Covenant HealthCare FY21 Community Health Implementation Plan

Executive Summary

Going beyond the traditional Community Benefit reporting, the Affordable Care Act (ACA) of 2010 requires hospitals to conduct extensive community health needs assessments and to then develop board approved implementation plans regarding how the institution will address the needs of the community as identified through the assessment process.

Saginaw County has already been engaged in this kind of effort and has created a process which meets the mandate of the ACA. For several years, Covenant HealthCare has been a partner in the Saginaw County Community Health Improvement Partners network. This network of community partners has completed a comprehensive multi-year community health needs assessment which Covenant may use in meeting the mandate. The two lead agencies, Alignment Saginaw and the Saginaw County Department of Public Health, developed a structure that includes a Health Strategy Committee of which the Saginaw County hospitals, Covenant and St. Mary's of Michigan, are members. That committee oversees the work of three Action Groups, each focused on implementing actions to improve the status of three priority health concerns. Over 30 different partners have participated in this work. The latest Saginaw County Needs Assessment covers the period 2020-2023 and is the document being used by both Covenant and St. Mary's as the CHNA meeting the requirements of the Affordable Care Act.

Covenant's proposed Community Health Implementation Plan to address identified community needs is presented below. Covenant will integrate these implementation strategies for community health improvement throughout its strategic plan as it has in the past. Many of the implementation strategies are ongoing although several expanded and/or new programs are proposed to more effectively meet those community health needs identified by the community and Covenant as priorities.

Collaborative Planning Process – The Saginaw County Health Improvement Plan (CHIP)

The health assessment completed by the Community Health Improvement Partners, led by the Saginaw Co. Health Department, meets the requirements of the ACA. This assessment is called the Saginaw County Health Improvement Plan and has also been titled “Saginaw County Community Health Assessment 2020-2023.” This document serves as the community health assessment (CHA) that Covenant follows to develop effective community health initiatives included in the Covenant Community Health Implementation Plan.

The community-wide action planning process is led by the Saginaw CHIP Steering Committee, of which Covenant is a member, and three action groups. These action groups are focused on three priority community needs. Covenant supports the identified priorities, and those three arenas will serve as the focus for Covenant’s implementation plan

Relationship to the Community Benefits Report

The new mandated CHA and Implementation Plan go beyond the traditional community health benefit programs and reporting by focusing on programs and services that are in *direct* response to a defined community’s identified needs and that have *improved health* as an outcome.

Community Health Assessment & the Covenant HealthCare Community Health Implementation Plan

With more than 65% of Covenant HealthCare’s patients coming from Saginaw county, Covenant has identified Saginaw as the primary service area for the CHA. However, Covenant is also working closely with the Michigan Health Improvement Alliance (MiHIA) and supports initiatives identified in the regional CHA.

A. Prioritized Needs Covenant Will Address

The CHIP process identified three priority areas of health improvement needs:

- i) Mental Health
- ii) Infant Mortality
- iii) Obesity

Covenant's implementation plan addresses all three priority areas in based on the availability of community resources, the partnerships in place and the resources Covenant can direct to each of these areas. The following implementation plan identifies Covenant's existing and planned actions in each category. In addition, Covenant has elected to include a section for palliative care and for other initiatives that impact community health not included as one of the key areas identified by the CHA.

B. Identified Community Needs Covenant Will Not Address

The ACA requires hospitals to identify which needs, if any, they are not addressing in their current Implementation Plan and why. Covenant is involved in addressing all three action areas to varying degrees however it recognizes that it is not, and should not, be the leader in all areas but that working with appropriate partners it can optimize the use of resources by avoiding duplication and finding the most effective strategies available. In the first action area, Covenant HealthCare plays more of a supportive role to other community partners who are focused on mental health.

Each of the three Action Group areas has goals, objectives and actions. In many cases Covenant is working collaboratively with other community organizations; in other cases, Covenant is not a direct participant. The implementation plan below includes both areas as well as those activities which Covenant is pursuing internally.

C. Next Steps

The community-wide CHA was updated during 2019 and 2020 and rolled-out in the spring of 2020. Covenant will continue to be involved in this process and will participate in updating the CHA every three years as specified in the Affordable Care Act. Each year, Covenant will review and revise its Community Health Implementation Plan.

The FY21 Covenant CHIP is divided into the following five sections:

1. Mental Health
2. Obesity Related Chronic Disease
3. Infant Mortality
4. Palliative Care
5. Additional Community Health Initiatives

1. Mental Health

Initiative	*Lead*
Re-establish collaborative efforts to help facilitate getting medication assisted treatment in the ED for MAT.	Brooke Barnhill/Jill Toporski
Continue Covenant's opioid task force "Covenant's path to recovery".	Brooke Barnhill/Jill Toporski
Conduct community outreach on substance abuse.	Brooke Barnhill/Matt Deibel
Covenant provides ethanol screening and intervention. Our distracted driving programs entitled "Avoid Trauma, Don't Drive Distracted" also reviews how substance abuse can lead to accidents and adds to distractions.	Deb Falkenberg
We do alcohol screening and intervention for all patients utilizing the CGE questionnaire and the Quantity and frequency questions. For Pediatrics we use CRAFFT (Center for Adolescent Substance Abuse Research).	Deb Falkenberg
Provide CIPP (the Covenant Injury Prevention Program) initiatives to all our customers in a variety of settings including schools, community, health events, churches etc.	Deb Falkenberg
Increase awareness of suicide including prevention and postvention.	Deb Falkenberg
Expand current nurse coach program to focus on chronic disease management and mental health.	Erik Fielbrandt
Collaborate with Hope Not Handcuffs to provide service upon discharge to assist patients in getting placed to outpatient treatment centers.	Brooke Barnhill/Jill Toporski
Offer Autism Diagnostic & Treatment with Applied Behavioral Analysis Approach returning to CY 2019 volumes – recovering from Covid19 influence.	Christine Clayton
Participate and collaborate with the local school systems in the education and planning for Autism services.	Christine Clayton
Continue Bereavement Support for pregnancy losses beyond discharge from the hospital.	Kathy Bonn

2. Obesity Related Chronic Disease

Initiative	*Lead*
Provide Covenant Oncology Rehabilitation Education (CORE) which includes ongoing Health & Fitness Exercise classes & yoga post treatment to improve outcomes and quality of life for those diagnosed with cancer.	Sandy Johnson
Planned to team up with the Diabetes team to do joint community outreach and education.	Jackie Tinnin
Continue to provide lung screening/awareness.	Sandy Johnson

Continue to provide free smoking cessation classes/resources.	Sandy Johnson
Provide numerous support group offerings for Saginaw and surrounding communities for Oncology patients.	Sandy Johnson
Work with Outpatient Pharmacy on the Wellness program that will waive co-pays for diabetic medications and diabetic supplies.	Erik Fielbrandt
Partner with a vendor to help improve the overall health of those employees who are prediabetic and diabetic.	Erik Fielbrandt
Covenant hosts twice monthly information seminars for bariatric surgery and our average attendance rate is 450 people each year. We work to increase seminar attendance rates in order to educate the community about the health benefits of weight loss and when bariatric surgery is an appropriate option. Each year more than 160 bariatric surgical procedures are performed at Covenant. Benefits for these patients related to chronic illnesses include 83% resolution in Type II Diabetes, 82% resolution of Asthma, an 80% risk reduction of developing cardiovascular disease and a decrease in 5-year mortality rates by 89%. Covenant also provides nutritional and lifestyle change education to every person that works with Covenant to prepare for bariatric surgery.	Libby Palmer
The Wound Center provides education at the Boomers Senior Expo at Soaring Eagle in Mount Pleasant each year.	Jackie Tinnin/Bethany Thibault
The Wound Center conducts over 500 visits to local physician, dental, podiatry and ENT offices as well as skilled nursing, assisted living and senior centers with plans to conduct foot assessments and community education to senior citizens at the senior centers.	Jackie Tinnin/Bethany Thibault
Covenant HealthCare provides Diabetes Prevention Program, a free one-year program for pre-diabetics.	Kelly Weiss
Provide specialty classes offering education & exercise to promote continued healing and maintenance of wellness returning to CY 2019 volumes – recovering from Covid19 influence.	Christine Clayton
Provide six virtual educational offerings to the community focusing on education & exercise to promote continued healing and maintenance of wellness.	Christine Clayton

3. Infant Mortality	
Initiative	*Lead*
Continue Critical Congenital Heart Disease Screening for newborns in the NICU and Birth Center.	Rebecca Schultz
Continue to provide post discharge lactation services. This includes providing services to Adult IP Rehab if needed.	Rebecca Schultz
Continue Development Assessment Clinic for follow up of RNICU babies at no cost to the patient. Includes assessment by neonatologist, NICU nurse, and nutrition and therapies as appropriate.	Rebecca Schultz

<table>
<tr><td>Maintain Regional NICU services.
Maintain the Newborn Transport Program (air and ground ambulance) with Covenant NICU staff accompanying babies during transport.
Continue data sharing and analysis with Pediatrix Medical Group to improve neonatal care and outcomes.
Work with Birth to Five to complete home visiting referrals for infants with Neonatal Opiate Withdrawal Syndrome (NOWS)</td><td>Rebecca Schultz</td></tr>
<tr><td>Continue to support the community through Women’s and Children’s Outreach Department to
provide community education and health information to other organizations, groups and the community at large
promote Covenant’s “Protect Your Baby’s Life” program which focuses on don’t shake your baby, safe sleep, car seats, postpartum mood disorder screening)
provide childbirth education classes throughout the community including which includes a support/education program for pregnant teens.
Offer CRP training for parents
Provide sibling education for families with new infants
Continue partnership with CAN Council to provide education to nonparent caregivers</td><td>Rebecca Schultz & Heidi Churchfield</td></tr>
<tr><td>Continue to offer RSV prevention for at-risk infants; operating RSV clinic from November 2020 through March 21</td><td>Rebecca Schultz</td></tr>
<tr><td>Create a follow-up program for pregnant women and new mothers; linking pregnant women, new mothers and children to community resources.</td><td>Rebecca Schultz</td></tr>
<tr><td>Create a guideline/care path for OB/GYN providers to utilize to notify Covenant Birth Center CONS and nursing staff about high risk OB/GYN patients. This would involve documentation of issues and a plan of care into EPIC prior to delivery. Trial implementation with CMU by November 2020 (if IT can accomplish necessary changes to EPIC). Roll out to all providers January 2021.</td><td>Rebecca Schultz & Sara Kern</td></tr>
<tr><td>Work with Planning and Business Development to
take the lead on the CHA/CHIP maternal infant health steering committee
create a public awareness campaign about the problem of infant mortality in our region and the importance of pre-pregnancy and pre-natal care during pregnancy.</td><td>Rebecca Schultz & Larry Daly</td></tr>
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4. Palliative Care	
Initiative	*Lead*
Home based palliative care provided by Covenant VNA will strive to improve communication and support a seamless transition for patients within the healthcare system. Care will focus on creating an integrated person-centered healthcare support system for patients with serious or life-threatening illnesses by improving the quality of life for both patients and their families. **Metric:** Advanced directives discussion will be confirmed or completed on at least 90% of patients Serviced by VNA Palliative care.	Diane Glasgow
Continue to offer interdisciplinary education on palliative care and ACP.	Tracy Bargeron
Collaborative ACP initiative with a minimum of three PCP offices to increase the number of patient age 65 and older with a valid ACP in the EMR.	Tracy Bargeron
Continue to offer ACP group presentation to anyone in the community on ACP, Michigan Advance Directive specific requirements, Michigan Out of Hospital DNR orders and Resuscitation.	Tracy Bargeron
Continue to offer individual ACP conversations in-person or via phone conference as a community service.	Tracy Bargeron
Update ACP brochures, which are distributed in various locations in the community.	Tracy Bargeron
Establish partnership with other agencies including Cancer Care Center, Heart Failure Clinic, VNA, SNF's, ALF, Law Offices, Religious Organizations, and CRTN partners	Tracy Bargeron
Continue involvement with state-wide ACP group in promoting ACP services, as well as ACP legislative topics.	Tracy Bargeron
Continue growth of inpatient palliative care services.	Tracy Bargeron
Revise current Advance Directive to include section for mental health specific wishes.	Tracy Bargeron

5. Additional Community Health Initiatives	
Initiative	*Lead*
Inpatient Rehabilitation provides a Stroke Support group for stroke survivors. This is a community event.	Juli Martin
Inpatient Rehabilitation will conduct three community education events on brain injury, fall prevention and stroke risk factor modification, with a goal to reach 100 people through these programs.	Juli Martin
Provide free Pre-hab education for Mastectomy patients returning to CY 2019 volumes – recovering from Covid19 influence.	Christine Clayton

Provide skilled Pre-hab for Total knee patients and Lung Cancer patients in support of positive outcomes & quality life returning to CY 2019 volumes – recovering from Covid19 influence.	Christine Clayton
Provide Joint & Spine Works presurgical education & exercise to support positive outcomes & quality of life for those receiving joint replacements and/or spinal surgery in collaboration with Patient Services returning to CY 2019 volumes – recovering from Covid19 influence.	Christine Clayton
Over 500 visits to local physician, dental, podiatry and ENT offices as well as skilled nursing, assisted living and senior centers with plans to conduct foot assessments and community education to senior citizens at the senior centers.	Jackie Tinnin
Regularly review the financial assistance policy. Review includes updating for the annual Federal Poverty Level and compliance with federal regulations. FY 2017 review incorporated language to be compliant with IRC 501(r) requirements.	Peggy Maine
Continued use of Certified Application Counselors to assist patients in obtaining health insurance through the exchange.	Peggy Maine
Continue to participate in the Childhood Healthcare Access Program assisting children in seeking insurance coverage and working with insurers to improve access.	Peggy Maine
Continued expansion and support of physician practices as Patient Centered Medical Homes.	Lynne Benkert
Continued emphasis at primary care offices in monitoring immunizations and well-child visits.	Lynne Benkert
Continue to utilize the "Saginaw County Community Resource Guide" in Covenant Medical Group primary care offices.	Lynne Benkert
Continue to support Health Delivery Inc. through partnerships and collaboration, including physician-to-physician communication, in their efforts to provide accessible primary care particularly for the medically indigent.	Lynne Benkert
Provide assistance and guidance to patients identified as at-risk for abuse, neglect, and human trafficking.	Larry Daly

APPROVED by the Board of Directors at its meeting of ______________________, 2020.

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Gene Pickelman
Chairman, Covenant HealthCare Board of Directors