TEMPLE UNIVERSITY HOSPITAL

Community Health Needs Implementation Strategy

October 2016

TEMPLE HEALTH
TEMPLE UNIVERSITY HOSPITAL

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TEMPLE UNIVERSITY HOSPITAL COMMUNITY COMMITMENT

The Temple University Health System (TUHS) consists of Temple University Hospital, which is the chief clinical training site for the Lewis Katz School of Medicine at Temple University. It also includes Jeanes Hospital, and the American Oncologic Hospital, also known as the Hospital of the Fox Chase Cancer Center. Our Temple family also includes Temple Physicians, Inc., our network of about 110 community-based physicians, nurse practitioners, and physician assistants in about 48 practice sites, as well as our school of Medicine's faculty practice plan, which includes about 400 faculty members. All Temple physicians, whether faculty or community-based, care for patients covered by Medicaid in both the inpatient and outpatient setting.

Temple University Hospital was founded in 1892 as "Samaritan Hospital," with the mission of caring for patients with limited incomes and ensuring access to care in its surrounding neighborhoods. Today, Temple University Hospital is a 722-bed non-profit acute care hospital that provides a comprehensive range of medical services to its North Philadelphia neighborhoods, as well as a broad spectrum of secondary, tertiary, and quaternary care to patients throughout southeastern Pennsylvania.

Located in the heart of North Philadelphia, Temple University Hospital serves one of our nation's most economically challenged and diverse urban populations. About 86% of the patients served by TUH are covered by government programs, including 37% by Medicare and 49% by Medicaid. About 14% of our patients are covered by commercial payers, and less than 1% are uninsured. Patients dually eligible for both Medicare and Medicaid comprise roughly half of our Medicare inpatient base. Approximately 42% of our total inpatient cases include a behavioral health diagnosis.

TUH is an indispensable provider of health care in the largest city in America without a public hospital. Among Pennsylvania's full-service safety-net providers, TUH serves the greatest volume and highest percentage of patients covered by Medicaid. Within our primary service area, 30% of area residents live below the federal poverty level, which is more than twice the national average.

Temple University Hospital also serves as a critical access point for vital public health services. Last year we handled about 139,000 patients in our Emergency Department; 9,700 patients in our Crisis Response Center; 2,400 discharges from our inpatient Behavioral Health unit; 400 victims of gun and stab violence in our Trauma Unit, the highest number in Pennsylvania; and, more than 280 patients in our Burn Center. Temple University Hospital also provides access to essential health clinics to patients with limited financial resources who are coping with diseases that threaten public health. We delivered about 2,900 babies, of whom 89% were covered by Medicaid.

PROGRAMS TO IMPROVE COMMUNITY HEALTH

Temple University Hospital takes great pride in the broad array of community services that we provide to our economically challenged neighborhoods and the Southeast Pennsylvania region. Below is a summary of some of our programs and activities that promote healthy living in the communities we serve:

- **Providing Critical Resources**. Temple connects thousands of people with community-based social services, including free transportation services, legal services, and clothing to destitute patients upon discharge. For our most vulnerable patients, we also assist with pharmaceuticals, co-pays and medical supplies to connect them with resources they need upon discharge.

- **Reaching out to our Communities**. Temple University Hospital reaches about 70,000 people each year through outreach, support groups, and community education programs. These efforts focus on such topics as alcoholism, narcotics abuse, behavioral health disorders, cancer and other diseases; childbirth, mental health, burn prevention, diabetes care and other topics; and providing many other outreach activities. We also work with the Philadelphia Department of Health to help provide free immunizations, and with key community organizations to provide free health screenings as available. In collaboration with local food banks, public schools, and community organizations, we also conduct numerous food, new clothing, and school supply drives to benefit children and adults living in our impoverished neighborhoods.

- **Connecting Patients with Financial Resources**. Temple employs 37 Financial Counselors dedicated to helping un-and under-insured patients obtain medical coverage. This team processes about 6,000 applications annually.

- **Sleep Awareness Family Education at Temple (SAFE-T Program)**. North Philadelphia has one of the highest infant mortality rates in the United States, with many babies born into poverty to families with limited resources to care for a newborn. To help address these issues, Temple University Hospital provides a special Safe Sleeper kit to all parents who deliver at the hospital. The Safe Sleeper kit includes a sleep-safe baby box, layette items such as fleece and cotton clothing, sheets and blanket, a baby book, (English and Spanish language), diapers, a thermometer, nasal aspirator, baby wash, smoke detectors (provided by the Philadelphia Fire Department) and educational materials and resource referral.

- **Addressing Gun Violence**. Philadelphia leads nation's 10 largest cities in homicides per capita. Last year Temple's Trauma Unit treated about 400 gunshots and other penetrating wound victims, the highest number in Pennsylvania. To address this epidemic, Temple's ***Cradle to Grave*** program works with at-risk youth to help break the cycle of gun violence. In addition, our ***Turning Point*** intervention program takes advantage of teachable moments that exist during the post-injury/pre-discharge period for survivors of violence. Our ***Fighting Chance*** program is one of the nation's few initiatives that teach community members how to provide basic first aid to victims of gunshot wounds. In addition, the Lewis Katz School of Medicine at Temple University is a partner in the **Philadelphia Cease Fire-Cure Violence program**, a public health model focused on stopping killings in the 22d and 39th Police Districts in North Philadelphia.

- **Promoting Multi-Cultural Services**. Temple University Hospital has over 300 language-proficient staff, all who have been credentialed through our Linguistic and Cultural Services Department.

- **Developing the Next Generation of Physicians**. Every year, hundreds of medical school graduates turn to TUH for specialized, post-graduate training. Joining these residents and fellows are hundreds more medical students, nursing students and other trainees. For all of these individuals, the hospital offers a diverse and complex patient population, access to the latest technology and the chance to learn under some of the nation's top medical experts. Temple's medical trainees are frequently involved in efforts that directly impact the community, including the hospital's HIV clinic and Cradle to Grave program, among others. The exposure that residents receive caring for Temple's diverse, low-income community helps address health disparities while developing a skilled and compassionate physician workforce.

- **Developing a Tomorrow's Frontline Workforce**: Temple University Hospitals is a leader in several initiatives to help build a diverse workforce at all levels of care, such as the following programs:

    - In collaboration with Temple University School of Social Policy, the American Health Information Community (AHIC) and Local 1199C Training and Upgrade Fund, we are developing a program to certify Community Health Peer Coaches. This program trains community members to work with providers to help coordinate care, improve patient compliance, and encourage wellness.

    - Through our investment in II99C's *Community Healthcare Workforce* program, we help provide comprehensive training and education to help frontline workers living in the community adapt and build skills to enable them to participate in a changing healthcare workplace. About half of the students are union members, and half from the general community, many of whom are laid-off workers and Welfare recipients.

- **Emergency Preparedness and Research**. This program helps ensure that our staff and hospital facilities are prepared to continue to provide safe, quality patient care even under the most austere conditions. We work on many levels educating our communities about the importance of personal preparedness. Temple's Emergency Preparedness and Research Program is a critical link in the federal, state, and local disaster response plans.

- **Philadelphia MOM Program**: Temple's nursing staff and social workers assist the Philadelphia department of Health in enrolling the new mothers shortly after delivering their infant and prior to discharge. New mothers and their babies from birth through sixth birthday are connected with social, educational, and healthcare supports.

- **Smoking Cessation**: Temple University Hospital maintains dedicated resources for addressing smoking cessation in the North Philadelphia This program is a collaborative effort with the pharmacy program, with sessions scheduled monthly for new enrollees. The program consists of a support group, medical management, and pharmaceuticals to manage smoking withdrawal. All enrollees are followed by a physician. Temple University Hospital is a smoke-free campus.

Social Determinants of Health and Unmet Needs

SOCIAL DETERMINANTS OF HEALTH:

The World Health Organization (WHO) defines the Social Determinants of Health as "the conditions in which people are born, grow, live, work and age…which are mostly responsible for health inequities." This definition is seconded by *Healthy People 2020* of the U.S. Department of Health & Human Services, which defines the social determinants of health as, "the conditions in the places where people live, learn, work, and play which affect a wide range of health risks and outcomes." Much of the unmet need in the TUH service area relates to social determinants of health such as: housing access; working conditions; poverty; the built environment, including healthy food access and physical activity; and health care access.

To help think about how best to address social determinants of health, *Healthy People 2020* developed a place-based organizing framework reflecting five key areas of the social determinants of health: (1) Economic Stability; (2) Education; (3) Social and Community Context; (4) Health and Health Care; and, (5) Neighborhood and Built Environment.

HOUSEHOLD HEALTH INDICATORS:

Findings from the 2016 Southeast Pennsylvania Household Health Survey indicated that almost all measures of physical and mental health remain statistically worse for the Temple University Hospital service area when compared to indicators for the entire Southeast Pennsylvania region. Key indicators in the Temple University Hospital service area, identified for improvement include:

- Percentage of adults (18+) ever diagnosed with high blood pressure;
- Percentage of adults (18+) ever diagnosed with diabetes;
- Percentage of adults (18+) ever diagnosed with asthma;
- Percentage of adults (20+) and children who are overweight;
- Percentage of adults (20+) and children who are obese ;
- Percentage of adults (18+) with a substance abuse problem;
- Percentage of adults (18+) who receive treatment for a substance abuse problem;
- Percentage of adults (18+) ever diagnosed with a mental health condition;
- Percentage of adults (18+) and children who receive treatment for a mental health condition;
- Percentage of adults (18+) and children with no regular source of care;
- Percentage of adults (18+) who did not receive needed care due to cost;
- Percentage of adults (18+) that did not fill a prescription due to cost;
- Percentage of adults (18-64) currently uninsured;
- Percentage of adults and children who did not have a dental visit;
- Percentage of adults (50+) who did not have a colonoscopy in the past ten years;
- Percentage of women 21-65 who did not have a Pap test in the past three years;
- Percentage of adults (18+) who consume <4 servings of fruit and vegetables/day;
- Percentage of adults (18+) who exercise regularly; and
- Percentage of adults (18+) who smoke cigarettes.

UNMET NEEDS:

Analysis of the quantitative and qualitative data collected also shows that the unmet health care needs of the residents of this service area include the following prioritized needs:

- Access to primary healthcare for adults and children. In particular, across the continuum of care for chronic disease management.
- Access to mental health treatment.
- Access to substance abuse treatment.
- Access to preventative health care and routine health including cancer screenings for women and dental care for adults and children.
- Availability of high quality, affordable care, particularly for those individuals living in or near poverty, and who are uninsured or underinsured.
- Increased smoking cessation/ support resources.

HEALTH EDUCATION PRIORITIES:

Priority unmet needs in also include increased educational programs to address:

- Heart disease and cancer management for all residents, with a special focus on causative health behaviors and other factors;
- Access to low cost health insurance;
- Health education about healthy lifestyles and disease management; and
- Smoking cessation counseling.

COMMUNITY FEEDBACK:

According to community meeting participants, economic, cultural, and linguistic barriers to care remain for immigrants, some of whom may be undocumented, and poor and low-income members of minority populations. Beyond access to care, health literacy is a problem for almost all residents, many of whom have a basic distrust of hospitals and the health care system or who do not believe in preventive care or fear getting bad news. Some believe that there is no reason to get screenings when treatment will not really be available to them because they are underinsured or have no insurance.

Older adults may have more trouble accessing health information relevant to understanding the need for screenings, treatment regimens, or navigating the health care system in general, as compared to younger people, according to the community meeting attendees. Community meeting attendees emphasized that much information is available only online, and that older adults often do not have access to the internet or do not understand how to find these resources. Hard copies of educational materials and other resources are needed to reach this population. Transportation challenges were noted to be a significant barrier for this population.

Community members indicated that stress and trauma from neighborhood violence take a toll on everyone's physical and mental health.

The Community Health Needs Assessment notes that more face to face contact between staff and the community's minority racial and ethnic groups outside of the hospital, such as currently provided by the community health workers and navigators, would decrease residents' fears and

negative expectation of being treated poorly as a minority and, in time, improve residents' knowledge of, and ability to practice, healthy lifestyles.

Temple University Hospital's prior implementation plan addressed many of these needs with specific plans for the community and the hospital in the context of Temple's mission and resources. As set forth on following pages, we will build on our accomplishments to address the needs of our community more effectively.

ADDITIONAL FINDINGS:

Immigrant populations face additional issues related to their legal status when trying to access medical care for cancer. Some specific challenges discussed at the community meetings include:

- Even those who have a green card or other legal immigration status often do not have access to insurance.
- People with undocumented status face specific challenges related to their legal status.
- Fear of deportation: some are concerned that engaging in the medical system in any way will result in deportation, which means they often do not access screenings, diagnostic services, or care when they need these services.
- Although the medical system is complex for many people to access, immigrants who are unfamiliar with everything about the United States' medical care system may not know where to start when obtaining needed care.

PLAN TO IMPROVE HEALTH OF MOMS AND NEWBORNS

Priority: Reduce the incidence of infant mortality, enhance prenatal and lactation education, improve access to community resources for mothers and newborns.

Rationale: According to representatives at Philadelphia Dept. of Public Health, the most serious health problems for this are related to the health of women and infants, safe sex and reproductive health for teenagers, chronic diseases and environmental issues that impact health. The infant mortality rate in the North Philadelphia Community at 10 infant deaths/1000 live births is greater than the 2020 goal of 6 per 1000 live births. The service area infant mortality rate is higher than the rate in Philadelphia, Montgomery County, and Southeastern Pennsylvania. In addition, the TUH service area low birth weight rate (118) is higher than the Philadelphia, Montgomery County, and South Eastern Pennsylvania rates. Access to existing community resources, such as nutritional supplements, and life style choices are contributing factors. Through changing behaviors and increasing access to appropriate nutrition, comprehensive breast feeding support, the focus on good nutritional habits and reduction of poor choices will improve infant health.

Goals:

1. Promote breastfeeding through patient, family, peer support, and nursing staff education programs.
2. Expand hospital and community partnerships in furtherance of breast feeding Program, Baby Friendly Designation, as well as community resources offered at Temple University Hospital and Episcopal Hospital.

Available Resources:

- Access to community resources for food and nutrition through Pennsylvania's Women's
- Infant and Children program (WIC).
- Access to an International Board certified Lactation Consultant for training nursing staff on teaching successful lactation skills.
- Physician, Nursing, and practice staff training and education for program development and implementation
- Parenting classes, through Temple University Hospital's Northeastern Campus
- Smoking Cessation though Philadelphia Department of Health's Smoke Free Philadelphia program
- Community health workers knowledgeable in effective communication skills and community resources to coordinate care across the continuum with both practice based and community resources.

Implementation Team:

Executive Sponsors:

- Dr. Enrique Hernandez., Chairman, Obstetrics and Gynecology, Temple University Hospital
- Elizabeth Craig, CRNP, DNP, VP and Chief Nursing Officer, Temple University Hospital

Team Members

- Dr. Gail Herrine, Director Lactation Services Temple University Hospital
- Dr. Heidi Taylor, Medical Director, IICN
- Cheryl Selden–Klein, RN
- Tosha Lee, RN
- Danielle Healy, PA

- Patricia McMahon, PA
- Lorna Braunsar, Nurse Manager, TUH,
- Lilibeth Velasco, Nurse Manager, Infant Intensive Care unit
- Additional TUH taskforce and committee members

Community participants
- Maternity Care Coalition: Naima Black, Bette Beglier, Katja Pajur

Action Plans:
- Expand utilization of obstetric and pediatric based community health worker program
- Continue to pursue Baby Friendly Designation and enhanced lactation services in obstetrics and pediatrics practices
- Expand collaboration with community partners to improve access to prenatal care, healthy food and promote lactation. Establish formal meetings with community partners to understand effectiveness of programs.
- Improve communication on the health status of pregnant mothers though collaborative practice arrangements.
- Reduce smoking and alcohol consumption thought promoting smoking cessation and alcohol use awareness
- Establish a Peer Support program with Maternity Care Coalition
- Continue our support of the City of Philadelphia's MOM program, which connects mothers and their babies from birth through age 5 are connected with social, educational, and healthcare supports.

Objectives:
- Improve compliance with prenatal visits, by 10 %.
- Increase breast feeding initiation to a rate of 30 %.

Communication:

- Focused prenatal education (Co-ffective) and breast feeding education for all Obstetricians and Resident physicians
- Actively engage in the Maternity Care Coalition Programs
- Monthly review of progress and outcome data at departmental meetings
- Establish a quality dashboard for regular reporting
- Utilize the Temple University Hospital Nursing newsletter to communicate progress
- Unit based staff meetings
- Community Lactation meetings
- Quarterly Physician Practice and Health Center visits to engage community providers on all initiatives

Estimated Budget:
We expect our year one expenses to be about $200,000 to cover the salary and benefits of research coordinator, nursing staff, community health workers, patient and community education materials, transportation, meetings with patients and families, and other related costs.

PLAN TO ADDRESS OBESITY AND OVERWEIGHT

Priority Area: Improve general knowledge of healthy food choices, and identify resources to aid in nutrition education.

Rationale: Obesity is an epidemic that has disproportionately affected our community and cuts across all age groups. In the TUH service area, 85% of adults do not reach the recommended daily goal of 4-5 servings of fruits and vegetables daily. One-quarter of adults do not participate in any exercise and one-half exercise fewer than three times a week. Programs that raise awareness of the health dangers and morbidity created by overweight and obesity, including diabetes and heart disease, are the focus of this priority area. Weight control and prevention of an abnormal body mass index (BMI) begins with healthy food choices. Community members would like more access to information and training surrounding dietary needs and nutrition.

Goal:

- Continue to strive towards meeting the goal of Health People 2020 to reduce adult obesity to 30.6%
- Expand collaboration with community partners to focus efforts on specific programs for nutrition and weight management education with in the hospital and in community
- Integrate nutrition education into all patient education materials, classes and group session (for example: preoperative joint replacement classes, transplant support groups, brown bag cooking demos)
- Expand partnership with the City Department of Health and procurement vendors (i.e. Common Market, Food for Families, Food Trust, etc.) to develop a Farm Stand and community distribution options

Available Resources:

- Hospital Nutrition Services, certified nutritionists
- TUH television programming
- Department of Nursing Education
- TUHS Government and Community Relations.

Implementation Team:
Executive Sponsors

- Elizabeth Craig, RN, CRNP, VP and Chief Nurse Executive
- Adam Messer, Associate Hospital Director, Perioperative Services

Team Members and Community Participants

1. Joseph Moleski, Director Food and Nutrition
2. L. Harrison Jay, Temple University Office of Community Relations
3. LuAnn Kline, Associate Hospital Director
4. Jeff Slocum (Nurse Navigator - Manager Community Health Workers, Temple University Center for Obesity Research and Education
5. Catherine Bartoli, City of Philadelphia, Department of Public Health

Objectives:

- Implement two community education programs related to nutrition
- Develop a comprehensive program for distribution of produce (farm stand, foodbucks)
- Establish two additional collaborative relationships to broad reach and effect community

- obesity rate

Action Plans:

1. Develop the Philly Food Bucks Program for TUH and our immediate community.
2. Collaborate with human resource programs at TUH to address employee obesity and provide nutritional education opportunities.
3. Continue to expand Good Food, Healthy Hospitals efforts and integration of healthy choices in all aspects of our Food and Nutrition Division.
4. Enhance healthy menu choices in the hospital cafeteria; identify healthy foods for both employees and visitors inside the hospital.
5. Implement nutrition chapters for current patient education program
6. Coordinate educational resources over continue of care.

Communication:

- Communications tools to reach all Temple Health and Temple University stakeholders are already established and available for use.
- Communications, PR and Marketing teams at Temple Health will be utilized to develop and market nutrition education programs and promote the efforts of this team.

Budget: We expect our year one expenses to be about $100,000.00 to cover the salary and benefits of nursing, community resources, food and nutrition staff. Patient and community education materials, transportation, meetings with patients and families, and other related costs.

PLAN TO IMPROVE ACCESS TO MENTAL HEALTH RESOURCES

FY 2017 -Plan to improve Access to Mental Health Resources- Expansion and Coordination of Substance Abuse Services

Rationale: There is an epidemic of opiate and substance use in the Country and in North Philadelphia. More than 70% of the patients presenting to the Temple University Hospital-Episcopal Campus Crisis Response Center have substance abuse issues. The Department of Behavioral Health and Intellectual Disabilities has asked Temple to expand and coordinate services within the North Philadelphia Community to better address these issues.

Goal: Expand capacity within the North Philadelphia Community to assess and treat community members with substance abuse issues. Temple will expand services within the Crisis Center and inpatient behavioral health service and form a network of providers in the community to provide a full continuum of care for patients with substance abuse issues. This network will include but not be limited to:

- Temple University Hospital-Episcopal Campus
- Temple University Hospital
- Comhar Community Mental Health Center Inc.
- Sobriety Through Outpatient, Inc.
- Northeast Treatment Center
- PMHCC Community Treatment Team
- The Wedge
- Community Behavioral Health, BHSI and DBHIDS
- Provider(s) yet to be determined for services not provided by the other entities

Available Resources: The Episcopal Campus of Temple University Hospital is the primary location for behavioral health services within the Temple University Health System. The Episcopal Campus has 74 adult acute psychiatric and 44 adult extended acute psychiatric beds. In addition, a Crisis Response Center that is open 24 hours per day, 7 days a week serves is available to treat adults 18 years of age and older who are in a psychiatric emergency. Children and adolescents experiencing psychiatric emergencies can be triaged on the campus and are then sent to the one city sponsored child and adolescent crisis response center which is located within 10 miles. The Campus is also the site for the Temple University Medical School Department of Psychiatry Out-Patient Clinic. This clinic is primarily a teaching site for the department's residency program and provides care for adults, children and adolescents. Each entity within the health system also has consultation liaison psychiatrists who care for inpatients at each site. Temple University Hospital-Episcopal Campus provides comprehensive inpatient services and refers patients for after care treatment to mental health outpatient and substance services through linkage agreements with more than 40 outpatient, rehabilitation and substance abuse treatment facilities in the Delaware Valley. The other entities in the proposed network currently provide, or have plans to implement drug and alcohol services.

Implementation Team:

Executive Sponsors

- William R. Dubin, MD, Chair and Chief Medical Officer, Temple University Hospital-
- Episcopal Campus
- Kathleen Barron, Executive Director, Temple University Hospital - Episcopal

- Campus

Team Members

- Team Leader, Doris Quiles, MSN**,** Associate Hospital Director for Behavioral Health
- LJ Rasi, MSW, Director of Behavioral Health Care Management
- Yasser Al-Khatib, MSN, Nurse Manager, Crisis Response Center
- James Graham, Attending Crisis Response Center
- Mary Morrison, Vice Chair, Research

Community Participants

- William Parfit, Executive Director, Comhar Community Mental Health Center
- Lisa Kramer, Director of Adult Services, Comhar
- Debra Sharp, Project Director Sobriety Through Outpatient
- Designee from Northeast Treatment Center
- Designee from Community Behavioral Health, and the Department of Behavioral Health and Intellectual Disabilities
- Designee from Wedge
- Designee from PHMCC
- Designees from other entities to be identified

Process would be- Temple CRC> (Assessment and triage>, crisis intervention-> Stabilization in 23 hour bed if need be> Inpatient Temple- possible detox for co-occurring> discharge to a network provider for drug and alcohol rehab or dual diagnosis treatment> recovery house- rehab- IOP, outpatient- medical evaluation and treatment if necessary> back to Temple Crisis if needed

Objectives:

Temple-Episcopal will provide substance abuse assessment, treatment and referral to the next level of care via a dedicated network of community providers for an additional 3600 patients per year. Care will be delivered by all providers in the network using evidenced based treatment.

Action Plan:

- The TUH-E Crisis Response Center will accommodate an additional 300 patients per month seeking drug and alcohol services by January 2017
- Expand use of 23 hour beds for drug and alcohol patients by January 1, 2017
- CRC attending to become certified in administration of Suboxone- January 2017
- Explore costs for expansion of space for the CRC to provide services of to support the additional volume of patients by November 2016
- Identify one Acute Care unit-at Episcopal to specialize on working with patients with Co-occurring disorders by October 15, 2016
- Review Educational needs of staff- offer classes to Episcopal staff starting October 30, 2016
- Conduct an inventory of programs and services at each of the identified network facilities to establish services available within the group by October 30, 2016
- Assist each entity in identifying other services and programs they want to expand and lend written support for their applications for licensure in each area by November 15, 2016
- Identify gaps and needed services that the identified network providers are not currently offering by November 30, 2015
- Identify additional community providers who can provide services that are needed by December 30, 2016

- Facilitate meetings with all stakeholders to determine access points and patient flow. Develop formal linkage agreements with each entity outlining services to be provided, criteria for admission, clinical information needed and access points to be used. October 1, 2016 and ongoing
- Provide Crisis Response, Inpatient and Emergency Medical Services to all patients referred from any member of the network- **immediately**

Communication:

- We will provide training to social work departments and emergency departments throughout the health system on available resources and will make them available on line for review at all times. We will facilitate the placement of information about the availability of services on the Temple and city wide websites
- We will work with public relations to establish a communication plan

Estimated Budget

Temple-Transportation costs- for discharge and transfers- $25,000-$30,000

Additional staff for both the CRC and inpatient unit- Crisis Response Technicians, Director of Drug and Alcohol Services-, Drug and Alcohol Counselors, and Peer Specialists, $600,000-$800,000

Construction costs for stabilization Unit- or CRC expansion, $300,000

Training Costs- $20,000

Resource materials and Communications- $10,000

PLAN TO REDUCE GUN VIOLENCE

Priority: To strengthen awareness of gun violence in an effort to decrease hospitalizations, reduce barriers to preventative health care, and to improve quality of living in our underserved community.

Rationale: In 2015 alone, 1,238 people – half of who were ages 24 and under – were shot in the city. A person was shot, on average, every 7 hours during this time and there were only 21 days in the city last year when one or more people did not suffer a gunshot injury. Since 2002, more than 22,000 people have been shot in Philadelphia. Today, gun homicide is the leading cause of death for African American men ages 15 to 24.

Goal: Reduce the occurrences and consequences of firearm injury in the city generally, and in North Philadelphia specifically, by offering community-based education, training and resources to areas most impacted by gun violence. Temple University Hospital has committed to a plan to strengthen awareness of firearm injury and gun-related mortality.

Available Resources:

Temple University Hospital currently operates four gun injury prevention and intervention initiatives through its trauma department:

- **Cradle to Grave** – a nationally recognized program that brings at-risk individuals into the hospital to educate them about the medical realities of gun violence.
- **Turning Point** – an award-winning intervention that connects gunshot victims with personal and education counseling, employment placement, and housing assistance in an effort to reduce the likelihood of retaliation and reinjury;
- **Project Fighting Chance** – a nationally recognized program that prepares community members to administer first aid in the wake of a shooting.
- **Safe Bet** – a community based program that seeks to reduce occurrences of unintentional firearm injury among children by raising awareness and distributing free gun locks.

Partnership with Community Organizations or Government Agencies:

For **Cradle to Grave**, Temple University Hospital collaborates with juvenile justice programs, traditional and alternative schools, and community organizations throughout Philadelphia to participate in the program. Temple has partnered with NorthEast Treatment Centers – which in turn partners with such organizations as Urban League of Philadelphia, PowerCorps PHL, and Project Home – to deliver career and health-related services to patients participating in the **Turning Point** program. TUH teams up with local community organizations, as well as members of the Philadelphia Police Department and the Philadelphia Fire Department, in order to provide **Project Fighting Chance** trainings to as many North Philadelphia residents as possible. Finally, TUH's **Safe Bet** program collaborates with a number of community organizations, churches, and anti-violence activists – as well as city law enforcement agencies, Philadelphia City Council, and the Philadelphia District Attorney's Office – to provide free gun locks to Philadelphia residents.

Implementation Team

Cradle to Grave (C2G) programs is an initiative of Temple University Hospital's Trauma

- Program; it depends on the contribution of the following staff:
- Amy J. Goldberg, MD – Director of Trauma Program
- Scott P. Charles, MAPP – Trauma Outreach Coordinator
- Dionne Tyler – Manager, Surgical Pathology
- Greg Jackson – Pathology Technician
- Fourth- and fifth-year trauma resident volunteers

Fighting Chance is a joint effort between Temple University Hospital's Trauma and Emergency Medicine Departments; it depends on the contribution of the following staff:

- Scott P. Charles, MAPP – Trauma Outreach Coordinator
- Tim Bryan, DO – Assistant Director Emergency Medical Services
- Trauma nurse volunteers
- Emergency Department nurse volunteers

Turning Point **and** ***Safe Bet*** **Programs**

Scott P. Charles, MAPP – Trauma Outreach Coordinator

Action Plans:

- The C2G program will bring young people into the hospital as students – and ultimately
- improve their attitudes towards gun violence – in order to offer a countermeasure to the cultural influences that might bring them here as patients.
- Turning Point will recruit recent victims of gun violence to participate in the program so that they might improve the personal and social circumstances that might otherwise contribute to future reinjury.
- Project Fighting Chance will prepare neighbors living in communities with high rates of firearm injury to act as first responders in the wake of gun violence.
- The Safe Bet program will work with organizations and community leaders in North Philadelphia specifically – and Philadelphia generally – to increase awareness about and access to gun locks.

Objectives:

- Using Cradle to Grave's evidence-based approach, the program will educate at least 1,200 at-risk individuals about the medical realities of firearm injury.
- Cradle to Grave will expand its reach to include more adult participants such as parents of at-risk youth and formerly incarcerated men and women.
- Turning Point will seek to increase access to mental health, education and employment opportunities for 75 victims of gunshot injury who are treated at the Temple University Hospital.
- Over the next year, the Safe Bet program will distribute at least 2,000 gun locks to Philadelphia residents, with a focus on those living within Temple University Hospital's footprint.

Estimated Budget:

The anticipated one-year operational costs for each initiative are as follows:

Cradle to Grave: $120,000

Turning Point: $130,000

Project Fighting Chance: $75,000

Safe Bet: $7,500

PLAN TO STRENGTHEN CULTURALLY COMPETENT CARE

Priority Area: To provide staff and physicians with education and resources to deliver culturally competent care.

Rationale: Health care outcomes are better when health care providers understand and can communicate with patients in manners sensitive to the patient's cultural background.

Goal: To improve health care outcomes by educating care providers how to provide culturally competent care

Available Resources:
Linguistic and Cultural Care Department, Temple University Hospital

Implementation Team:
Executive Sponsor
Angel Pagan, Director of Linguistics and Cultural Care, Temple University Hospital

Team Members and Community Participants
Linguistic and Cultural Care Department, Temple University Hospital

Objectives:
- Promote awareness of health disparities through the annual Cultural Competence in Healthcare Symposium
- Improve interpretive services
- Develop new Temple Health educational resources for culturally competent care.

Action Plans:
- Hold the 5th annual Cultural Competence in Healthcare Symposium in May 2017
- Research the interpretive communication industry for new and innovative resources to provide culturally competent communication. Implement real time web based interpreter services for languages in addition to American Sign Language.
- Utilize the recordings of all of the previously produced Cultural Competence in Healthcare symposia to provide educational webinars on line.

Communication:
Educational offerings will be communicated to Temple University Health System Providers and Staff through announcements via email, lobby television postings, and verbal announcements at leadership meetings.

Budget: $606,000 – professional fees for interpretive services

APPROACH TO UNMET NEEDS

Cancer Management. The American Oncologic Hospital of the Fox Chase Cancer Center, a member of the Temple University Health System, has established this as one of its health priorities, and is implementing programs to serve all our member hospitals and communities. Located on the same campus as Jeanes Hospital, we will work with Fox Chase to strengthen access to cancer care in our communities.

Dental Care. The provision of dental care is beyond the mission and available resources of Temple University Hospital. However, the Temple University Kornberg School of Dentistry (KSOD) is a major provider of care for Philadelphia's underserved residents. The KSOD contains the largest orthodontic clinic for patients covered by Medicaid in the region. Agreements with dental companies allow the school to provide dental implants to underserved patients at a relative low cost. The KSOD's emergency clinic is the largest in Pennsylvania. The KSOD also has a strong collaboration with local FQHCs and City of Philadelphia Health Centers. In addition, the KSOD's Project ENGAGE is a partnership with Pennsylvania's Department of Human Services, United Healthcare and the Colgate-Palmolive Company that coordinates dental care for children in the low income neighborhoods surrounding Temple University Hospital and the Temple University Health Sciences Campus.

Access to Health Insurance. Temple University Hospital Social Services Departments can connect destitute patients with community-based social services, including free transportation services and clothing to destitute patients upon discharge, and free pharmaceuticals, co-pays and medical supplies that provide our most vulnerable patients with the resources they need to help them heal after discharge.

In addition, our Financial Counseling Department ' s counselors screen all uninsured and underinsured patients (including those with high deductibles and co-pays) who are hospitalized or require elective outpatient hospital services to determine their eligibility for government funded medical insurance coverage such as Medicaid, CHIP, and Adult Basic. While we will continue to connect our patients with insurance options, we do not have the resources to mount an extensive outreach into the community. This function can be carried out by area health insurers, who are expected to conduct significant outreach efforts in connection with the implementation of health insurance exchanges as provided for under the Affordable Care Act of 2010.

Smoking Cessation and Support Services: Although Temple University Hospital did not identify this as a priority for standalone new programing; we are continuing our smoking cessation programs as described Section 2, which outlines our current programs to improve community health. In addition, we are weaving these programs into other programs described above such as our plans to improve the health of moms and newborns, and our plans to improve heart and vascular health.

Access to Primary and Preventative Care: As a hospital, Temple University Hospital does not have the resources to address the comprehensive primary care needs in our community. However, as discussed in Section 2, we developed many programs to reduce barriers to care, such as our Cradle to Grave, social services, community outreach, and financial counseling. In addition, our affiliated network of community physicians, Temple Physician's, Inc., as well as the faculty practice plan of Temple University Physicians, provides access to our low income community for both

primary and specialty services. All Temple physicians, whether community or faculty based, accept patients covered by Medicaid. Temple University Hospital is also a partner with the City of Philadelphia, the Philadelphia Corporation for Aging, and the United States Department of Health and Human Services, other hospitals and community stakeholder in efforts to strengthen access to primary and preventative care.

PLANNING FOR A HEALTHIER POPULATION

Temple University Hospital is committed to improving the health of the communities we serve. While our Implementation Strategy provides a broad outline of our current plans, we will continue to develop and refine our approach moving forward. In so doing, we plan to work with the City of Philadelphia's Department of Public Health and Department of Behavioral Health and Intellectual Disabilities to integrate our community outreach and education initiatives with theirs to make more efficient and effective use of resources already available, and to align our efforts, as appropriate, with public health priorities. In partnership with community organizations, other health providers, the City of Philadelphia, the Commonwealth of Pennsylvania and the Temple family of hospitals and physicians, we hope to improve the health of our population and the quality of living in the neighborhoods we serve.

Temple Center for Population Health

As a member of the Temple University Health System, Temple University Hospital will continue to align its efforts with the Temple Center for Population Health (TCPH), which was created in 2014 to support the clinical and financial objectives of Temple Health in attaining a sustainable model of health care delivery through clinical and business integration, community engagement and the implementation of medical and nonmedical interventions to promote high value care, improved health outcomes and academic distinction.

Consistent with federal health priorities of providing better care, ensuring smarter spending and building healthier communities, The TCPH is utilizing a series of population health building blocks to unite clinical and business models into a cohesive and robust series of programs. These include:

- Value-Based Contracting – TCPH works with Temple Health hospitals and ambulatory practices in partnership with third party payers to share risk and provide high value care to our patients
- A strong primary care model supported by a network of 27 NCQA-designated level three Patient Centered Medical Homes (PCMHs) in North Philadelphia.
- A burgeoning medical neighborhood model to support high value, efficient care that includes not only primary care, but specialty care delivered in a timely manner
- A network of alliances and partnerships with community agencies and organizations, many of whom specialize in managing the non-medical health-related social needs of our patients that ultimately influence health outcomes
- A robust care management infrastructure that identifies patients at risk for recurrent health care issues and intervenes to provide medical and non-medical support utilizing nurse navigators and community health workers
- A connected and cohesive care delivery and transitions of care of care model implemented to assure a high level of communication and care when a patient is transferred to a different care setting or is discharged home
- Community Engagement focused on provider and community agency partnerships and community leaders
- Electronic Health Information Exchange (Health Share Exchange) to assure that electronic information is securely transferred and is available to health care providers across our region as needed

Key Programs for High Value Care

The TCPH coordinates and supports patient and family care by focusing on quality indicators and assuring accurate and timely communication between providers and between providers and patients. This is achieved through a variety of inter-related programs including:

Nurse Navigation: The TCPH nurse navigators are registered nurses who work with and in physician practices to improve patient outcomes related to quality measures, including the Healthcare Effectiveness Data and Information Set (HEDIS) measures. These measures are focused on management of chronic diseases including hypertension and diabetes; appropriate cancer screening; immunizations; appropriate use of medications and smoking cessation. The nurse navigators also smooth the way for transitions of care from the inpatient to the outpatient setting, calling patients shortly after discharge to make sure they are managing at home, understand their medications and have access to and appointments for timely post-hospitalization follow-up. Nurse navigators play a vital role in population health management.

Community health workers (CHWs): Temple University is a national leader in training and utilizing CHWs as coaches and support for patients with chronic disease and high utilization of health services. These individuals live and work in our community and visit our patients in their homes to link the patients with the support they need to enhance their care and health outcomes. The CHWs serve as liaisons between the patients and their providers to improve compliance with the care plan and prevent unnecessary emergency department visits and readmissions.

Wellness programs and chronic disease management: TCPH provides chronic disease management services and calcium score screening for defined populations affiliated with organizations that are self-insured. These programs identify individuals at risk for health issues and intervene to prevent progression of disease.

The Skilled Nursing Home Collaborative: Initiated by the TCPH, this group of 15 skilled nursing home facilities and rehabilitation centers caring for Temple Health patients is working to reduce readmissions from the post-acute setting by establishing a clinical communication strategy, metric standardization and a care management competency inventory. A similar program, called the Home Health Collaborative, was developed with six home health agencies to reduce preventable readmissions by increasing use of the call center for discharge problem solving, development of a surgical wound discharge dressing kit, education on medication reconciliation and documentation, and patient education related to the use of after-hours call systems.

Transition of Care Program: In collaboration with the Temple Access Center, the TCPH transitions of care program provides post-acute care contact for patients discharged with diabetes, congestive heart failure, COPD, pneumonia, falls and complex wounds. The program schedules follow-up calls to assure that patients are compliant with scheduled appointments and helps resolve open issues. Complex problems are escalated to nurse navigators.

Drug Utilization Program: The TCPH pharmacist coordinates with Temple Health ambulatory practices to optimize the use of pharmaceuticals, reconcile medications, avoid poly-pharmacy in the elderly and implement guidelines for the use of Hepatitis C medications.

Collaborative Programs within Temple Health

In addition to TCPH-based programs, TCPH partners with all members of the TUHS family to create special programs to meet the needs of our patients, families and communities. For example:

- In collaboration with the TCPH, Jeanes Hospital Home Health has established a management agreement with Bayada to form Temple Health at Home, a hospital-based home care program providing skilled nursing, physical therapy, and social work services to Philadelphia and surrounding counties

- In collaboration with the TCPH, Temple Physicians, Inc. (our community-based physician practice) has partnered with KleinLife, a community center with a focus on senior services, including recreation, medical care, educational programs, meals, transportation and group programs. TPI offers an office-based practice in the KleinLife Community Center staffed by a physician and a nurse practitioner. Temple's Kornberg School of Dentistry provides dental services there, and home care services are provided by Temple Health at Home. This is an example of how coordinated programs can come together to provide multiple services to a vulnerable population under a single roof.

- In collaboration with the TCPH, Temple University Hospital is exploring ways of providing alternative care models to patients who utilize the Emergency Department for primary care needs. By providing the services of a Federally Qualified Health Center in proximity to the ED, the primary care needs of patients will be addressed in a comprehensive and longitudinal manner, reducing the low acuity emergency visit volume.

- In collaboration with the three Temple Health hospitals, Temple University Hospital, Jeanes Hospital and the American Oncologic Hospital at Fox Chase Cancer Center, TCPH participates in the Community Health Needs Assessment (CHNA) process, reporting and development of action plans to address community-specific needs.

Collaborative Programs on Local, State and National Levels

The TCPH collaborates with a number of health care providers external to Temple Health to improve communication and transitions, and deliver high value care. These include Federally Qualified Health Centers, City Health District Clinics and community primary care practices. We also work with city, state and federal government agencies on the implementation of grant-funded programs to create resources for specific populations of patients. For example:

- The Diabetes Prevention Program (DPP) funded by the Center for Disease Control (CDC) through the Philadelphia Department of Health. At the core of this program, is the training of CHWs as peer coaches to target pre-diabetes, hypertension and obesity. The program includes patient education for newly diagnosed hypertension. The patients who have benefited from this grant are in TPI practices, at the KleinLife Community Center, at the Bright Hope Baptist Church, or are part of the Law Enforcement Health Benefits program.

- The TCPH was invited to participate in a practice transformation network called the Transforming Clinical Practice Initiative (TCPI), a Center for Medicare and Medicaid Innovation (CMMI) grant, awarded to Vizient. The collaborative is designed to provide tools and data to support performance improvement. Metrics have been selected that support the clinical and business imperatives of TPI and TUP. The focus is on the patient experience,

improvement in care coordination and a reduction of gaps in care. The collaborative is designed to prepare providers for alternative payment models being considered by CMS for implementation in the near future.

- TCPH participated on the population health subcommittee for the Health Innovation Plan of Pennsylvania, the Department of Health State Innovation Model (SIM) grant application led by Secretary of Health, Karen Murphy.

- TCPH submitted an application for the Affordable Care Act Funding Opportunity: Accountable Health Communities to access whether systematic screening and identification of unmet health-related social needs and addressing these needs in a comprehensive coordinate and efficient fashion decrease the cost and increases the quality of care for CMS beneficiaries. The North Philadelphia Accountable Health Community (NPAHC) was developed to meet the obligations of the grant. The coalition includes nine provider sites and 19 community service organizations focused on addressing food insecurity, utility access, transportation, housing insecurity, interpersonal violence and substance abuse. The grant application required the support of the State Medicaid Agency, the Pennsylvania Department of Human Services. CMS will announce grant recipients in 2017.

Collaboration with the Lewis Katz School of Medicine at Temple University

As part of the academic mission of Temple Health and the Lewis Katz School of Medicine, the TCPH contributes to the undergraduate and graduate curricula for teaching population health in collaboration with the Temple Center for Bioethics, Urban Health and Policy. This collaboration includes conducting research to compare different models of care and interventions focused on enhancing the delivery of high value care.

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