



TEMPLE UNIVERSITY HOSPITAL

Community Health Needs
Implementation Strategy

FY15 Progress Report

 **TEMPLE HEALTH**

Community Benefit Implementation Plan
Temple University Hospital
Summary of Progress for the Period July 1, 2014 through June 30, 2015

Based on its Community Health Needs Assessment of April 2013, Temple University Hospital established the following priority areas to improve the health of its communities: (1) improve the health of moms and newborns; (2) address the dangers of obesity and overweight BMI; (3) improve heart and vascular health; (4) improve access to mental health resources; (5) strengthen awareness of gun violence; and (6) strengthen practices for providing culturally competent care. Summarized below are the outcomes we achieved in these areas.

- I. Improve the Health of Moms and Newborns. In furtherance of our goal to reduce the incidence of infant mortality and improve access to community resources for mothers and newborns, we achieved the following outcomes:
 - a. Established a community health worker role within the Temple obstetrics practice focused on assisting women with high probability of delivering a high-risk infant.
 - b. Awarded Kellogg Foundation planning grant to develop comprehensive program inclusive of lactation, care coordination and post-discharge follow-up.
 - c. Developed an Infant Safe Sleep Program including a research study, patient and family education, and a “Baby Box”.
 - d. As a key strategy in improving compliance with prenatal care, established a comprehensive coordinated approach to Prenatal Care & education. Distributed *Coffective* Prenatal education materials in all prenatal practices that deliver at TUH.
 - e. Awarded an “EMPower Grant -Enhancing Maternity Practices -Breastfeeding” to support advancement of breast feeding education of patients, financial support for all phases of Baby Friendly Designation Application, and ongoing education of hospital personnel.
 - f. Established database to gain understanding of nutrition options. Working with USDA Women, Infants & Children Food & Nutrition Program (WIC) and City Health Centers and farm-to families to improve access to nutritional foods and to educate families.
 - g. Developed smoking cessation awareness and education program. In partnership with City of Philadelphia, we are exploring a community resource access plan.
 - h. Established a doula program in collaboration with the Maternity Care Coalition and Kellogg Foundation.
 - i. Continue our support of the City of Philadelphia MOM program, which connects mothers and babies from birth through age 5 with social, educational and healthcare supports.

- II. Address the Dangers of Obesity and Overweight BMI. In furtherance of our goal to improve general knowledge of healthy food choices and identify resources to aid in nutrition education, we achieved the following outcomes.
 - a. Established a hospital/community workgroup to identify methods to establish a healthy choice nutrition platform, including the City of Philadelphia and Common Market.

- b. Developed a collaborative relationship developed with the City Department of Health, Catherine Bartoli, who is leading research initiative related to Healthy Foods in hospitals.
- c. Established a biweekly delivery by Common Market for our TUH employees to encourage healthy choices.
- d. Created a coordinated program between nutrition department and cafeteria to establish healthy menu choices with caloric/fat content in the hospital cafeteria.
- e. In collaboration with City of Philadelphia, Department of Health, participated in an independent cafeteria assessment to improve healthy choices as well as Healthy Foods, Healthy Hospital Program
- f. Initiated a comprehensive list of nutritional resources and offerings for our community.
- g. Community based program completed with nutritional content, and “Brown Bag” ingredients for each participant.
- h. Maintained ongoing education programs related to diabetes and heart healthy focus. For example, additional Dining with Diabetes series was added in spring 2015.
- i. Initiated for new integrated television system linked to patient education on nutritional.

III. Improve Heart and Vascular Health. In furtherance of our goal of improving the heart and vascular health of our communities by strengthening access to hospital and community based services, we achieved the following outcomes:

- a. Community Health Workers had interventions with 750 patients.
- b. For this past year Community Health Workers accompanied 851 patients to Doctor’s appointments.
- c. Community Health Workers have assisted in scheduling 848 visits-both new and follow up.
- d. Community health Workers have completed over 200 home visits.
- e. Two of our health insurers have experience less 30 day readmissions to the hospital since the Community Health Workers’ Program was initiated.

IV. Improve Access to Mental Health Resources. In furtherance of this goal, we achieved the following outcomes:

- a. Created a Consumer Mental Health Resource Manual.
- b. Translated the Consumer Mental Health Resource Manual into Spanish.
- c. Distributed the Consumer Mental Health Resource Manual to social work and clinical staff to Temple University Health System hospitals and social work staff at area hospitals. This resource manual is being used at:
 - Temple University Hospital-Episcopal Campus Crisis Response Center
 - Episcopal Behavioral Health Inpatient units
 - Social Work staff at Temple University Hospital
 - Community Health Workers at Temple University Hospital
 - Emergency Department and Social Work staff at Temple University Hospital, Jeanes, Aria-Frankford, Torresdale and Bucks County Hospital, Nazareth Hospital, and Holy Redeemer Hospital
- d. Provide training on mental health resources to Community Health Workers and Residence Hall coordinators for Temple University.

- e. Provide Consumer Mental Health Resource Manuals and training for the staff for the *Temple Health: Block by Block* Initiative, which connects community members with research studies and health programs at Temple University. This is a partnership between Temple Health and local residents that aims to better understand and address the health concerns and needs of communities in the North Philadelphia area.
- f. Participated in three health fairs and community education projects which served more than 1,000 participants

V. Strengthen Awareness of Gun Violence. In furtherance of our goal of strengthening awareness of the dangers of gun violence to reduce hospitalizations, reduce barriers to preventative health care, and to improve the quality of living in our underserved community, we achieved the following outcomes:

- a. Delivered our Cradle to Grave (C2G) program presentation to more than 1,300 Philadelphia residents, a significant number of whom were at-risk youth residing in North Philadelphia.
- b. C2G delivered a series of presentations modified for young offenders being detained at the Philadelphia Juvenile Justice Center. These presentations were given to more than 300 individuals through the facilities school program.
- c. Working with a medical illustrator from the University of Illinois at Chicago, C2G completed development of its program "Bullets and Bodies," which uses computer based instruction to enhance participants understanding of human physiology and gun-related injury.
- d. Trauma staff completed development of Project Fighting Chance, a community-based first-aid curriculum adapted from the Department of Defense's tactical Combat Casualty Training.
- e. Emergency Department nursing personnel were recruited to facilitate Project Fighting Chance with residents of communities with high rates of injury.

VI. Strengthen practices for providing culturally competent care. In furtherance of this goal, we achieved the following outcomes:

- a. Presented our Cultural Competency Symposium to over 130 staff and physicians of Temple Health, concentrating on health disparities among African Americans.
- b. Provided a brochure to participants on cultural issues of this population.
- c. Conduct assessment surveys with staff about the use of interpreters for our limited English proficient patients and the hard of hearing/deaf patients.
- d. Conduct medical records reviews of documentation about the use of interpreters.
- e. Obtained additional equipment for the hard of hearing patients.

Community Benefit Implementation Plan – Progress Report
Temple University Hospital
July 1, 2014 – June 30, 2015

Priority Area #1: To improve health of moms and newborns. Reduce the incidence of infant mortality and improve access to community resources for mothers and newborns. Owner: Betty Craig, Chief Nursing Officer			
Goal	Action Item	Progress	Outcomes
Improve the success of breastfeeding through both patient and nursing staff education programs. Create a hospital and community – partnership for the development of a breast feeding resource center, as well as a community support group offered at Temple University Hospital and Episcopal Hospital. Implement an obstetric based community health worker program within the Temple obstetric practice to focus on women who are at high risk for poor pregnancy Objectives <ul style="list-style-type: none"> ▪ Improve the number of prenatal visits by 20%. ▪ Achieve the Healthy People 2020 target of breast feeding initiation to a rate of 40%. 	Implement an obstetric based community health worker program within the Temple obstetrics practice to focus on woman at high risk for delivering a high risk infant.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Community health worker (CHW) role established. Continued work on assessment of patient needs and role delineation with high risk maternity population. Awarded Planning grant by Kellogg Foundation to develop comprehensive program inclusive of increasing lactation, coordination of care, and post discharge planning/follow up
	Collaborate with community partners to improve access to healthy food and promote physical activity.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Women & Infant’s team established community database to gain understanding of nutritional options available. Working collaboratively with WIC Philadelphia and Health Centers on nutritional education. Farm to Families program established in TUH clinic for patients
	Improve communication on the health status of pregnant mothers though collaborative practice arrangements.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Comprehensive review of all clinical practices and access points for TUH Women & Infants population. Established formal committee with representatives of each subdivision. Focused pediatrics sessions to better understand practice model and future integrations with newborn care
	Reduce smoking and alcohol consumption thought promoting smoking cessation and alcohol use awareness.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Smoking cessation awareness and education in progress. Community resource access plan along with City of Philadelphia resources being explored.
	Establish a Doula program.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	In collaboration with Maternity Care Coalition and the Kellogg Foundation, a doula program established with community trained women. Early impact for pregnancy and labor support encouraging. Program will be ongoing.
	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.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Ongoing collaboration with Maternity Care Coalition, City of Philadelphia, Health Centers to enhance prenatal education and post-partum/newborn wellness.
	Priority Area #2: Address the dangers of obesity and overweight BMI. Improve general knowledge of healthy food choices, and identify resources to aid in nutrition education. Owner: Betty Craig, Chief Nursing Officer		
Goal	Action Item	Progress	Outcomes
Meet the goal of Health People 2020 to reduce adult obesity to 30.6%.	Develop a hospital / community work group to identify methods to establish a healthy choice nutrition platform.	<input type="checkbox"/> Not started	Established Temple University Health System (TUHS) group representative of partners/programs in early phase. This past year additional collaborative relationships developed

<p>Collaborate with community efforts focused on nutrition and weight management.</p> <p>Integrate nutrition education into all patient classes and group session (for example: preoperative joint replacement classes, transplant support groups).</p> <p>Include an educational program on nutrition and weight management as part of the TIGR patient education programming available through the internal TV programming at TUH.</p> <p>Collaborate with human resource programs at TUH to address employee obesity and provide nutritional education opportunities</p> <hr/> <p>Objectives</p> <ul style="list-style-type: none"> ▪ Implement two community education programs related to nutrition ▪ Complete assessment of resources ▪ Establish two additional collaborative relationships to broad reach and effect community obesity rate 		<input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	with : City Department of Health, Catherine Bartoli, who is leading research initiative and will utilize TUH model for program development, Common Market VP and manager. Both parties are active participants in monthly meetings. Common Market offered to TUH with biweekly delivery
	Inventory community resources available to support nutritional education programs outside the hospital.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Initiated a comprehensive list of nutritional resources and offerings for our community.
	Establish healthy menu choices in the hospital cafeteria; identify healthy foods for both employees and visitors inside the hospital.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	TUH developed new menu choices and caloric intake of items added to cafeteria on select items. Plan to expand. Piloted a spoken menu with dietary education component for healthier choices post discharge, initiated expansion of program, Healthy Food assessment completed by DOH
	Implement 2 community based nutrition education programs.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Community based program completed in May 2015 with nutritional content, and "Brown Bag" ingredients for each participant. Current education programs also offered with diabetes and heart healthy focus. Additional Dining with Diabetes series added this spring 2015. Curriculum and additional opportunities are being explored.
	Implement nutrition chapters for current patient education programs.	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Plan initiated for new integrated television system linked to patient education. Krames On Demand materials being developed.

Priority Area #3: To improve heart and vascular health. To improve the heart and vascular health of our communities by strengthening access to hospital and community-based services and building patient navigation services.

Owner: Karen Javie, Chief of Operations, Temple Heart and Vascular Institute

Goal	Action Item	Progress	Outcomes
Establish and/or implement new mechanism to prevent exacerbation of HF and admissions and/or readmissions	<i>Based upon initial data analysis, the following programs are planned for Fiscal Year 2014:</i>		
	<i>Based upon initial data analysis, the following programs were planned for Fiscal Year 2016:</i>		
	<ul style="list-style-type: none"> • Enhance implementation of GranAides program/project • Evaluation of all patients admitted with a diagnosis of heart failure 	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	HF patients will have additional options/tools to manage their conditions

<p>Improve access to fresh fruits and vegetables to promote healthy eating and prevent/manage chronic illness</p>	<ul style="list-style-type: none"> • Providing education and intervention regarding medication management, nutrition, symptom management and behavior modification • Implement Cardiomens • Screen & identify appropriate patients • Identify nursing staff to facilitate <p>Create a report system to track</p>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Cardiomens , used appropriately, will predict two weeks ahead of normal symptoms to alert the providers who will then proactively intervene, avoiding hospitalization</p>
<p>Create a community educational experience focusing on:</p> <ol style="list-style-type: none"> 1. HF 2. Hypertension 3. Limb salvage <p>and engage local providers</p>	<ul style="list-style-type: none"> • Investigate companies or co/ops that provide the service • Identify space • Contract with a group /co-op to provide service • Identify timetable • Communication/advertise the service • Promote the market in TUP practices • Provide nutritional information <p>Partner with existing food stores/chains</p>	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Heart Failure patients in the community will have increased access to fresh fruits and produce. This combined with educational information will promote healthy eating, including decreased salt consumption</p>
<p>Investigate existing health screening programs for possible expansion in the community</p>	<ul style="list-style-type: none"> • Create content for all • Establish time lines for classes and speakers • Offer courses to patient via clinic • Connect with key community groups to inform and engage their members <p>Provide education initially on health campus – then investigate other community sites</p>	<input checked="" type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Additional educational experiences will provide knowledge to our patients to enable them to manage their health. The more information our patients/community has the more likely they will manage their disease.</p>
<p>Contribute to the knowledge base of the Community Health Workers thru education around pre/hypertension</p> <p>Objectives</p> <ul style="list-style-type: none"> • Reduce congestive heart failure readmissions by 10% from the existing base of 19.1% • Involve 2% of the community in the surrounding zip codes in heart and vascular health promotion education • Hold at least one community health fair on campus with a focus on CV health • Improve management of chronic and newly diagnosed heart failure patients thru 	<ul style="list-style-type: none"> • Investigate life line screening as a vehicle to provide services at a reduced cost / no cost • Assess opportunities to provide health fairs with a focus on CV health <p>List and evaluate TUHS screening activities</p>	<input checked="" type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Providing additional low cost / no cost screenings to our patients/community will enable early detection of problems and enable medical interventions.</p>

education and monitoring tools			
Priority Area #4: Improve access to mental health resources.			
Owner: Kathleen Barron, Executive Director, Episcopal Campus and Doris Quiles, Director of Behavioral Health Services			
Goal	Action Item	Progress	Outcomes
<p>Increase community Knowledge of mental health resources and access to mental health care.</p> <hr/> <p>Objectives</p> <ul style="list-style-type: none"> ▪ Provide information in user friendly formats via resource manuals, website links and participation in community health fairs. ▪ Partner with other community mental health providers in North Philadelphia area to distribute information about mental health resources and increasing access to mental health care. 	<p>Finalize members of the work group team by June 28, 2013. Responsible party – Director of Behavioral Health.</p> <p>Revised format to one to one meetings with each entity.</p>	<p><input type="checkbox"/> Not started</p> <p><input type="checkbox"/> In progress</p> <p><input checked="" type="checkbox"/> completed</p>	<p>Mental Health resource manual created in 2013 and is updated annually. This year added” Network of Care for Behavioral Health Website Link” and Smoking Cessation information and hotlines</p> <p>Consumer Mental Health resource manual was created in 2013, It has been updated in 2014 and 2015 to include new programs and update phone numbers. Updates included the new Network of Care for Behavioral Health website online program and smoking cessation information and hotlines.</p> <p>The resource manual was translated into Spanish in February 2015.</p>
	<p>Conduct first meeting of work group team by August 30, 2013. Responsible party – Director of Behavioral Health.</p>	<p><input type="checkbox"/> Not started</p> <p><input type="checkbox"/> In progress</p> <p><input checked="" type="checkbox"/> Completed</p>	<p>Staff Resource manual placed on Temple Intranet, for staff to access as needed in 2013. This resource manual was updated in 2014 and 2015 and will be done annually. Hard copies of the manual are provided to non-behavioral health social work staff at Temple and staff in community hospitals without behavioral health programs as a part of our outreach program .</p> <p>The consumer Mental Health resource manual is made available in the TUH-E Crisis Response Center, and is given to Social Work Departments at area emergency departments and hospitals. It is utilized in community health fairs and community educational programs in 2014, 2014 and 2015.</p> <p>The consumer resource manual is being used in:</p> <ul style="list-style-type: none"> • The Episcopal Crisis Response Center • Episcopal Behavioral Health Inpatient units • Episcopal Emergency Department • Social Work Staff at Temple University Hospital • Community Health Care Workers at Temple University • Residence Coordinators of Temple University • Health Fairs and Community Education activities • Area hospitals including, Aria Health System Hospitals, • Nazareth Hospital <p>Temple staff are able to order additional copies of the</p>

		<p>consumer resource manuals via RICOH TRAC</p> <p>In addition, the Resource Guide is being revised to be made more consumer friendly and will be posted on the Internet by September 2015.</p>
Participate in orientation program for Temple University Hospital - Community Health workers by August 2013, and each orientation thereafter- responsible party-Director of Social Work.	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	The Director of Social Work and Director of Utilization Management continued to provide orientation to Community Health Workers in 2013, 2014 and 2015
Initiate ongoing meeting of all Behavioral Health providers in the Temple Episcopal catchment area to discuss access to mental health care and facilitate creation of drop in appointments and welcome centers for those in immediate need. Starting August 30, 2013. <i>Responsible party- Director of Behavioral Health.</i>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	<p>The Director of Social Work and the Director of Utilization Management do outreach to outside facilities in the community to promote effective use of behavioral health resources. They along with the nursing supervisors are the key points of contact for referrals from outside facilities and the Community Health Workers 24/7. Temple now assists, Nazareth, Aria Frankford, Aria Torresdale, Holy Reedemer and Hall Mercer Crisis Center with the placement of patients into inpatient settings. The Temple Crisis Response Center provides ongoing assessment and placement of patients from all of these setting into all levels of care.</p> <p>The Director of Social Work and the Director of Utilization Management provided training to Social Work staff at Jeanes Hospital and at Temple University Hospital regarding mental health care resources. This will continue.</p>
Revise comprehensive manual of behavioral health resources in the Delaware Valley by October 30, 2013, and then update once a year. <i>Responsible party- Director of Social Work.</i>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> completed	<p>Mental Health resource manual created in 2013 and is updated annually. This year added" Network of Care for Behavioral Health Website Link" and Smoking Cessation information and hotlines</p> <p>Consumer Mental Health resource manual was created in 2013, It has been updated in 2014 and 2015 to include new programs and update phone numbers. Updates included the new Network of Care for Behavioral Health website online program and smoking cessation information and hotlines.</p> <p>The resource manual was translated into Spanish in February 2015. In addition, the Resource Guide is being revised to be made more consumer friendly and will be posted on the Internet by September 2015.</p>
Place revised comprehensive resource manual on Temple Intranet and assure access to all Temple Health System employees by January 30, 2014 and update annually. <i>Responsible party – Director of Social Work.</i>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/>	The user friendly comprehensive resource manual was uploaded on the Temple Intranet for all Temple employees to be able to access in October of 2013. It will be updated in the fall. We will need to publicize its availability more to the Temple staff.

		Completed	
	Develop consumer version of behavioral health resource guide in English and Spanish by March 30, 2014 and update annually. <i>Responsible party- Director of Social Work.</i>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	A user friendly consumer version of the resource guide was developed in English and Spanish and was published in January of 2014. It will be updated again next year. This resource manual is also distributed as a resource at local health fairs. We are also developing a user friendly one sheet resource guide to provide to patients and family. This resource will be developed in both English and Spanish to address the needs of our patient population as identified in the community health needs assessment.
	Make consumer version of behavioral health resource guide available for distribution to all TUHS Emergency Departments, and outpatient practices and clinics via IKON by July 30, 2014, update annually. <i>Responsible Party- Director of Social Work.</i>	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	The consumer version is currently being used in the Episcopal Crisis Response Center and was made available to the Community Health Workers. The book was loaded into RICOH Trac to facilitate access and utilization. We will need to disseminate information about how to order through RICOH Trac to all TUHS Emergency Departments and outpatient clinics.
	Provide educational sessions on Behavioral Health Resources to all Temple University Health System Social Work Departments by July 30, 2014. <i>Responsible party- Director of Social Work and ETAL.</i>	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Educational sessions about behavioral health resources were made to the to the Temple Social Work Department staff in the Fall of 2013, other sessions need to be scheduled at Jeanes and Fox Chase Cancer Center.
	Provide educational sessions on Behavioral Health Resources to at least 3 Temple University Health System outpatient providers, office managers and departments per year, starting August 2014. <i>Responsible party - Director of Social Work and ETAL.</i>	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Educational sessions were presented to the Community Health Workers, the Temple University Residential Counselors and the Temple Department of Social Service in the fall of 2013.
	Work with community behavioral health providers to provide education on mental health resources and depression screenings during community health fairs, Senior Expo's, on Mental Health Resources at least 3 per year, starting October 2013. <i>Responsible party - Director of Behavioral Health and Director of Social Work.</i>	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In progress <input type="checkbox"/> Completed	Participated in Senator Vince Hughes's <i>Breaking the Silence</i> conference in May 2014. We reached over 400 participants; participated in the Spirituality and Behavioral Health Resource Fair in May 2014 with the Department of Behavioral Health and Intellectual Disability. Served over 300 individuals. WE are scheduled to do a Mental Health Depression Screening day in June with the Office of Behavioral Health and Intellectual Disabilities.

Priority Area #5: Strengthen awareness of gun violence. To strengthen awareness of the dangers of gun violence in an effort to reduce hospitalizations, reduce barriers to preventative health care, and to improve quality of living in our underserved community.

Owner: Dr. Amy Goldberg, Director of Trauma and Scott Charles, Trauma Outreach Coordinator

Goal	Action Item	Progress	Outcomes
Reduce the number of young people in the city generally, and in North Philadelphia specifically, who suffer gun-related injuries. Temple University Hospital has committed to a plan to strengthen awareness of gun violence.	Collaborate with public and alternative schools, community organizations, and government agencies to identify adolescents who are deemed to be at greatest risk of becoming either the victims or perpetrators of gun violence.	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	During fiscal year 2014-2015, the Cradle to Grave Program presentation was delivered to more than 1,300 Philadelphia residents, a significant number of whom were at-risk youth residing in the North Philadelphia area.
	Expand the reach of C2G by developing a version of the program that can be delivered to young offenders who are currently incarcerated at The	<input type="checkbox"/> Not started <input type="checkbox"/> In progress	Between July 1, 2014 and June 30, 2015, C2G delivered a series of presentations modified for young offenders being detained at the Philadelphia Juvenile Justice Service

<p style="text-align: center;">Objectives</p> <ul style="list-style-type: none"> ▪ Between fall 2014 and summer 2015, bring 1,000 individuals through Cradle to Grave – the hospital’s gun injury prevention program – as a means to increase their knowledge about gun violence. ▪ Between fall 2014 and summer 2015, educate 300 incarcerated youth on the realities of gun violence. ▪ Between January and June 2015, train 150 residents to administer first aid to fellow community members injured by gun violence. 	<p>Philadelphia Juvenile Justice Center, the city’s residential juvenile detention facility.</p>	<input type="checkbox"/> Completed	<p>Center. These presentations were given to more than 300 individuals through the facility’s school program.</p>
	<p>Create a computer-based curriculum that can serve as a companion to C2G, allowing them to both prepare for and reflect on the program experience.</p>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Working with a medical illustrator from the University of Illinois at Chicago, the C2G program completed development of its curriculum, “Bullets and Bodies,” which uses computer-based instruction to enhance participants’ understanding of human physiology and gun-related injury.</p>
	<p>Adapt an evidence-based first aid curriculum used by the U.S. military so that residents living in neighborhoods experiencing high rates of gun injury can utilize it to assist fallen neighbors.</p>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>This year, trauma staff completed development of Project Fighting Chance, a community-based first aid curriculum adapted from the Department of Defense’s Tactical Combat Casualty Care training.</p>
	<p>Enlist and educate nursing staff on the use of the first aid curriculum so they can in turn train community members.</p>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Nursing personnel from the emergency department have been recruited to facilitate Project Fighting Chance with residents of communities suffering high rates of gun injury. Nurses will complete their training by mid-summer.</p>
	<p>Coordinate with organizations operating within communities suffering high levels of gun injury in order to deliver the first aid training to local residents.</p>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Project Fighting Chance is currently awaiting review from the Philadelphia Police Department, whose officers will need to be made aware of the initiative’s objectives and scope.</p>
	<p>Collaborate with public and alternative schools, community organizations, and government agencies to identify adolescents who are deemed to be at greatest risk of becoming either the victims or perpetrators of gun violence.</p>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	<p>During fiscal year 2014-2015, the Cradle to Grave Program presentation was delivered to more than 1,300 Philadelphia residents, a significant number of whom were at-risk youth residing in the North Philadelphia area.</p>
	<p>Expand the reach of C2G by developing a version of the program that can be delivered to young offenders who are currently incarcerated at The Philadelphia Juvenile Justice Center, the city’s</p>	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input type="checkbox"/> Completed	<p>Between July 1, 2014 and June 30, 2015, C2G delivered a series of presentations modified for young offenders being detained at the Philadelphia Juvenile Justice Service Center. These presentations were given to more than 300</p>

	residential juvenile detention facility.		individuals through the facility's school program.
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Priority Area #6: To strengthen practices for providing culturally competent care.
Owner: Angel Pagan, Director of Language Services

Goal	Action Item	Progress	Outcomes
To educate staff and physicians about the diversity of the clients/patients we serve.	Develop a Cultural Competency in Health Care Symposium to educate staff on the delivery of Cultural Competent care for African American patients	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	Committee members from all TUHS entities participated in weekly conference calls leading to the April 24, 2015 Symposium.
<p>To provide high quality safe care to patients with language needs including the deaf and hard of hearing.</p> <hr/> <p>Objectives</p> <ul style="list-style-type: none"> ▪ To educate staff and physicians about the diversity of the clients/patient we serve. ▪ To provide a 3rd Annual comprehensive Symposium on Cultural Competence to increase representation from each service line. ▪ To conduct a monthly review of 10 patient charts utilizing the limited English Proficiency Documentation Tool to measure the use of language resources. ▪ Add eight video phones for Deaf patients to communicate with family and friends while in the hospital. <p>To work with clinicians and nursing leadership to develop cultural competencies for identified patient population.</p>		<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	<p>This objective was completed. Over 130 staff members from all Temple Health entities participated in the April 24, 2015. This year the Symposium provided information to participants on Health Disparities Among African Americans.</p> <p>The program included a Keynote Speaker (Dr. Alliric Willis) who talked about: <i>Health Disparities, Cultural Competency and Implications for Quality Care</i>. The program included morning and afternoon breakout sessions, a presentation on the Gift of Life Organ Donation Program, which was followed by a panel of presenters that included community members. The breakout sessions included:</p> <ol style="list-style-type: none"> 1. <i>Alzheimer's Disease and Other Types of Dementia within the African American Community</i> Natalia Ortiz, MD Chief CL Psychiatry 2. <i>Nutrition & Diabetes within the African American Community</i> Ruth Christner, RD, LDN Casey McKinney, RD, LDN, CDE William Stallings Jr., MS, RC, CSSD, LDN 3. <i>The Challenges of Working with African American Patients who are Deaf and Hard of Hearing</i> Lesia Richman, President of The Communication Connection 4. <i>Achieving Cultural Competency in HealthCare, and its Impact on Healthcare Delivery to African American Patients</i> Deborah Crabbe, MD Associate Professor / Clinical Scholar
	Work with the Performance Improvement team to conduct tracer visits in patient care areas using chart review information. Provide on the spot	<input type="checkbox"/> Not started <input checked="" type="checkbox"/> In	This initiative is an ongoing process. After the chart review and based on findings, in-services were/are conducted in the selected patient areas. The

	education to staff on key areas of care, on language resources, and processes.	progress <input type="checkbox"/> Completed	findings are shared with the caregivers.
	Continue training for bilingual staff employees to become dual role medical interpreters to assist in communication with non-English speaking patients.	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	The Linguistic and Cultural Services team provided one Dual Role medical interpreter training sessions for FY15. There were 12 participants from all TUHS entities who successfully completed the process to acquire their credentials to function in this capacity.
	Addition of equipment to communicate with patients who are hard of hearing.	<input type="checkbox"/> Not started <input type="checkbox"/> In progress <input checked="" type="checkbox"/> Completed	We currently use lap tops for on-demand video remote interpreting for American Sign Language. The number of lap tops available was expanded this year. A proposal for a pilot program for the over the phone video remote interpreting system is in process for FY 2016. This new phone technology will provide on-demand American Sign Language, will be able to be used to amplify the sound for hard of hearing patients and will also be able to be used for other spoken languages.

rev. 7/23/2015