSF Department | 2019 Outcome | 2020 Action |
|---|----------------------------|--|--|
| Facilitate regularly scheduled expectant parent education classes and hospital tours as well as Safe Sitter® classes. | Women, Infant and Children | Facilitated 251 total classes (including 134 free classes) with 2,582 participants. Expanded classes to now include Berkeley Hospital campus. | Continue to offer onsite and online options for convenience. |

The 2020 Implementation Plan was approved by the Roper St. Francis Healthcare Board of Directors on October 22, 2020.