

CHNA IMPLEMENTATION  
PLAN 2016-2018  
(Mobile and Baldwin counties)



INFIRMARY  
HEALTH

# Table of Contents

- Introduction..... 2**
- Infirmary Health..... 2**
  - Mobile County: Mobile Infirmary and Infirmary LTAC Hospital..... 3
  - Baldwin County: Thomas Hospital and North Baldwin Infirmary.....3
- Community Benefit Planning Process..... 3**
  - Community Health Needs Assessment (CHNA)..... 3
  - Priorities.....4
- Implementation Strategy Design Process ..... 4**
  - Infirmary Health Stakeholders..... 5
- Implementation Strategy..... 6**
  - Priority Area: Access to Care.....7
    - Strategies ..... 7
    - Goal ..... 5
    - Anticipated Impact ..... 7
    - Strategy 1: Chronic Care Management Task Force Creation..... 8
    - Strategy 2: Pharmacy Assistance Expansion..... 8
    - Strategy 3: Resource Dissemination..... 9
    - System Resources..... 10
    - Collaborators ..... 10
    - Alignment Opportunities ..... 10
  - Priority Area: Healthy Weight ..... 11
    - Strategies ..... 11
    - Goal ..... 11
    - Anticipated Impact ..... 11
    - Strategy 1: Expansion of Operation FitKids..... 12
    - Strategy 2: Awareness campaign of Scale Back Alabama ..... 12
    - System Resources..... 13
    - Collaborators ..... 13
    - Alignment Opportunities ..... 13
- Acknowledgements ..... 14**

## Introduction

Infirmary Health is pleased to share its Joint Implementation Strategy Plan for its hospitals in Mobile and Baldwin counties, which follows the development of the 2016-2018 Community Health Needs Assessment (CHNA). In accordance with requirements in the Affordable Care Act and IRS 990 Schedule H requirements, this plan was adopted by the Boards of Directors of Infirmary Health System, Inc. on June 22, 2016, Mobile Infirmary Association (Mobile Infirmary) on June 29, 2016, Infirmary Health Hospitals, Inc. (Infirmary LTAC Hospital) on June 22, 2016 and Gulf Health Hospitals, Inc. (Thomas Hospital and North Baldwin Infirmary) on June 23, 2016.

This report summarizes the plans for Infirmiry Health's four hospitals in Mobile and Baldwin counties to develop and collaborate on system-wide community benefit programs that address the prioritized needs identified in the 2016-2018 CHNA. The systems approach outlined in the plan aims to leverage Infirmiry Health's resources and increase its ability to impact community health needs. Infirmiry Health also provides support for community benefit activities in the communities it serves through its iHelp program and efforts developed and supported by other departments, but those additional activities will not be covered in this report.

## **Infirmiry Health**

Infirmiry Health is Alabama's largest non-governmental not-for-profit healthcare team. Infirmiry Health employs more than 5,000 people and has 700 physicians on staff, and Mobile Infirmiry is the largest private employer in Mobile County. Infirmiry Health supports a healthy community through corporate gifts and sponsorships, employee volunteerism and uncompensated medical care. Infirmiry Health contributes approximately \$1.8 million annually to local programs and agencies. With four hospitals located in southern Alabama on the Gulf Coast and more than 30 medical clinics located in Mobile and Baldwin counties, serving more than 800,000 patients annually.

### **Mobile County: Mobile Infirmiry and Infirmiry LTAC Hospital**

**Mobile Infirmiry (MI)**, the largest Infirmiry Health facility, is located in Mobile, Alabama with 689 beds in the medical center and 50 beds at the J.L. Bedsole/Rotary Rehabilitation Hospital, located within Mobile Infirmiry. Medicaid patients comprise more than 13% of Mobile Infirmiry's inpatient discharges and more than 3,000 patients were provided with charity care.

**Infirmiry Long Term Acute Care Hospital (Infirmiry LTAC)**, is the only hospital of its kind in the region, and is a specialty care hospital located within Mobile Infirmiry designed to meet the needs of patients who are critically ill and require extended, medically complex care with 45 beds.

### **Baldwin County: Thomas Hospital and North Baldwin Infirmiry**

**Thomas Hospital (TH)**, is located in Fairhope, Alabama. The 150-bed facility is the only hospital in Baldwin County with an open-heart surgery program. Medicaid patients comprise more than 15% of Thomas Hospital's inpatient discharges and more than 1,500 of Thomas Hospital's patients were provided with charity care.

**North Baldwin Infirmiry (NBI)**, is a 70-bed facility located in Bay Minette in Baldwin County. Medicaid patients comprise more than 27% of North Baldwin Infirmiry's 2015 inpatient discharges and more than 1,000 patients were provided with charity care.

## **Community Benefit Planning Process**

### **Community Health Needs Assessment (CHNA)**

Infirmiry Health established an internal team, the Community Assessment and Strategy Committee, to oversee the development of the 2016-2018 CHNA. Members of the team included senior leadership, hospital operational managers, nursing services, case management and other staff across the system. The CHNA process involved an evaluation of quantitative data and qualitative information, and expert advice

from outcomes evaluation. The committee identified Access to Care, Healthy Weight and Mental Health as key issues in Mobile County and Access to Care, Healthy Weight and Cancer Detection and Education in Baldwin County.

## Priorities

Community health issues were prioritized based on a three-step process:

1. Potential issues were identified by reviewing the 2013 CHNA.
2. The health issues were validated with 2016-2018 CHNA findings.
3. Priorities were then weighed against four criteria
  - Magnitude of difference between Mobile and Baldwin counties and the state of Alabama
  - Magnitude of difference between Mobile and Baldwin counties and other Alabama counties
  - Overall number of people affected
  - Potential community support and availability of resources to permit effective interventions

The prioritization process was used to focus the scope and resources into two main areas for the system: **Access to Care** and **Healthy Weight**, which Mobile Infirmery, Infirmery LTAC Hospital, North Baldwin Infirmery and Thomas Hospital will address collaboratively.

## Implementation Strategy Design Process

Stakeholders representing different departments and programs across Infirmery Health facilities were invited to participate in the implementation strategy design process. In May 2016, more than 20 individuals came together in person and drafted program logic models for Access to Care and Healthy Weight. Included in the implementation strategy design process were representatives of Atmore Community Hospital, which is located in Escambia County. Infirmery Health provides management services to the hospital and collaborated with them in the development of their implementation strategy.

## Infirmery Health Stakeholders

Stakeholder	Title	Facility
Joe Stough	Chief Operating Officer	Infirmery Health
Joe Denton	Chief Financial Officer	Infirmery Health
Romie Asher	Vice President, Community Activities	Infirmery Health
Lee Ann Cain, R.Ph	Vice President, Administration IH Integrated Support	Infirmery Health
Susan Boudreau	Vice President, Service Line Development	Infirmery Health
Shannon Pavel	Director Case Management and Clinical Documentation Improvement	Infirmery Health
Diana Brinson	Director of Development	Infirmery Health

Pauline Martin	Director of Wellness, Fitness and Rehab Services	Infirmary Health
Jill Prewett	Executive Director of Hospital Patient Financial Services	Infirmary Health
Elise Split, CRNP	Heart Failure Program Coordinator	Infirmary Health
Marsha Davis	Manager of Benefits and Internal Wellness	Infirmary Health
Carolyn Byrne	Marketing/Community Relations Coordinator	Infirmary Health
John McDill	Wellness Manager	Infirmary Health
Dan Schoonover	Infirmary Cancer Care Community Outreach Coordinator	Infirmary Health
Jennifer Eslinger	President	Mobile Infirmary
Karen Jarvis	Director of Education	Mobile Infirmary
Jessica Mills, R.Ph	Bedside/Charity R.Ph	Mobile Infirmary
Roland Naseman	Pharmacy Team Leader	Mobile Infirmary
Kelley Hicks	Executive Director of Nursing	Mobile Infirmary
Ormand Thompson	President	Thomas Hospital
Kate Akridge	Case Management	Thomas Hospital
Jill Everson	Manager of Thomas Fitness & Rehab Services	Thomas Hospital
Ben Hansert	President	North Baldwin Infirmary
Natalie Hirst, R.N. BSN	Care Transitions Coach	North Baldwin Infirmary
Doug Tanner	President	Atmore Community Hospital
Ruth Harrell	Board President, Escambia County Health Authority	Atmore Community Hospital
Suzanne McGill, R.N.	Director of Nursing	Atmore Community Hospital
Erica Little, R.N. MSN	House Supervisor/student	Atmore Community Hospital/USA student

## Implementation Strategy

The implementation strategy outlined below summarizes the plans for Mobile Infirmery (MI), Infirmery Long Term Acute Care Hospital (Infirmery LTAC), North Baldwin Infirmery (NBI) and Thomas Hospital (TH) to develop and collaborate on system-wide community benefit programs that address the prioritized needs identified in the 2016-2018 CHNA.

### Priority Area: Access to Care

#### Strategies

1. Creation of task force to improve system-wide coordination of chronic care and transitional care management
2. Expansion of a pharmacy assistance program across Infirmery Health to improve care transitions
3. Dissemination of information and financial resources to address needs of underserved patients

#### Goal

Improve community members' access to coordinated health services and resources in Mobile and Baldwin counties.

#### Anticipated Impact

- **Objectives:**
  - By December 2018, establish Infirmery Health chronic and transitional care management task force
  - By December 2018, expand pharmacy assistance program to at least one additional Infirmery Health facility
  - By December 2018, maintain updated compilation of Infirmery Health and community resources in electronic and paper formats
- **Evaluation Measures:**
  - Number of chronic and transitional care management task force meetings held; task force participants; topics addressed; chronic care management processes, procedures and technologies developed; member and stakeholder level of satisfaction with task force activities
  - Number of Infirmery Health hospitals with established pharmacy assistance program; number of medications dispensed to underserved patients
  - Number of informational and financial resources disseminated; number of Live Better Together website visits; number of underserved patients using co-payment assistance; patient and provider level of satisfaction with resources

#### Strategy 1: Chronic Care Management Task Force Creation

ACTIVITIES	MI	LTA C	NBI	TH
1. Create chronic care/transitional care management task force and charter that includes system-wide representation	X	X	X	X
2. Establish evaluation framework to monitor task force progress on activities	X	X	X	X
3. Meet quarterly to standardize system-wide chronic care management processes, procedures and technologies: <ol style="list-style-type: none"> <li>a. Pharmacy assistance program</li> <li>b. Patient education and follow-up</li> </ol>	X	X	X	X

c. Patient survey design				
d. Co-payment assistance packets				
e. Use of technology to increase patient access to services including telemedicine and other appropriate technologies				
4. Collect data ongoing to monitor and track progress on task force activities and make mid-course corrections as needed	X	X	X	X

### Strategy 2: Pharmacy Assistance Expansion

ACTIVITIES	MI	LTA C	NBI	TH
1. Engage chronic care/transitional care management task force to support pharmacy assistance expansion efforts	X	X	X	X
2. Establish evaluation framework to monitor progress on pharmacy assistance program expansion	X	X	X	X
3. Develop plan for expansion of pharmacy assistance program	X	X	X	X
4. Work to obtain necessary funding to expand pharmacy assistance program	X	X	X	X
5. Set up processes and procedures to establish pharmacy assistance program	X	X	X	X
6. Dispense medications to underserved patients across the system	X	X	X	X
7. Collect data ongoing to monitor and track progress on pharmacy assistance program expansion and make mid-course corrections as needed	X	X	X	X

### Strategy 3: Resource Dissemination

ACTIVITIES	MI	LTA C	NBI	TH
1. Engage chronic care/transitional care management task force to catalogue information and financial resources available at and utilized across the system	X	X	X	X
2. Establish evaluation framework to monitor progress on resource compilation and dissemination	X	X	X	X
3. Compile information and financial resources to distribute to patients, providers and organizations via electronic and paper copies	X	X	X	X
4. Deliver co-payment assistance packets to patients served across the system	X	X	X	X
5. Maintain up-to-date list of community resources on Live Better Together website	X	X	X	X
6. Collect data ongoing to monitor and track progress on resource dissemination and make mid-course corrections as needed	X	X	X	X

### System Resources

- Staff (case management, education, nursing, pharmacy, cancer, marketing, development, IT/tech, physicians, respiratory services)
- Chronic care/transitional care management task force
- Board members

- Equipment
- Grant funding
- Infirmiry Health system pharmacy (Rx4u)
- Watershed
- MIDAS

### Collaborators

- AQAF (diabetes self-management education classes)
- American Lung Association
- Franklin Primary Clinic
- Live Better Together
- Retail pharmacies

### Alignment Opportunities

Local, state and national resources will be referenced and utilized during implementation to ensure alignment with existing community health improvement efforts.

Opportunities to align with and contribute towards the goals and objectives outlined in the state of Alabama’s Community Health Improvement Plan include:

- Access to Health Care, Goal 1, Objective 3: By December 31, 2017, educate the public on transportation options available at the county level in collaboration with partners.
- Access to Health Care, Goal 2, Objective 3: Increase the utilization of telemedicine in rural and underserved areas. Collaborate with partners to expand the use of telemedicine in rural and underserved areas.

Infirmiry Health’s efforts can also contribute to Healthy People 2020’s national objectives:

- Access to Health Services, Objective 5: Increase the proportion of persons who have a specific source of ongoing care.
- Access to Health Services, Objective 6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care or prescription medicines.

## Priority Area: Healthy Weight

### Strategies

1. Expansion of Operation FitKids across Infirmiry Health facilities and into the communities served
2. Awareness campaign of Scale Back Alabama and expansion of participating weigh-in sites and partners of the program

### Goal

Increase awareness of and engagement in healthy lifestyle behaviors in Mobile and Baldwin counties.

### Anticipated Impact

- **Objectives:**
  - By December 2018, establish an internal working group at Infirmiry Health
  - By December 2018, expand Operation FitKids to add one school or community partner in Baldwin and Mobile counties
  - By December 2018, expand weigh-in sites for Scale Back Alabama to two additional locations
- **Evaluation Measures:**



- Number of working group meetings held; participants; topics addressed; expansion plans, data collection plans, program modifications developed; level of satisfaction with working group activities
- Number of Infirmiry Health facilities and community partners offering Operation FitKids; number of program participants
- Number of Infirmiry Health facilities and community partners serving as weigh-in sites; number of participants using weigh-in sites for Scale Back Alabama

**Strategy 1: Expansion of Operation FitKids**

ACTIVITIES	MI	LTA C	NBI	TH
1. Form internal working group	X	X	X	X
2. Review data collection plan, including metrics and tools to collect data and establish evaluation framework to monitor progress	X	X	X	X
3. Identify strategic partnerships for expansion to the community and after-school programs	X	X	X	X
4. Create plan for addition of one school or community partner in Baldwin and Mobile counties	X	X	X	X
5. Develop partnerships with schools and after-school programs	X		X	X
6. Recruit trainers and facilitate workshops to train the trainers	X		X	X
7. Conduct programs	X		X	X
8. Provide ongoing oversight and assistance to new programs	X		X	X
9. Apply for grants to generate funding ongoing	X	X	X	X
10. Collect data ongoing for evaluation and modify data collection plan as needed	X		X	X
11. Modify curriculum components as needed for maximal impact	X	X	X	X

**Strategy 2: Awareness campaign of Scale Back Alabama**

ACTIVITIES	MI	LTA C	NBI	TH
1. Form internal working group	X	X	X	X
2. Review data collection plan, including metrics and tools to collect metrics, and establish evaluation framework to monitor progress	X	X	X	X
3. Develop strategy for increasing awareness and participation in Scale Back Alabama	X	X	X	X
4. Carry out awareness campaign	X	X	X	X
5. Identify opportunities for weigh-in site expansion	X	X	X	X
6. Expand weigh-in sites to three additional locations	X	X	X	X
7. Collect data ongoing for evaluation and modify data collection plan as needed	X	X	X	X
8. Modify curriculum components as needed for maximal impact	X	X	X	X

**System Resources**

- Staff
- Equipment
- Funding
- Grant funding for Operation FitKids
- Volunteers

- Nutritionists
- Fitness centers
- Operation FitKids
- Existing weigh-in sites for Scale Back Alabama
- Scale Back Alabama

### Collaborators

- Community organizations
- Schools and school districts
- Mobile United
- Obesity Task Force
- Jr. League of Mobile
- Fuse Project
- American Council on Exercise

### Alignment Opportunities

Local, state and national resources will be referenced and utilized during implementation to ensure alignment with existing community health improvement efforts.

Opportunities to align with and contribute towards the goals and objectives outlined in the state of Alabama’s Community Health Improvement Plan include:

- Nutrition and Physical Activity, Goal 1, Objective 2: Increase participation statewide in Scale Back Alabama annually.

Infirmity Health’s efforts can also contribute to Healthy People 2020’s national objectives:

- Nutrition and Weight Status, Objective 8: Increase the proportion of adults who are at a healthy weight.
- Nutrition and Weight Status, Objective 9: Reduce the proportion of adults who are obese.
- Nutrition and Weight Status, Objective 10: Reduce the proportion of children and adolescents who are considered obese.
- Nutrition and Weight Status, Objective 11: Prevent inappropriate weight gain in youth and adults.

### Acknowledgements

**Xerox Community Health Solutions (CHS)**, formerly Healthy Communities Institute, was retained by Infirmity Health to engage stakeholders in a strategic planning process and facilitate the development of their 2016 Implementation Strategy reports for their facilities.

CHS, based in Berkeley, California, supports hospitals in meeting IRS 990 CHNA requirements. In addition, CHS provides customizable, web-based information systems that offer a full range of tools and content to improve community health. CHS is composed of public health professionals and health IT experts committed to meeting clients’ health improvement goals. To learn more, please visit [www.HealthyCommunitiesInstitute.com](http://www.HealthyCommunitiesInstitute.com).

Report authors from Xerox Community Health Solutions include:

- Kimberly Peeren, MPH
- Rebecca Yae