

Glendora Community Hospital



IMPLEMENTATION PLAN TO MEET IDENTIFIED COMMUNITY HEALTH NEEDS 2019-2021

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2018 GLENDORA COMMUNITY HOSPITAL IMPLEMENTATION PLAN TO MEET COMMUNITY HEALTH NEEDS 2019-2021

EXECUTIVE SUMMARY

The 2018 Glendora Community Hospital (**GCH**) Community Health Needs Assessment (**CHNA**) was GCH's first full assessment since its conversion to nonprofit status at the start of 2016, and continues CHNA's ongoing reach into the community it serves to better understand and meet the needs of that community. This process has been developed on several fronts, with input from a variety of sources. This report meets the requirements of the Patient Protection and Affordable Care Act (**ACA**), which requires nonprofit hospitals to conduct a Community Health Needs Assessment at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts, as well as members, representatives or leaders of low-income, minority, and medically underserved populations and individuals with chronic conditions.

The CHNA was performed, and the results are reported in the Glendora Community Hospital Community Health Needs Assessment 2018, which is posted on GCH's website. As part of its ongoing commitment to improving the health of the community GCH serves, this Implementation Plan to Meet Community Health Needs 2019-2021 (**Implementation Plan**) outlines GCH's plans to address the needs found to be most important to the groups participating in GCH's focus groups and surveys, as well as issues raised by representatives of area government and interest groups.

The CHNA process incorporated three major areas of study and analysis. These include:

- Quantitative Data Review and Analysis, in which data provided by numerous sources are reviewed, analyzed, and summarized. The salient conclusions drawn are reported. These processes concentrate on use rates, disease incidence, population ratios, and other numerically organized data. It should be noted that the variety of sources used include many definitions and time periods. Often data presented may not relate to the same time period or population as other presentations. Sources included the Los Angeles County Department of Health's (LADPH) *Key Indicators or Health* (KIH), LADPH's Epidemiology reports, US

Census Bureau data, and other sources for area-specific data. This data serves as a basis for the plans outlined in the following sections.

- Qualitative data in the form of written surveys. These are distributed by participating hospitals, and the responses consolidated into one report, so service-area-specific analysis was not possible. The results are largely interpreted to cross-check the responses from the Key Informants involved via focus groups and phone interviews. The highly detailed surveys also produced information about health status of the respondents, as well as their views on health needs in the overall area. While they are useful in allowing disparate voices outside the medical community to be heard, and provide useful information about perceived gaps in available services, they are more useful as mood indicators than as concrete bases for planning.
- Representatives of area health agencies, social service providers, and local government organizations (collectively, Key Informants) were invited to several focus group sessions to offer their opinions as to community health needs. Those Key Informants who could not make any of the sessions were interviewed by phone and their responses incorporated into the responses generated by the focus groups.

The third group is considered the most knowledgeable regarding healthcare status in the hospital's market area. They are deemed best representation of popular attitudes toward healthcare issues in the community. Thus the issues selected by the focus groups conducted for the hospital's CHNA report are used as the basis for GCH's plans to address community health needs.

PRIMARY HEALTH ISSUES

Focus Group Consensus Issues

KEYGROUP conducted two focus group surveys and additional individual phone interviews with representatives of area health agencies, social service providers, and local government organizations (collectively, **Key Informants**). Over 65 health needs were suggested by the Key Informants, and winnowed down to the six considered most important by the focus group participants. The process is detailed in the CHNA report.

Preliminary results of interviews indicate a predominance of several issues noted by respondents. These issues represent both community health problems as a group, and individually they represent opportunities for the hospital to provide improvements. They are outlined below. GCH's plans to address the issues raised are presented along with the issues themselves in the following section.

- **Vaccinations for the Elderly** – Several respondents felt strongly that the area’s elderly population was under-protected for the various types of flu circulating in the community. While many organizations provide flu shots, the hospital is a logical center for high-profile flu-shot clinics.
 - **GCH’s Plan** – The hospital has ongoing opportunities to offer flu shots and other vaccinations as other diseases arise in the community, both for patients treated at the hospital and in outreach to the community through health fairs, booths at other public events, and using advertising. All elderly patients at the hospital will be offered vaccinations as part of their treatment plans subject to any contraindications. The outreach programs can be done using hospital staff to staff booths at events, with costs covered either as outreach expenses or via insurance as clients are found to have coverage.
- **Meals on Wheels** - It was noted that while several communities surrounding Glendora had active Meals on Wheels programs, no such program existed in Glendora. This is a needed program catering to shut-in residents who may have difficulty getting to grocery stores, or restaurants, and who may be suffering malnutrition as a result. The program also provides an opportunity for contact with otherwise-isolated residents in their homes. If properly organized, the program can provide volunteers with observation protocols which allow them to see potential problems before they become acute. And for many clients, the regular visits by Meals on Wheels staff may be the primary social interaction in their lives.
 - **GCH’s Plan** – Since Meals on Wheels programs exist in neighboring communities, GCH will contact those providers to offer assistance in extending their programs into Glendora. If no existing program can be found to provide this coverage, GCH will research methods to either deliver the service directly, or partner with another community service organization to initiate the program.
- **Alcoholism/Drug/Substance Abuse** – While alcohol abuse is an ongoing problem throughout Southern California, misuse of prescription pharmaceuticals is emerging as a faster-growing problem. While the hospital has little ability to directly impact the rate of pharmaceutical abuse, it can play two roles:
 - It can participate in educating its medical staff regarding prescription options to limit the availability of abusable drugs, and
 - It can educate hospital staff to recognize potential abuse and develop interventions to address abuse situations.
 - **GCH’s Plan** – GCH is part of a network of Prime Hospitals which share data on prescription use, and this network can be used to identify clients using multiple providers to obtain excess prescriptions for controlled medications. This information can be used to assist medical staffs in controlling the abuse of prescription medications by patients. The

Hospital will also conduct ongoing education programs for medical staff to inform them of advances in the practice or limiting prescription drug abuse.

- Alcoholism may be addressed as a public health problem, in addition to providing acute care as persons suffering from acute symptoms are treated at the hospital. The hospital will reach out to law enforcement and emergency medical staff to offer assistance in identifying and referring habitual abusers to programs that will assist them to attain sobriety.
- **Mental Health in General** – Mental Health issues have historically been a less important area for hospital treatment than physical ailments, largely because the treatments are less easily identified and more difficult to administer. Recent changes in reimbursement have made the area a more intriguing subject for hospitals, but the Glendora area is without a major mental health inpatient center. GCH has an opportunity to expand its existing services in the mental health environment, and provide options within the GCH Primary Service Area.
 - **GCH's Plan** – As one of the primary existing inpatient treatment centers, GCH has an opportunity to coordinate with other acute care providers to provide mental health services that other providers may not offer. The hospital will attempt to expand referral relationships with area providers to offer additional mental health services to those patients needing mental health care in addition to the acute physical issues that resulted in the initial hospitalization. As more mental health services become covered diagnoses, the opportunities to provide these services will expand. It should also be noted that there are different mental health needs among different population groups, and the hospital's existing expertise can be expanded to provide more focused services to specific subgroups such as the elderly, school age children, and those facing substance abuse problems. The hospital will continue to explore opportunities to provide needed services.
- **Training for Mental Health Services** – Hospital staff are among the most common service providers to people with mental health issues, although many of these opportunities arise as comorbidities to acute physical ailments that generate the hospital visit. Emergency Department and reception staffs often are the first to encounter clients who may have mental health aspects in addition to the physical manifestations that bring patients to the hospital.

- **GCH's Plan** – The hospital will develop triage protocols for staffs in the Emergency and Admitting Departments that will match with skill sets of employees in those areas. This will facilitate whole-patient care that integrates physical medicine and mental health care to produce more comprehensive and appropriate care.
 - As nursing staffs interact with admitted clients, issues related to mental health may surface in relation to the therapies in use to treat the admitting diagnosis. The hospital will develop review protocols and treatment options to offer to inpatients to assist them in navigating both physical and mental recovery processes
- **Community Awareness of Mental Health Issues** – Mental Health has been a largely ignored issue in public discussion of health issues in general. It is slowly becoming more visible, but still is less comfortably discussed in public. GCH has an opportunity to be a leader in bringing mental health issues to the public, through public service announcements, educational programs and publication of services available at the hospital.
 - **GCH's Plan** – Education programs appropriate for schools, civic organizations, and government agencies will be developed to allow GCH staff to provide informative seminars on mental health issues and options for treatment and management of these issues. The community relations department will offer the courses to area groups seeking education on the topic.
- **Coordinating Transitions Among Care Levels** – As treatment methodologies transition to more continuity of care, hospitals have a responsibility to assure that patients transitioning out of acute care are located in appropriate care settings to maximize their ability to continue recovery to the greatest extent possible. GCH has an opportunity to lead this process by working actively with nursing facilities, home health agencies, hospice providers and social service agencies to assure that all needs encountered by discharged patients are met in the most appropriate settings and adequately coordinated to assure patient recovery and continued good health.
 - **GCH's Plan** – GCH will continue its periodic meetings with skilled nursing, home health assisted living and hospice providers to assure seamless transfers to those organizations. In addition, GCH will develop a contact list of social services providers that can assist clients with conditions that may jeopardize the healing process in the home or other residential setting. Arrangements with these social service providers will be developed to allow them to provide services needed to assure patients' recovery in their new settings.

Area-wide Health Issues

In order to more comprehensively assess the health needs of GCH's Total Service Area, health issues cited by interviewees were also outlined and are included here as areas for further study.

- **Diabetes** – There are two primary types: Juvenile Onset (Type 1) diabetes, typically diagnosed in children, is a condition due to the body's inability to make enough insulin to manage digestion. It is best controlled with diet and weight management, although medication exists to control insulin levels. Adult Onset (Type 2) diabetes is most often a lifestyle disease, brought on by excess weight, lack of exercise and/or diet. It is also controllable with appropriate changes to diet, exercise regimens and other lifestyle choices.
 - **GCH's Plan** - Since most Type 1 diabetics are already in routine management programs, there will be minimal contact with these persons except during crisis episodes. Hospital staff is already well versed in treatment protocols for these events, and will continue to pursue education on changes or innovations to treatment modalities. Type 2 patients are often first diagnosed in the throes of an acute crisis, so after the client is stabilized, the hospital will be among the first responders to direct the patient into a regimen of treatment. Protocols also exist for this transition process. In addition, the hospital will participate in the public health education process by providing diabetes information at health fairs, farmers markets and other public events, as well as in hospital-based diabetes education classes.

- **Obesity** - As a contributor to diabetes, high blood pressure, cardiac problems and orthopedic issues, this was mentioned by several respondents. LADPH provides data on health status for eight Specific Plan Areas (SPAs). Glendora is in SPA 3 – San Gabriel Valley. SPA 3 rates for Obesity in 2013 were lower than both the county average for children, and within Los Angeles statistical norms for adults. Nonetheless, the fact that all age categories reported between 20% and 35% rates of overweight and obesity indicates a significant opportunity for improvement.
 - **GCH's Plan** – As is the case with Diabetes, obesity is rarely an acute issue, and the hospital only deals with obese clients when other acute symptoms manifest. Thus, the primary ability of GCH to affect overall rates of obesity is in providing educational opportunities to the public. These will be offered along with diabetes education at various public events and in hospital-based education seminars.

- **Mental Health** - Several respondents mentioned a limited supply of mental health services, as well as a historical lack of payment programs for mental health services. The sources of care for mental health issues are typically outpatient settings, but physical problems either caused by, or complications of, mental problems are a major factor in bringing clients to hospital Emergency Departments. Various laws have been passed in the past 25 years to improve mental health care, and provisions of the Affordable Care Act mandate mental health parity in payment and treatment, but the regulations to define that parity are not yet clear. It is expected that mental health services will improve as payors develop systems to reimburse providers for the services they offer, but treatment for chronic mental health issues is beyond the scope of most hospitals. The primary issue for acute care providers is developing protocols for addressing mental health issues that present along with the acute medical problems that bring patients to the ED.
 - **GCH's Plan** – This issue was raised by the hospital's focus group, and it is addressed from three different angles in the previous section. GCH will explore the options for expanding its current expertise in this area as management and the hospital's board deem appropriate.

- **Substance abuse** – This omnibus category includes alcoholism, addiction to numerous illegal substances, and inappropriate use of prescription medications. Most of the issues are chronic in nature, although the presenting symptoms in hospital EDs are usually acute medical crises, such as accidents, trauma, overdose, or injuries resulting from unwise actions while intoxicated. Much of the work on substance abuse is funded by mental health payors, since the addiction issues underlying the problems are considered mental-health related. Under current regulations, more emphasis is being placed on the mental health aspects of substance abuse, and funding is coming to increase services for substance abuse victims. As a current provider of mental health services, GCH is well positioned to expand its services in this area.
 - **GCH's Plan** – This issue was also raised by the hospital's focus group, and it is addressed in the previous section. GCH will explore the options for expanding its current expertise in this area as management and the hospital's board deem appropriate.

HOSPITAL AREA DEFINITIONS

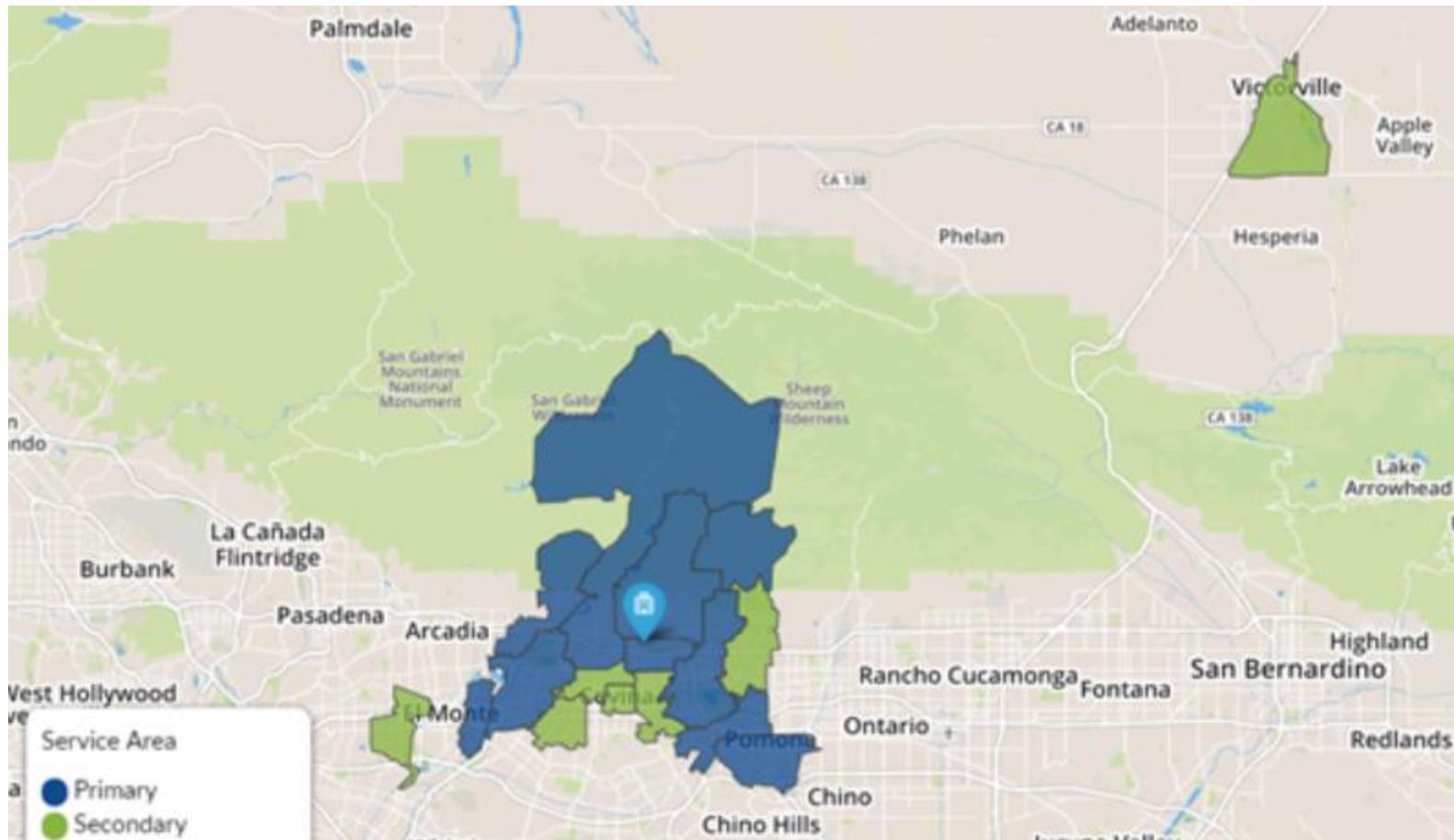
The CHNA process involved detailed analysis of several areas that are germane to the provision of services to the GCH “community”. These areas are covered in detail in the 2018 CHNA report found on the hospital’s website. The service areas to which the hospital directs most of its efforts are outlined below.

Primary Service Area

The most directly applicable is the area immediately surrounding the hospital: The cities of Azusa (zip code 91702), Baldwin Park (91706), El Monte (91732), Glendora (91740 and 91741) and Pomona (91768 and 91766) account for 45% of all discharges in 2017. These zip codes constitute the Primary Service Area (PSA). The contributing PSA zip codes are shown in blue in the map which follows.

Secondary Service Area

While the zip codes listed in the PSA account for almost half of all discharges, surrounding cities including Covina (91722, 91723 and 91724), Duarte (91010), La Verne (91750), Rosemead (91770), San Dimas (91773), Victorville (92395) and West Covina (91790) account for another 34%. These are classified as the Secondary Service Area (SSA), and all are contiguous with the PSA except for Victorville, which includes a satellite office of a physician who practices at GCH. These zip codes are shown in green in the following map.



The two service areas together account for 79% of all discharges from GCH, and together they are named the Total Service Area (TSA). No other single zip code outside of these areas contributed more than 1% of total discharges.