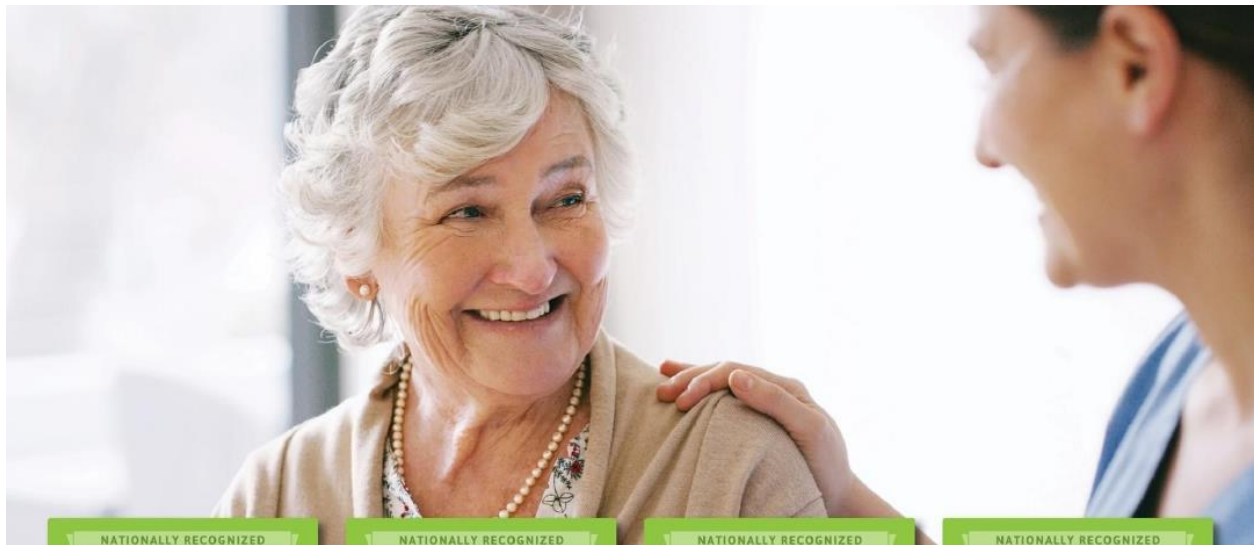


# Sherman Oaks Hospital Community Health Needs Implementation Plan 2020-2022



## Sherman Oaks Hospital



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# SHERMAN OAKS HOSPITAL COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN 2020-2022

## EXECUTIVE SUMMARY

### Background – Primary Service Area

The 2020-2022 Sherman Oaks Hospital (**SOH**) Community Health Needs Implementation Plan (**PLAN**) addresses issues outlined in the hospital's 2019 Community Health Needs Assessment (**CHNA**) and proposes actions to be taken to address those issues. The CHNA can be found on SOH's community benefits page.

The PLAN incorporates data from area-wide analyses provided by the Los Angeles County Department of Public Health (**LADPH**) *Strategic Plan 2013-2017 (Strategic Plan)* as well as more focused data concentrating on the area immediately surrounding SOH. Some data are not directly comparable between the two areas, but each discussion provides insight into needs found in the SOH service area.

The larger study incorporates zip codes located mostly in the San Fernando Valley, described by the LADPH as the County of Los Angeles' Service Planning Area 2 (**SPA 2**). It is shown in the following map of Los Angeles County. SOH's approximate location is shown in red.

#### San Fernando Valley

Service Planning Area 2, or SPA 2, serves the communities of Burbank, Calabasas, Canoga Park, Canyon Country, Encino, Glendale, La Cañada-Flintridge, San Fernando, Sherman Oaks, Sun Valley, Van Nuys, Woodland Hills, and others.

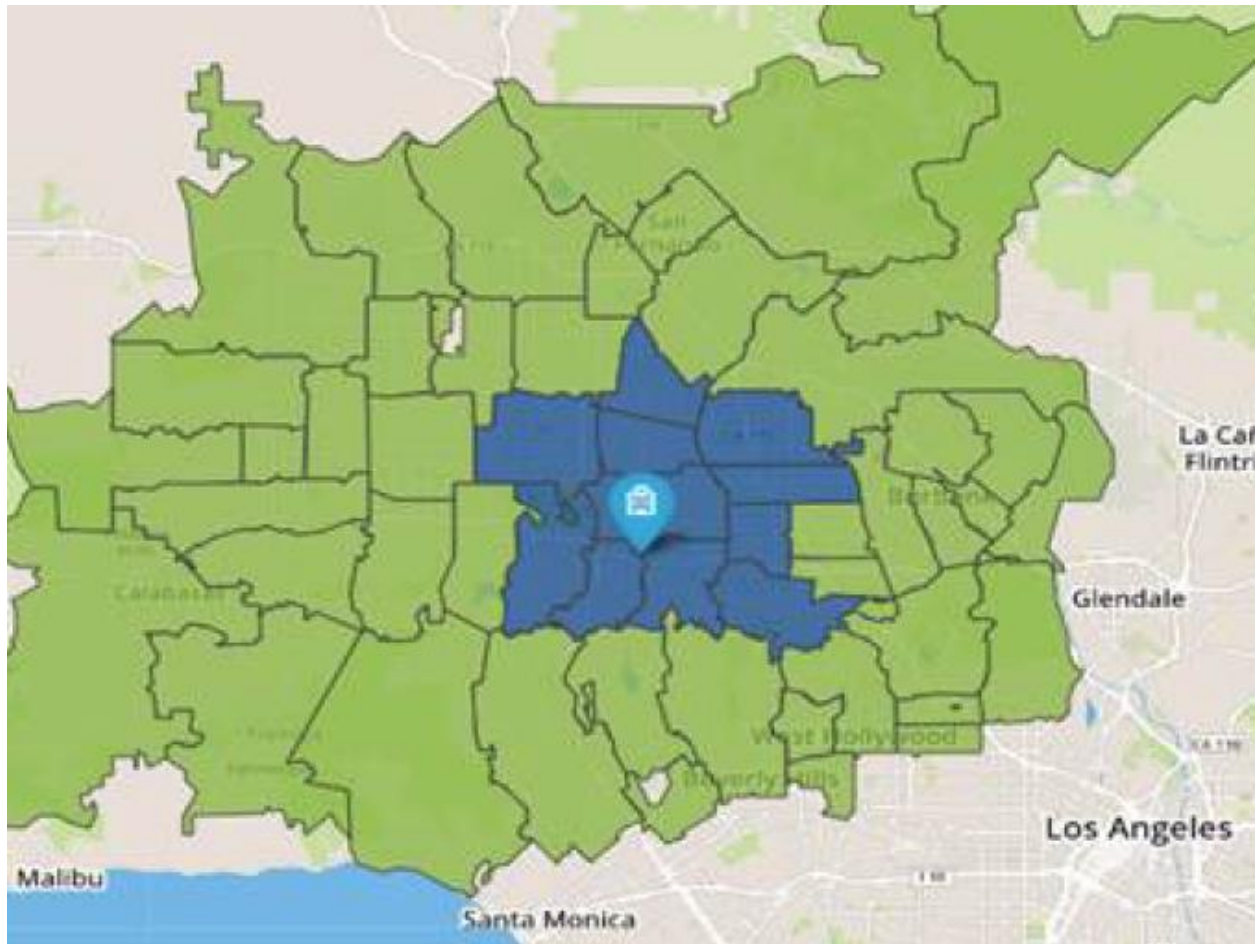


While Sherman Oaks and the communities which surround it are nearly at the center of this area, the community of clients for Sherman Oaks Hospital is a much smaller area. Los Angeles County performed a County Health Survey in

2017 which is similar to the surveys conducted by KeyGroup and its cooperating agencies in 2019. Focus groups were conducted as part of that process by the Valley Community Care Consortium (**VCCC**), incorporating input from residents throughout SPA 2. The results of both surveys were presented in the CHNA report found in SOH's website.

The most pertinent area for service analysis and planning is a much smaller area from which over 50% of SOH's patients are drawn. It should be noted that the zip codes shown include every zip code from which more than 3 discharges (one percent or more of total discharges) were recorded in 2019. This area, designated the Primary Service Area (**PSA**), is derived from patient discharge data for the hospital and encompasses 14 zip codes. While very little demographic data beyond population and age/sex/ethnicity can be drawn from this area, it was an important descriptor in developing the invitation list for the focus group work. For this reason, the issues developed in

the focus group discussions are the primary emphasis for SOH’s plans for addressing community needs in the next three years. A map of SOH’s primary service area is shown below.



It should be noted that the planning process for the Implementation Plan was taking place simultaneously with the advent of the Covid-19 pandemic, and some of the planning meetings and long-range plans to be developed have been postponed to allow SOH staff to focus on preparing the hospital to meet the community challenges presented by the pandemic. SOH has submitted this report to meet the stated deadline, but reserves the right to amend it when more detailed long-range plans can be formalized.

## Primary Issues – SOH Focus Group and VCCC Conclusions

The five Primary Issues identified in SOH’s community planning process were:

- Hospital Services Marketing and Outreach,
- Mental Health,
- Community Services Awareness,
- Homelessness Issues, and
- Chronic Care Management

The Valley Community Care Consortium Group Sessions listed ten Primary Issues, four of which were subsumed in the SOH issues list. The remaining six issues were:

- Obesity,
- Cancer,
- Hypertension,
- Substance Abuse Disorder,
- Access to Primary Care, and
- Poverty

Each of these issues are discussed, and SOH’s plans to address them outlined, in the following sections.

## PRIMARY ISSUES FROM SHERMAN OAKS HOSPITAL FOCUS GROUP SESSIONS – WITH IMPLEMENTATION PLANS

KEYGROUP conducted focus group surveys and individual phone interviews with representatives of area health agencies, social service providers, and local government organizations (collectively, **Key Informants**). Over 35 health needs were suggested by the Key Informants, and winnowed down to the five considered most important by the focus group participants.

Preliminary results of interviews indicate a predominance of several issues noted by respondents. These issues represent both community health problems as a group, and individually they represent opportunities for the hospital to provide improvements. They are outlined below.

- 1. Hospital Services Marketing and Outreach** – Many respondents felt strongly that the area’s population was not fully aware of services provided by the hospital, both on site and in the community. This issue generated the most discussion, and much of the brainstorming focused on ways to correct this perception.

**SOH’s Plan** includes a revamp of the hospital’s website to make it more self-explanatory and customer friendly. A provider search function will allow users to find services nearby but not offered at SOH. Facebook and Twitter presences are in development, along with a NextDoc function. Increased presence at nearby service groups (Rotary, Chamber of Commerce, etc.) greater participation in local health fairs and Valley Economic Alliance programs will increase visibility. Additional outreach to local community social service and health awareness organizations to coordinate services with the needs experienced by those organizations will allow them to utilize. In the Covid-19 environment, this process is limited in scope due to social distance requirements, but as those restrictions are eased, interaction with other organizations will be facilitated and expanded.

- 2. Mental Health** – This is another category that generated many related ideas, so they were consolidated into this general category. Among issues related to mental health was a need for inpatient mental health services, problems with substance abuse that intersected general mental health problems, and issues related to acute physical problems presented at the Emergency Department which are related to mental health problems suffered by the patient.

**SOH’s Plan** builds on its existing expertise in providing services to elderly residents with mental health issues and expands into additional areas related to mental health care. As one of the few hospitals with both a secure service and lower-intensity beds, SOH is well

positioned to cope with the expected increase in seniors with depression and/or other mental health issues as the general population ages. The Covid-19 pandemic may speed the increase in demand for these services, and the hospital will maintain vigilance to allow it to address the needs as they present themselves.

- 3. Community Services Awareness** – While various providers and organizations in the SOH area provide a range of services to address specific needs, there is no one definitive source that provides both listings for all these services and makes referrals where appropriate. While the hospital is well versed in agencies which serve clients being discharged from the hospital, there are numerous organizations that can provide additional services that assist discharged patients in continuing their recovery after the hospital stay. There are also organizations dedicated to resolving seemingly small problems that, if not addressed, can lead to physical symptoms that require hospitalization. In many cases, these problems are common to people who have been recently hospitalized or have called 911 for emergency services on a regular basis. Finding solutions to the problems that push these people to the hospital has potential to minimize the number of residents needing hospitalization.

**SOH's Plan** includes communication with community services organizations, and updates to the existing City 211 resource and other referral agencies to meet specific needs of patients and community members with which the hospital comes into contact. As new organizations arise to address newly defined Social Determinants of Health (**SDOH**), these organizations will be integrated into the intake and discharge planning process at the hospital to assure that non-medical, but influential, lifestyle issues don't result in re-admission to the hospital, and to ease the path back to maximum health status for each resident.

- 4. Homelessness Issues** – The problem of homeless populations in the hospital's service area is larger than the hospital can resolve on its own, but as a point of initial contact with many homeless people, the hospital can serve as a referral and coordination resource to assist homeless service agencies in providing solutions to those who need them. Recent propositions have passed providing new funding for homeless programs, and opportunities to assist in the development of new options and services may present new options for SOH participation.

**SOH's Plan** will focus on City and County innovations to assist currently homeless residents of the PSA to find housing and supportive services to facilitate their re-entry into mainstream housing, employment, and mental health status. These programs are

still in development, and the ultimate availability of housing options beyond the known Covid-19 interim solutions as of this report date will influence SOH's ability to participate in referral and treatment programs. Until more concrete programs are defined, and participation regulations clarified, SOH will continue to monitor plans and refer homeless patients treated at the hospital to existing service providers as appropriate.

5. **Chronic Care Management** – Many of the ills that are common in the area's population, such as diabetes, obesity, high blood pressure, and cardiac disease are lifestyle and chronic disease related, so although they typically present at the hospital in acute status, they are controllable in outpatient settings once the patient is stabilized. Many healthcare organizations are starting to address these Social Determinants of Health (**SDOH**), realizing that managing the conditions that create the health problems can be done in home-based settings. The hospital has a vested interest in assisting other providers to manage their clients, to minimize the number of re-admissions and complications that compromise patient health.

**SOH's Plan** includes improved communication with community services organizations dealing with the SDOH issues identified as medical precursors. In addition, as services become available to assist former patients to transition back to their home, and assess those environments for potential hazards and lifestyle issues, the hospital will work with these organizations and the payors that cover patients' hospitalization costs to coordinate services that will minimize the potential for rehospitalization, and contribute to higher levels of resident health.

## **PRIMARY ISSUES FROM VALLEY COMMUNITY CARE CONSORTIUM GROUP SESSIONS – WITH IMPLEMENTATION PLANS**

These five issues were raised by SOH's focus groups, and variations of some of them are present in the VCCC data from SPA 2. The SPA 2 Focus Group's top ten data also identified some additional issues that affect the greater San Fernando Valley area and residents of SOH's PSA. The issues that were not covered on SOH's list are discussed below, along with SOH's plans to participate as appropriate in devising solutions.

1. **Obesity** – Although not a specific disease, obesity is a risk factor to other chronic diseases such as hypertension, high cholesterol, heart disease, and diabetes. It is most often addressed by lifestyle changes, but clinical interventions such as bariatric surgery are



becoming more common. Unfortunately, the prevalence of obesity is also growing, making it a significant public health issue.

**SOH's Plan** includes continuation of its existing programs for acute incidences of diseases associated with obesity, as well as maintenance of outpatient programs addressing diabetes and cardiac disease. A new program coordinated with Epic Cardiology will allow greater range of services, and provide additional cardiac catheterization services in a new Cath Lab setting.

2. **Cancer** - Cancer is one of the leading causes of death in the U.S. Various types of cancer were three of the top ten causes of death in the *Strategic Plan 2017*. Cancers can occur in nearly every bodily system, and each type presents unique issues and treatment options. Since each type is tracked separately, the overall impact is understated by the three top causes in the top ten list. The fact that each type of cancer is unique also provides niches allowing hospitals and physicians to specialize in various treatments.

**SOH's Plan** is relatively minimal with relation to cancer, since it does not specialize in cancer treatment. Aside from handling Emergency Department admissions for acute problems, SOH's involvement in cancer issues will be limited to referrals to specialized providers as appropriate.

3. **Hypertension** – Hypertension is often grouped with heart disease, although it is a separate issue, related to constricted blood vessels that cause the heart to work harder to pump blood throughout the body. It is treatable with changes in diet, lifestyle, and if needed, drugs. Acute incidences of blockage such as strokes and heart attacks are treatable if addressed quickly with either drugs or surgical interventions such as stents.

**SOH's Plan** involves continuation of existing cardiac services, and future plans include expansion of inpatient services in operating a new Cardiac Catheterization Lab, which will allow for more precise diagnosis of vascular problems and allow for interventional cardiology procedures immediately upon diagnosis. This expansion will be publicized throughout the community to make the public aware of the new options.

4. **Substance Abuse Disorder** – This category subsumes multiple “substances”, including alcohol, opiates, prescription drugs used off-label, and others, each of which has specific health problems associated with its use. The common factor is that the user does not or cannot control his/her consumption of the substance and thus is amenable to treatment. Each treatment course is unique to the specific problem, but all programs seek to wean the user from the drug and promote a lifestyle free from the abused product.

**SOH's Plan** centers on its existing Senior Behavioral Health program, including both inpatient and outpatient services for those with both mental health issues and substance abuse problems. The comprehensiveness of the program, including a Senior Emergency Room, 19-bed secured wing for involuntary admissions, and multiple treatment

modalities oriented toward seniors, will facilitate growth in this area as more PSA residents move into the appropriate age group. The program's existing connections to social service agencies and step-down programs will allow the hospital to continue to move clients to appropriate treatment settings as appropriate.

5. **Access to Primary Care** – Many of the visits to Emergency Departments result from illnesses or injuries that could be easily treated in a physician's office or clinic, if such an option was available. Since many area residents do not have a family physician, and many medical problems occur outside of normal office hours, the ED becomes the primary care provider, at great expense to the client and to the hospital. Provisions of the Affordable Care Act attempt to remedy this problem by getting more residents insured and connected to a Primary Care Provider (PCP). But while more people have a physician to call, the office hours for most physicians are still limited, and the stock answer to a phone call to almost any physician's office includes a referral to the nearest emergency room if the call is of a critical nature, or if the office is closed at the time of the call. Many admissions to the SOH Emergency Department may be covered by area managed care plans, but may lack documentation to prove their coverage, and the plan managements may not know they have sought services unless SOH makes the contacts.

**SOH's Plan** incorporates existing referral programs to assure admissions from the Emergency Department to access payment programs that will cover needed care, and work with payors to assure that first-time admissions are followed upon discharge to assure that needed follow-up services are provided to keep them in the managed care plan's continuum of care. To the extent that Covid-19 symptoms are found on triage, appropriate isolation and care protocols will be followed.

6. **Poverty** – Like Obesity, poverty is not a specific disease, but its presence increases the odds that some ailment will occur. Poverty manifests as difficult lifestyle choices that put people in danger of medical crises such as diabetes, hypertension, and heart attacks, among other ailments. Areas with high poverty rates often have higher crime rates, and fewer sources of healthy food, with an accompanying excess of less-healthy eating options. For the unemployed in poverty, the cost of health insurance is often unmanageable, and despite California's attempts to draw these residents into MediCal programs or other insurance options, the combination of difficulty getting qualified for benefits and the costs of obtaining care, are still high hurdles for many.

**SOH's Plan** includes continuation of its existing programs to care for patients who present in the Emergency Department and to find them insurance coverage as available. SOH will assist patients completing treatment with poverty issues such as homelessness, food insecurity, medication interactions, or inadequate housing, to access providers who will help them deal with the issues involved.

The issues above are the consensus issues from many sources that merit the most consideration by hospitals in the area. Each hospital has differing abilities to address each issue. As discussed above, Sherman Oaks Hospital's Implementation Plan will focus on the issues related to access and mental health.