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About St. John Medical Center and the St. John Health System

St. John Medical Center (the Hospital) is the tertiary flagship hospital of the St. John Health System (Health System). St. John Health System, Inc. is an Oklahoma not-for-profit corporation headquartered in Tulsa, Oklahoma. St. John is part of Ascension Health and owns and operates an integrated tertiary healthcare delivery system that provides services primarily in northeastern Oklahoma. St. John, its subsidiaries, affiliates, and employed and affiliated physicians, provide healthcare services for patients of all ages across a broad continuum of care, from physician primary care and specialty services to ambulatory and inpatient acute and post acute services, and senior nursing and senior living services.

St. John's mission is to improve the health status of the individuals who live in the communities we serve with a special emphasis on the poor and vulnerable among us; faithful to the teaching of Jesus Christ and the values of our Sponsors and the Catholic Church. Our promise to our patients and to our communities is to provide Medical Excellence and Compassionate Care. We strive to provide healthcare that works, healthcare that is safe and healthcare that leaves no one behind.

Today St. John continues this mission of service to the community (including the poor and the powerless) that began in Tulsa, Oklahoma, in 1926, with a goal of providing “medical excellence and compassionate care.” St. John has grown to include St. John Medical Center in Tulsa, Oklahoma; community hospitals in Broken Arrow, Oklahoma; Owasso, Oklahoma; Bartlesville, Oklahoma; Sapulpa, Oklahoma; and Nowata, Oklahoma. In addition to hospitals and hospital operations, St. John includes more than 7,000 associates, more than 400 employed physicians and advanced practice providers, hundreds more independent physicians and dozens of volunteers. They serve patients at six owned hospitals operating nearly 800 beds; several senior nursing and housing facilities; dozens of physician offices, clinics and urgent care centers; a reference laboratory, and partnerships and ventures that include a health insurance company, several ambulatory surgery centers, outpatient dialysis, and other healthcare activities. Together, our associates, physicians and volunteers touch the lives of thousands of patients every day; including the poor and the vulnerable.

Each hospital (including this one) with St. John has conducted a community needs assessment, working in collaboration with the entire Health System, local county health departments, local safety net providers, public health officials, universities and other interested parties. This document summarizes the Hospital’s implementation strategies to address the needs identified in the community needs assessment. It is important to acknowledge the significant amount of community benefit currently provided by the Hospital and by the entire Health System, as well as the limited resources available to the hospital and to the Health System to address additional community health needs. Nevertheless, the Hospital has developed an implementation strategy that is part of a broader implementation strategy for the Health System and will continue to work collaboratively with others inside and outside of St. John to try to more effectively meet the needs of the communities it serves in a financially sustainable way.
As part of the implementation strategy for the Hospital’s response to the current community needs assessment, the St. John Health System Board of Director’s approved in the Health System’s FY 2014 operating budget that the Health System would invest a minimum of $70 million of expenses in FY 2014 on quantifiable community benefit, including this Hospital’s implementation plans to meet identified community need. In addition to these operating expenses, the Health System will continue to make capital investments in improving facilities, technology, and new or expanded clinical programs and tools to better meet community need. The Hospital is expected to provide a significant portion of the overall Health System community benefit in FY 2014.

**Summary of Current Community Benefit**

As discussed above, the Hospital is part of the St. John Health System, and, as such, is delivering substantial community benefit that is meeting significant community health needs. This section summarizes current community benefit.

In the most recent fiscal year 2013, the Health System provided total estimated community benefit (utilizing the measurement criteria of the U.S. Catholic Health Association) of more than $80 million. This amount represents more than 8 percent of total operating expenses.

**OUR MISSION AND VALUES**

Our mission of service and our Catholic values compel us to fulfill our promise of Medical Excellence and Compassionate Care to all who need our services with a special emphasis on service to the poor and the powerless. We will do this by providing Healthcare that Works, Healthcare that is Safe and Healthcare that Leaves No One Behind. We will endeavor to establish trusted relationships with our patients over their entire lives: seeking to improve their health and working to heal their minds and bodies when afflicted by injury or illness.

**Healthcare that Works**

Our Vision calls us to ensure service committed to health and well-being for our communities and that responds to the needs of individuals throughout their lives. Healthcare that Works includes establishing a trusted relationship between each patient and their healthcare professionals so that they receive the care they need, including preventative care when they need it and in a manner that meets their service expectations. We expect our patients to be actively involved in their own healthcare – participating in informed decisions that will strive to make them healthier. Healthcare that works assumes that the care provided is person-centered and based on the best available medical evidence, reliably delivered. Becoming truly person-centered requires shifts in focus from traditional models of healthcare to build and effective and trusted relationship with each patient over their lifetime across the continuum of care – emphasizing prevention and wellness, disease management, and a medical home that promotes a spiritually-centered, holistic approach to supporting a person’s health and well-being. Healthcare that Works strives to make sure the value
of the care received is exceptional but at an acceptable economic cost – both to the individual and to society.

Healthcare that is Safe

The Health System is striving to become a “high reliability” organization. High reliability means that we will be exceptionally consistent in accomplishing goals and avoiding catastrophic errors in everything we do. In providing healthcare services, this means reducing medical errors by providing our clinicians and our patients with decision support tools to ensure the care provided is consistently based on sound scientific evidence of effectiveness. Physicians and nurses are leading our quality efforts. Among our clinical areas of focus for improvement are goals to reduce hospital-acquired conditions and hospital readmissions. Some specific areas of clinical focus include reducing:

- Adverse drug events (ADE)
- Catheter urinary tract infections (CAUTI)
- Central line blood stream infections (CLABSI)
- Surgical site infections (SSI)
- Ventilator associated pneumonia (VAP)
- Injuries from falls and immobility
- Obstetrical adverse events
- Pressure ulcers
- Venous thromboembolism (VTE)

Healthcare that Leaves No One Behind

We will continue to advocate for state and federal public policy that recognizes the inherent value of all members of society and provides support systems and adequate funding sources to ensure all of those among have access to the healthcare they need. This includes providing affordable access to healthcare for everyone in the U.S. in a financially sustainable way.

Our Enabling Strengths

We will use our enabling strengths to achieve our mission and vision. Those strengths include: a Model Community of Inspired People working to provide our services and achieve our mission; Empowering Knowledge – clinical and business information systems that provide our associates actionable, timely data and information upon which they can make informed decisions; the creation of Trusted
**Partnerships** with external partners to expand our capabilities, complement our service offerings and fulfill our mission; and achieving *Vital Presence* in the communities we serve.

This *Vital Presence* contemplates creation and continuation of important safety net services, world-class centers of clinical excellence and creation of medical homes that promote each individual's participation in their own health and well-being and which create and sustain the infrastructure for promoting health communities.

**Our Point of View**

Healthcare delivery and financing in the U.S. must change. The cost of the current system relative to the value that communities and individuals are receiving is not sustainable. To meet the healthcare needs and contribute to economic vitality of communities, with special attention to the poor and vulnerable, healthcare providers must fundamentally reconfigure delivery systems, care processes and cost structures. Delivering safe, high-quality care that is low cost with an exceptional patient experience will increasingly require providers to have a strong regional presence, integrated physician relationships and capabilities across the care continuum.

Sustaining the *St. John* mission into the future will require a more continuous, dynamic relationship with those we serve and the ability to share risk with healthcare purchasers, as opportunities for inpatient growth or commercial rate increases will be limited. The movement to managing health of defined populations demands massive transformational change. This requires rapid assessment, assembly and deployment of the necessary capabilities. We believe the Health System is well positioned to lead this transformation.

**Community Benefit**

The community benefit provided by the Health System includes uncompensated care for the poor, support for the education of medical professionals, provision of subsidized health services, support for other community organizations, initiatives to improve community health, and medical research as some of the key areas of focus. The Health System does not include amounts recorded as bad debt; shortfalls in the difference between payment for and cost of service to Medicare beneficiaries; payment of property, sales, use, income, payroll, and other taxes; considerable economic value provided to the local communities in which we operate as components of community benefit.

*Care for the Poor.* Care for the poor (which includes the estimated cost of services provided to patients who qualify for financial assistance [charity] and the uncompensated cost of care provided to Medicaid beneficiaries) is the largest financial category of community benefit. Support for graduate and allied health medical education is the second largest.

The Health System provides discounts of at least 30 percent to all uninsured patients and additional discounts of at least 15 percent to uninsured patients who make the agreed upon timely payments for services they receive. All uninsured individuals living in households with incomes at or below 300 percent of the federal poverty limit qualify for free care for medically necessary services. Insured patients and others who are faced with financially catastrophic medical bills are also eligible for and encouraged to seek financial assistance.
Consistent with our mission and values, the Health System has created programs to seek out better ways to serve the uninsured and the vulnerable members of our society. With generous financial support from donors, including the Chapman Trusts and with guidance and counsel from many partners in our community, the Health System has created the Medical Access Program (MAP) to try to increase and improve access to medical care for segment of the uninsured population. Begun nearly five years ago, MAP continues to grow and expand each year. MAP has brought together a network of primary care providers that provide free clinics and other services to uninsured and low income individuals throughout Tulsa.

Key elements of the MAP include:

- Expansion of free primary care by providing direct financial support to other organizations in the community providing access to free primary care,

- Operation of the Rockford Medical Clinic. The Rockford clinic is a free primary care medical home for a segment of the uninsured population that meet certain criteria for participation,

- Provision of free diagnostic imaging, including CT, MRI, ultrasound, mammography and basic x-ray for patients who meet criteria,

- Access to free specialty services through a network of participating clinics and physician partners and through the facilities and physicians of the Health System

- Access to free or reduced cost prescription medications.

The MAP has limited resources but continues to expand the scope of its services each year, routinely spending at least $5 million per year in donated and Health System funds.

Support for Medical Education. St. John Medical Center is a primary teaching hospital for the University of Oklahoma’s Tulsa College of Community Medicine residency programs for internal medicine and general surgery and is the primary teaching hospital for the In His Image (IHI) family medicine residency program. The Hospital works as a founding member of the Tulsa Medical Education Foundation providing financial support for the University of Oklahoma residency programs. The Hospital also provides additional direct support to both OU and IHI residency programs and also provides direct support for a number of nursing education and allied health professional education programs.

Other Community Benefit. The Hospital provides subsidized health services focused on certain emergency services and on post-acute senior services. Each hospital in the Health System provides vital emergency medical services in its community. The Hospital serves as one of only three trauma centers in Oklahoma, northeastern Oklahoma’s first and only certified comprehensive stroke center, and a tertiary referral center for the entire state of Oklahoma and portions of Missouri, Arkansas, Kansas and Texas.
The associates, physicians and facilities of the Health System provide services to thousands of patients every day. Among the services provided annually are:

☑ More than 50,000 annual inpatient and observation admissions
☑ More than 160,000 emergency department patient visits
☑ More than 3,000 births
☑ More than 26,000 inpatient and outpatient surgeries
☑ More than 575,000 other outpatient visits
☑ More than 650,000 physician office and urgent care clinic visits
☑ More than 7.5 million laboratory tests

Summary. The more than 7,000 associates, physicians and volunteers that make up the St. John Health System touch the lives of thousands of patients every day and millions of patients every year. As we seek to transform healthcare in Oklahoma and the U.S., the Health System is challenged by many factors, including: lack of public resources in Oklahoma devoted to both care for the poor, healthcare infrastructure and medical education; competition from investor-owned healthcare facilities that do not share the Health System’s mission of service and emphasis on service to the poor and powerless, but seek to gain market share in commercially insured patients; poor economic and healthcare demographic factors contributing to generally poor health status and high rates of poverty and uninsurance in Oklahoma; and payment systems fraught with administrative red tape and which generally still emphasize payment for volume rather than payment for value.

In spite of the considerable challenges before us, the women and men of the Health System are confident that the organization will continue to build on the legacy of the Sisters of the Sorrowful Mother to serve our communities by improving health and healthcare.

Summary of the Hospital’s Community Needs Assessment

Community Needs Assessment
The Hospital worked in collaboration with the other organizations in the Health System, the Tulsa County Health Department, the Washington County Health Department, the Chapman Trusts, the George Kaiser Family Foundation, the University of Oklahoma, several safety net providers in the community, public health officials, and other interested parties to complete a community needs assessment and to formulate an initial response to those needs. The most recent assessment was completed in 2013.
The Hospital is a regional tertiary referral and trauma center serving the entire northeastern Oklahoma region, as well as parts Kansas, Arkansas and Missouri. The primary service area is Tulsa County and the surrounding counties, but the broader service area includes all of northeastern Oklahoma and parts of the surrounding states, especially southern Kansas and northwest Arkansas. In completing the community needs assessment, the Hospital and the Health System chose to partner with Tulsa County Health Department to perform in-depth research on and assessment of the needs of residents of Tulsa County. Based upon input from many stakeholders and interested parties, we believe that the findings and conclusions in the Tulsa County Health Department Assessment are valid for and can be extrapolated to the entire service area. The Health System’s mission compels it to seek to provide service to the poor and the vulnerable, and the survey of the community placed special emphasis on identifying the needs of low income, minority, medically underserved, vulnerable, and at-risk populations residing in the community.

While the initial community needs assessment and implementation plan have now been completed, work is ongoing to formulate sustainable responses to the overwhelming community need. We consider both the needs assessment and implementation plan to be “works in progress” and the ongoing process to meet community need will be iterative – implementing specific strategy and tactics and evaluating the effectiveness of each response. The Hospital and the Health System will continue to work with other community stakeholders and interested parties to try to more effectively meet the needs of the community in a financially sustainable way. The most recent community needs assessment confirms what we already knew – the communities served by the Hospital and other St. John Health System hospitals struggle with the health challenges arising from many socio-economic factors, including relatively large numbers of individuals living in households with incomes near or below federal poverty levels; relatively large numbers of individuals with no or limited health insurance coverage; relatively large numbers of individuals with overall poor health status and chronic health problems, including mental health issues; a shortage of healthcare resources and providers available to provide services to the underserved parts of our communities, and a disparate safety net system that suffers from a lack of resources and largely uncoordinated efforts to address community need.

The unfortunate reality is that there are simply not enough private resources to effectively address all of the community need identified. In particular, the hospitals in the St. John Health System already provide millions of dollars each year in uncompensated care to the poor in the form of free or discounted care to the uninsured, the underinsured, and to Medicaid beneficiaries. Oklahoma’s decision to decline to participate in Federal Medicaid Expansion is already creating significant additional financial challenges to the sustainability of even the current disparate network of safety net providers and systems of care attempting to meet the massive northeastern Oklahoma community health need.

A more sustainable public/private partnership is needed to provide adequate resources to address the community need in a more effective and more financially sustainable way. The Hospital and Health System will continue to work with state and local policy and political leaders, safety net
providers, and community leaders and advocates to build sustainable partnerships to better address community needs. The summaries below provide initial observations about specific community needs and our initial plans for responding to those needs in a financially sustainable way. As we work to transform healthcare delivery in northeastern Oklahoma, the Hospital and Health System will continue to be an advocate for the poor, the vulnerable and the underserved. A later section of this document will provide additional details on the Hospital's implementation strategy.

**Demographics of Our Community**
The assessment documents posted to the Hospital's website provide detailed information on the demographics of our service community. They highlight the inherent challenges of serving communities with relatively poor health status, relatively high rates of poverty and economic disadvantage, significant minority populations (including Hispanic, Native American and African-American), high rates of uninsured, low rates of educational achievement, and many other factors.

**Existing Community Resources**
Key hospital providers in the service area include St. John Health System hospitals, Saint Francis Hospital, Saint Francis South, Hillcrest Medical Center, Hillcrest South, OSU Medical Center, and a number of other acute and specialty hospitals. There are a number of community service agencies focused on providing services to segments of the at-risk population, including two FQHCs and a number of free and “means tested” clinics. There are many community and critical access hospitals in northeastern Oklahoma, as well as rural health clinics. But overall, the healthcare resources in the community have proved inadequate to meet the needs of the uninsured and underserved in a sustainable and effective way.

**Completion of the Needs Assessment**
The Tulsa County Health Department led the completion of the Needs Assessment; key methodologies utilized are included in the documents posted to the Hospital’s website. The determination of priority needs was based on research findings, and priorities were developed in collaboration with the many other stakeholders referenced in survey documents, including other hospitals, community service agencies, state and local leaders, interested philanthropists, universities and associated medical schools, and other parties, including public health experts and representatives of the communities served.

The main gap in the data is limitation of detail in the surveys from Tulsa and Washington counties, and the extrapolation of those findings to the broader service area. We believe this is an acceptable and cost-effective approach to completion of the assessment.

**Areas of Opportunity for Improvement**
The following topics are recommended areas for improvement based on the information gathered through the Community Health Needs Assessment. Input from this and many other sources suggests these opportunities for improvement are present throughout the Hospital's service area. From data collected, these opportunities for targeted interventions have been indentified:
The findings from this Community Health Needs Assessment are being used in the development of a Tulsa County Community Health Improvement Plan that can also be carried forward throughout the Health System’s service area. Many of the opportunities for improvement illustrate the need for comprehensive solutions that go far beyond the traditional roles played by healthcare providers and illustrate the need for comprehensive, community-wide solutions that touch on many factors beyond the delivery of healthcare services. They illustrate the need for true transformation of care to create sustainable, high-performing medical homes for all citizens in the service area that emphasize wellness, prevention, disease management, individual responsibility and much better coordination of care.

The following section summaries preliminary observations and areas of focus in development of this implementation plan. A following section provides additional details on the current implementation. The Hospital is participating in an internal St. John working group that is reviewing this implementation plan, with the goal of continuing to identify opportunities improvement. This group is also working on a community engagement plan with the multi-faceted goals of fostering more effective input from the broader community to identify and prioritize responses to community need, engaging a broader cross section of community citizens, leaders and organizations to participate in these ongoing efforts, and developing more effective collaborations to improve community health status and access to medical care in a financially sustainable way.

**Summary of Identified Community Needs and Initial Thoughts on Implementation of Response**

**POOR DIET, INACTIVITY AND OBESITY**
Oklahoma is ranked as the sixth-most obese state at 31 percent of the population, well above the national average of 27.6 percent (2009). Oklahoma is not alone in its high obesity rate; 11 other
states rank more than 30 percent of their adult populace obese. Tulsa County ranks obesity in the county's CHNA at 27.8 percent, close to the national average.

Diets high in fat (especially trans-fat) and coupled with inactivity are directly linked to obesity, a condition that promotes coronary heart disease and stroke, Type 2 diabetes, certain types of cancer, osteoarthritis and other diseases.

**INITIAL IMPLEMENTATION STRATEGY**

The Health System routinely promotes healthful activity and diet for the community and for its associates. The Health System is a sponsor of local run/walks like the American Heart Association Heart Walk, the Komen Race for the Cure and the Tulsa Zoo Run. St. John booths are available at many of these events and at health fairs throughout the year, promoting wellness through health screenings and brochures.

In addition, St. John Food and Nutrition Services color code healthy menu items in the Health System cafeterias, and the American Red Cross holds blood drives open to the public at Health System facilities several times a year.

St. John associates and their family members are given significant discounts to the St. John Siegfried Health Club, and receive free or discounted registration fees for area run/walks. The Health System held its first Wellness Week for associates in April 2013, featuring free access to the Siegfried Health Club, daily healthy specials in Health System cafeterias and cafes, health screenings, health education classes and tobacco cessation presentations through 1-800-QUIT NOW, and posters displaying exercise walking routes throughout the Hospital.

The Health System offers Healthy Lifestyles programs and an array of services designed to help individuals safely and effectively lose weight.

The Health System’s participation in the CMS comprehensive primary care initiative is one of the primary initiatives to expand on the above programs and emphasize wellness and prevention in an advance medical home model. The Health System has also applied to CMS to participate as an Accountable Care Organization (ACO) in Medicare Shared Savings Program. Health System include not only initiatives targeted to the Medicare population, but also a Medical Access Clinic (MAC) specifically serving uninsured patients to provide them with the same opportunities and benefits afforded insured patients in our medical home clinics.

These programs and services will continue to grow and expand as we work to improve public awareness toward the importance of diet and exercise to health status.

**ALCOHOL AND DRUG ABUSE/TOBACCO**

Although the Tulsa metropolitan statistical area shows a lower percentage of binge drinking (15.6 percent, + or – 2.5 percent) compared to the national average of 18.3 percent, the area carries a much higher rate of smokers (26.3 percent, + or – 2.8 percent) to the national average of 21.2 percent (Behavioral Risk Factor Surveillance System, 2011). And while methamphetamine was responsible for a quarter (70 of 274) of all single-drug accidental deaths in the state (Oklahoma
State Medical Examiner’s Office, 2010), many more deaths occurred through the misuse of prescription or a combination of prescription and illegal drugs.

**INITIAL IMPLEMENTATION STRATEGY**
The St. John Health System offers drug and alcohol counseling services through St. John Behavioral Health. A Department of Transportation-approved drug education program is available. The Hospital has contracted with Bishop Kelley High School in Tulsa to provide drug education for students who test positive, and recently opened its tobacco cessation program to the school. The community needs around alcohol, tobacco and drug abuse are great, and the Hospital has limited resources to allocate to this issue.

All inpatients and all primary care patients in medical homes receive education and awareness to help them avoid or discontinue abusive behaviors. In the MAC, we have partnered with other safety net providers to expand access to mental health and substance abuse resources.

**CHRONIC DISEASE**
Many chronic illnesses have preventable causes – dietary habits and tobacco usage, to name two. While Tulsa County’s heart disease rate is below the national average (8.8 percent of the population to 11 percent), its rate for diabetes is 13.6 percent overall, far higher than the state average (11.1 percent) and the national average (9.5 percent). Cancer, another disease influenced by personal habits, stands at 8.4 percent in Tulsa County.

Of these three, diabetes is the epidemic. According to a recent study by the Centers for Disease Control and Prevention, Oklahoma saw the biggest national jump between 1995 and 2010, with the state’s rate more than tripling during that time; studies show that about 10 percent of the state’s population is diabetic. Nationally, 18.8 million people have diabetes, with another 7 million undiagnosed.

**INITIAL IMPLEMENTATION STRATEGY**
As described above, the St. John Health System is participating in the CMS (Medicare) Comprehensive Primary Care Initiative (CPCI). Also, the Health System recently applied to CMS to form an ACO and participate in the Medicare shared savings program. The Tulsa metropolitan area was one of seven locations nationwide selected to participate in the CPCI, which attempts to transform primary care into an advanced medical home model, improving healthcare delivery to patients with chronic disease and reducing costs by limiting emergency center visits and hospital stays. As described above, the MAC is extending these same medical home initiatives to a portion of the uninsured patient population we serve.

For daily patient care, St. John Nursing introduces patients to smoking cessation through initial nursing assessments, discharge teaching and patient education activities. Patient safety booklets also contain smoking cessation information.

**ACCESS TO HEALTHCARE**
Healthcare coverage in Oklahoma is an important and sometimes controversial topic. With an estimated 600,000 uninsured individuals statewide, the state’s refusal (so far) to expand Medicaid
coverage to help insure some of those currently without insurance, access to healthcare has become critical for many.

The Hospital’s service area reflects similar demographics to the entire state. The current network of safety providers offers uncoordinated and disparate systems of care, with many offering limited services and hours of operation. The Hospital’s emergency room continues to be the de facto medical home for many of our citizens who do not have regular access to a primary care physician or basic preventative and diagnostic healthcare services.

**Initial Implementation Strategy**

Our community benefit takes many forms but serves a single purpose – aid the sick, the poor and the powerless. The Health System’s outreach begins with service to the area’s medically uninsured and underinsured. The Tulsa Medical Access Project (MAP) is a vision to improve access to medical care. Now with a network of free clinics, free diagnostic imaging services, free chronic care clinics, access to free or reduced-cost prescription medications, and access to medical specialists, MAP continues to expand its services. St. John also supports the Tulsa County Medical Society’s Medical Access Program, which solicits volunteer physicians to provide free care to uninsured patients. The Health System’s MAC medical home clinic for the uninsured is an integral part of the MAP.

While the MAP program continues to target several million dollars of services per year specifically to better serve the poor, the community need is far greater than the resources available. By far the most comprehensive community benefit comes from the St. John Health System’s uncompensated care to the poor and the vulnerable, including the amount provided by this Hospital. Many of those services are provided in our hospital emergency rooms. Coupled with financial support for graduate medical and other allied health education, community and subsidized health services, research, and other programs, the Health System is providing tens of millions of dollars per year in the unreimbursed cost of services to the community.

The Hospital and other entities in the St. John Health System will continue to respond to the identified community need by:

- Continuing to invest in safety net services, such as trauma, stroke and other emergency services
- Build and expand medical homes to better manage and coordinate care for those with chronic diseases, and to help prevent disease and promote wellness and healthy lifestyles
- Expand the financial and other resources devoted to our targeted MAP and MAC programs specifically designed to serve the uninsured
- Work with other community safety net providers to better coordinate and manage community resources, especially those serving the poor and the underserved
✓ Work with state and local leaders to advocate for a more effective public and private partnership to improve healthcare for all our citizens

✓ Continue to support medical education to expand the number of physicians, nurses and allied health professionals serving our communities

✓ Continue to invest in clinical excellence to provide cost-effective and high quality services to all who need them, regardless of their ability to pay.

Summary of the Hospital’s Planned Implementation Plan to Respond to Community Need

The Hospital and Health System have identified four areas of community need in which additional emphasis and focus will be placed in FY 2014 and beyond. They are:

✓ Poor Diet, Inactivity and Obesity
✓ Mental Health, Alcohol, Drug Abuse and Tobacco Use
✓ Chronic Disease Management
✓ Access to Healthcare

The Hospital and Health System chose these four areas of focus because we believe that more effective responses to community needs in these areas will have many synergies in overall community health, which will in turn “raise all boats” in the ongoing effort to improve community health status. To the extent that other identified areas of community need are not specifically addressed in this plan, it is due to a lack of resources, not a lack of interest by the Hospital or the Health System.

The unfortunate reality is that the Hospital and St. John Health System do not have the financial resources to adequately address all aspects of community need. Difficult choices must be made to address how to prioritize plans, expenditures and investments to try to meet community need in a financially sustainable way. Even as we make the significant expenditures and investments contemplated in this plan we will work with others to advocate for a more comprehensive solution that includes more effective and sustainable public/private partnerships to meet community need.

The Health System has budgeted to expend a minimum of $70 million of expense in FY 2014 on quantifiable community benefit to support this plan to meet community need. The Hospital’s FY 2014 operating and capital budgets include a significant contribution to that overall goal.
Specific implementation plans are discussed below.

**POOR DIET, INACTIVITY AND OBESITY**

Oklahoma is ranked as the sixth-most obese state at 31 percent of the population, well above the national average of 27.6 percent (2009). Oklahoma is not alone in its high obesity rate; 11 other states rank more than 30 percent of their adult populace obese. Tulsa County ranks obesity in the county's CHNA at 27.8 percent, close to the national average.

Diets high in fat (especially trans-fat) and coupled with inactivity are directly linked to obesity, a condition that promotes coronary heart disease and stroke, type 2 diabetes, certain types of cancer, osteoarthritis and other diseases.

**IMPLEMENTATION STRATEGY**

Representatives of the Health System are participating and will continue to participate on behalf of the Hospital and the Health System on the Tulsa County Health Department's leadership steering council for "Pathways to Health" – a community-based initiative to more effectively promote public health education and wellness throughout the Hospital's service area.

The St. John Health System routinely promotes healthful activity and diet for the community and for its associates. The Health System will continue sponsorship of local run/walks like the American Heart Association Heart Walk, the Komen Race for the Cure and the Tulsa Zoo Run. St. John will provide support activities at selected public events throughout the year, including some of those events, Tulsa County Health Department public health “Block Parties,” Tulsa Police Department open houses and outreach events, and at health fairs throughout the year, promoting wellness through health screenings, public education and brochures. The Hospital will also continue to host public health education seminars on a variety of wellness and education topics.

The Hospital and Health System will begin participation in Ascension Health’s “Smart Health” initiatives – first focusing on our associates and then subsequently taking lessons learned to the broader community. This will be a multi-year initiative that will begin in FY 2014.

In FY 2014 the Hospital will participate in the Health System's creation of a Community Engagement Plan, which will include plans for more comprehensive and more effective engagement of the broader community in promoting public health, and will include plans for more effective collaboration among the many participants in the public health safety net.

In addition, St. John Food and Nutrition Services will continue to color code healthy menu items in the Health System cafeterias, and the Hospital will continue to sponsor American Red Cross blood drives open to the public several times in FY 2014.

The Hospital will continue to offer associates and their family members discounts to the St. John Siegfried Health Club, and offer free or discounted registration fees for several area run/walks. The Hospital will participate in Health System wellness events throughout the year, including a “Wellness Week” with free access to the Siegfried Health Club, daily healthy specials in St. John cafeterias and cafes, health screenings, health education classes and tobacco cessation
presentations through 1-800-QUIT NOW, and posters displaying exercise walking routes throughout the Hospital campus.

The Hospital and the Health System will continue to offer Healthy Lifestyles programs and an array of services designed to help individuals safely and effectively lose weight.

The Health System’s participation in the CMS comprehensive primary care initiative is one of the primary initiatives to expand on the above programs and emphasize wellness and prevention in an advance medical home model. St. John has also applied to CMS to participate as an Accountable Care Organization (ACO) in Medicare Shared Savings Program. The Health System homes include not only initiatives targeted to the Medicare population, but also a Medical Access Clinic (MAC) specifically serving uninsured patients to provide them with the same opportunities and benefits afforded insured patients in our medical home clinics. The Hospital has implemented work groups specifically focused on improving transitions of care and patient handoffs among medical providers. Some of the key initiatives in FY 2014 include:

- Both pre-acute and post-acute medication reconciliations
- More effective determination of post-acute transitions of care and communications among caregivers and providers
- More effective education and communication with patients and family members to better engage them in post-acute care plans and improve patient compliance with those plans

These programs and services will continue to grow and expand as we work to improve public awareness toward the importance of diet and exercise to health status.

MENTAL HEALTH, ALCOHOL AND DRUG ABUSE AND TOBACCO USE

Although the Tulsa metropolitan statistical area shows a lower percentage of binge drinking (15.6 percent, + or − 2.5 percent) compared to the national average of 18.3 percent, the area carries a much higher rate of smokers (26.3 percent, + or − 2.8 percent) to the national average of 21.2 percent (Behavioral Risk Factor Surveillance System, 2011). And while methamphetamine was responsible for nearly one-quarter (70 of 274) of all single-drug accidental deaths in the state (Oklahoma State Medical Examiner’s Office, 2010), many more deaths occurred through the misuse of prescription or a combination of prescription and illegal drugs.

As a healthcare provider of emergency and acute hospital and related services, the Hospital sees the direct and often devastating effects of alcohol and drug abuse, as well as tobacco use, on a daily basis. Many, if not most, of the patients who present to the system in acute crisis from alcohol and abuse – whether from injury or overdose (or both) – also have underlying acute or chronic mental health conditions and needs. This particular area of community need is also one of the most difficult for a healthcare provider, especially a hospital to provide an effective response. However, it is considered to be such an important area, that we have included it in our priorities.
**IMPLEMENTATION STRATEGY**

The Hospital offers drug and alcohol counseling services through St. John Behavioral Health. A Department of Transportation-approved drug education program is currently made available. The Health System has contracted with Bishop Kelley High School in Tulsa to provide drug education for students who test positive, and also has opened its tobacco cessation program to the school. In FY 2014 this school partnership will serve as a pilot program. The results will be assessed to determine if the program can and should be expanded to other schools.

All the Hospital’s inpatients and all Health System primary care patients in medical homes will continue to receive education and awareness to help them avoid or discontinue abusive behaviors. In our MAC, we have partnered with other safety net providers to expand access to mental health and substance abuse resources. However, the current level of community resources directed to mental health needs is inadequate to meet the demand. The Hospital and Health System do not have sufficient financial or human resources to stand up significant new clinical treatment programs because in the current Oklahoma reimbursement environment, such programs that target service to the poor and the vulnerable, do not cover their direct cost.

The Hospital will participate in an internal St. John working group attempting to determine how better to serve the medical and mental health needs of emergency, observation, and admitted patients who present with attendant mental health symptoms or diagnoses. Based on previous cost/benefit analyses and past experience, it is not considered currently feasible for the hospital to house a dedicated inpatient psychiatric unit, but other options and resources will be evaluated, including expansion of the Behavioral Health Assessment (BAT) team.

For daily patient care, St. John Nursing introduces patients to smoking cessation through initial nursing assessments, discharge teaching and patient education activities. Patient safety booklets also contain smoking cessation information.

**CHRONIC DISEASE MANAGEMENT**

Many chronic illnesses have preventable causes – dietary habits and tobacco usage, to name two. While Tulsa County’s heart disease rate is below the national average (8.8 percent of the population to 11 percent), its rate for diabetes is 13.6 percent overall, far higher than the state average (11.1 percent) and the national average (9.5 percent). Cancer, another disease influenced by personal habits, stands at 8.4 percent in Tulsa County.

Of these three, diabetes is the epidemic. According to a recent study by the Centers for Disease Control and Prevention, Oklahoma saw the biggest national jump between 1995 and 2010, with the state’s rate more than tripling during that time; studies show that about 10 percent of the state’s population is diabetic. Nationally, 18.8 million people have diabetes, with another 7 million undiagnosed.

**IMPLEMENTATION STRATEGY**

As described above, the St. John Health System is participating in the CMS (Medicare) Comprehensive Primary Care Initiative (CPCI). Also, the Health System recently applied to CMS to form an ACO and participate in the Medicare shared savings program. The Tulsa metropolitan area
was one of seven locations nationwide selected to participate in the CPCI, which attempts to transform primary care into an advanced medical home model, improving healthcare delivery to patients with chronic disease and reducing costs by limiting emergency center visits and hospital stays. As described above, the MAC is extending these same medical home initiatives to a portion of the uninsured patient population we serve.

The Hospital’s role in this initiative is to improve care in acute episodes of chronic disease and to better coordinate post-acute care by improving patient handoffs and communication among providers and care givers. To improve in-hospital care in FY 2014, the Hospital has targeted specific quality improvement efforts in the following areas among others:

- Improve rate of compliance with CMS Core Measures
- Reduce rates of hospital readmissions
- Reduce adverse drug events (ADE)
- Reduce Catheter-associated urinary tract infections (CAUTI)
- Reduce central line blood stream infections (CLABSI)
- Reduce surgical site infections (SSI)
- Reduce ventilator associated pneumonia (VAP),
- Reduce injuries from falls and immobility,
- Reduce obstetrical adverse events.
- Reduce pressure ulcers, and
- Reduce venous thromboembolism (VTE)

Improvement in each one of the areas described above will have real and tangible benefits to our patients and the broader community.

Even as we use the medical home model to emphasize prevention and better management of chronic disease to avoid acute illness and hospitalization; the initiatives to reduce readmissions will emphasize better communication and coordination among care givers across the entire continuum of care – especially post-acute care.

The Hospital will continue work in FY 2014 on medication reconciliation (pre- and post-admission) and on transitions of care and more effective communication among providers and care givers, including patient and family engagement in their own health and medical care. Specific improvement goals will be established in each area described above.
The Hospital and Health System will continue investment in the development of an integrated clinical information system and a comprehensive electronic health record for each of its patients. The Hospital and Health System will also continue to support the My Health Regional Health Information Exchange with the goal of providing better access to real-time clinical information and reducing redundant medical diagnostic testing.

**ACCESS TO HEALTHCARE**

Healthcare coverage in Oklahoma is an important and sometimes controversial topic. With an estimated 600,000 uninsured statewide, the state’s refusal (so far) to expand Medicaid coverage to help insure some of those currently without insurance, access to healthcare has become critical for many.

The Hospital's service area reflects similar demographics to the entire state. The current network of safety providers offers uncoordinated and disparate systems of care, with many offering limited services and hours of operation. The Hospital’s emergency room continues to be the de facto medical home for many of our citizens who do not have regular access to a primary care physician or basic preventative and diagnostic healthcare services.

**IMPLEMENTATION STRATEGY**

In terms of resource allocation, improving access is the most significant element of the Hospital’s and Health System’s implementation strategy and plan for addressing community need. Community benefit is a key element of our mission of service. It takes many forms but serves a single purpose – to aid the sick, the poor and the powerless. Improving access to care remains our highest priority in addressing community need. The current implementation plan emphasizes the following elements:

- Continued investment in safety net and emergency services to address immediate community medical access needs
- Continued investment in the Medical Access Program (MAP) to provide more effective care to the uninsured
- Continued investment in support of graduate and allied health medical education to address the immediate and longer-term need of reducing the shortage of physicians and other medical providers in our service area
- Direct medical care to the poor and the vulnerable
SAFETY NET AND EMERGENCY SERVICES

The Hospital will continue to invest in the following initiatives to improve safety net and emergency services:

Emergency Services and Trauma Services

- Provide increased resources for specialty physician coverage for trauma and emergency services
- Upgrade laboratory and diagnostic capabilities for emergency services
- Increase resources available to care for neurotrauma survivors after admission to the hospital.

Comprehensive Stroke Services

- Invest in tele-stroke network and technology to better manage suspected stroke victims at remote facilities – both inside and outside the St. John Health System prior to transfer to the Hospital
- Continue to invest in resources required to maintain comprehensive stroke center designation
- Increase resources available to care for stroke survivors after admission to the hospital

Comprehensive Neuro Services

- Continue investment in people and technology to improve our resources and capabilities in comprehensive neuro services, including but not limited to neurotrauma and stroke

Comprehensive Womens Services

- Continue investment in laborist program to ensure access to emergent OB services by all patients - especially the poor and vulnerable
- Support IHI residency efforts to expand resident clinics devoted to prenatal care for poor women in our community

Patient Logistics Center and Comprehensive Emergency Services

- Continue investment in the Patient Logistics Center and Emergency Department resources to increase the number of transfers accepted to the
hospital – especially transfers accepted from non-affiliated hospitals – and reduce time on divert for all reasons.

**THE MEDICAL ACCESS PROGRAM (MAP)**

The Hospital’s and Health System’s outreach begins with service to the area’s medically uninsured and underinsured. The Tulsa Medical Access Project (MAP) is a vision to improve access to medical care by the uninsured. Now with a network of free clinics (including the Health System’s own Rockford Medical Clinic [MAC]), free imaging services, free chronic care clinics, free or reduced-cost medications, and access to medical specialists, MAP will continue to expand its services. Our MAC medical home clinic for the uninsured is an integral part of the MAP. The Health System is targeting to spend at least $5 million on the MAP in FY 2014 and to expand the number of uninsured patients enrolled in the MAC as a medical home.

The Hospital and Health System will also continue support to the Tulsa County Medical Society’s Medical Access Program, which solicits volunteer physicians to provide free care to uninsured patients.

The MAP program emphasizes collaboration with other organizations. The Hospital and Health System is working collaboratively with a provider network that includes University of Oklahoma, Good Samaritan Health Services, Tulsa Day Center for the Homeless, Morton Health Clinic (a federally qualified health center [FQHC]), Community Health Connections (an FQHC), Tulsa County Health Department, The Dream Center, independent physicians, St. John employed physicians, and other organizations to create a network of coordinated care.

The Rockford Medical Access Clinic (MAC) is a unique part of the MAP. It seeks to operate as a true medical home for uninsured patients which it accepts. The goals of the MAC are to improve health status of those enrolled in its patient panel in a cost-effective way by better managing chronic disease, and providing a reliable 24/7 support structure that emphasizes collaborative decision making with patients while seeking to minimize unnecessary utilization of emergency services.

Philanthropists including The Chapman Trusts, the George Kaiser Family Foundation, and other private donors continue to work with the Health System’s Board of Directors and senior management leadership to oversee the MAP program and try to make it more effective.

**SUPPORT FOR GRADUATE MEDICAL AND ALLIED HEALTH EDUCATION**

Oklahoma has a significant shortage of physicians and other health providers compared to per capita averages in the U.S. This shortage is particularly acute as it relates to primary care providers and to certain subspecialist physicians. St. John will continue to provide direct financial support to the University of Oklahoma – both by participating in the Tulsa Medical Education Foundation and directly to the university – to support resident training in general surgery, vascular surgery, internal medicine and nephrology (as well as other specialties), and to the In His Image Family
Medicine Residency Program. The Hospital plans to spend at least $10 million in FY 2014 to support resident education. It will also provide additional financial support for nursing education and training, medical technologist training, other allied health professional training and a pharmacy residency training program.

**DIRECT CARE FOR THE POOR AND VULNERABLE**

While the MAP program continues to target to provide at least $5 million of services and support in FY 2014 specifically to more effective serve the poor by providing more access to both primary and specialty care, the community need is far greater than the resources available. By far the most comprehensive community benefit comes from the St. John Health System’s uncompensated care to the poor and the vulnerable. Many of those services are provided in our hospital emergency rooms. In FY 2014, the Health System has targeted to spend at least $50 million on uncompensated care for the poor.

**TOTAL COMMUNITY BENEFIT FINANCIAL GOALS**

The combination of uncompensated care to the poor, investment in and provision of critical safety net services, financial support for graduate medical and other allied health education, community and subsidized health services, research, and other programs, the Health System has traditionally spent tens of millions of dollars per year in the unreimbursed cost of services to the community. In FY 2014, the Health System has targeted to spend of minimum of $70 million on total community benefit services and activities. A significant portion of this total will be provided by the Hospital.

St. John hospitals (including this one) and other entities in the St. John Health System will continue to respond to the identified community need by:

- Continuing to invest in safety net services, such as trauma, stroke and other emergency services
- Build and expand medical homes to better manage and coordinate care for those with chronic diseases, and to help prevent disease and promote wellness and healthy lifestyles
- Expand the financial and other resources devoted to our targeted MAP and MAC programs specifically designed to serve the uninsured
- Work with other community safety net providers to better coordinate and manage community resources, especially those serving the poor and the underserved
✓ Work with state and local leaders to advocate for a more effective public and private partnership to improve healthcare for all our citizens

✓ Continue to support medical education to expand the number of physicians, nurses and allied health professionals serving our communities

✓ Continue to invest in clinical excellence to provide cost-effective and high quality services to all who need them, regardless of their ability to pay

The financial goals in this plan are intended to be minimums and not a cap on the amount of benefit that will be provided.

Continued Collaboration with Other Organizations

Working together with other organizations including: the Tulsa County Health Department, Washington County Health Department, University of Oklahoma, Morton Health Clinic, In His Image, Good Samaritan Health Services, Day Center for the Homeless, Oklahoma State University, George Kaiser Family Foundation, the Chapman Trusts, My Health, as well as others, the Hospital and Health System will continue to invest in programs, services, facilities and technology to provide a more comprehensive and effective response to community health needs.

The Hospital and Health System do not have the resources to meet all identified needs and there remain significant challenges to the sustainability of even the current level of investment to meet community need. However, provision of Community Benefit and in particular, care for the poor and vulnerable, are central to our Mission. Working with other organizations will provide greater chance for improvements in community health and access.

We believe that effective execution of the plans outlined in this implementation plan will contribute to improved community health and the improvement and expansion of vital safety net services that will benefit all individuals in our service area.

As discussed previously, emphasis on the elements of this implementation plan is in addition to the broader daily efforts that all our associates, physicians and volunteers make every day to meet our mission of service to the community. The Hospital will focus with the other entities that make up the Health System to implement these and other plans not specifically identified here. Finally, there were other elements of need identified in the Community Needs Assessment. Omission in this plan of specific initiatives to meet those needs is not an effort to minimize the importance of other needs, but a recognition of the limited resources that the Health System and the Hospital have with which to address community need in general and an effort to focus on a few initiatives to make the response more effective.

We will continue to work with interested parties and the community at large to develop and implement sustainable initiatives to address community need.