Community Health Needs Assessment Implementation Plan Q1 2017

Community Implementation Plan

In 2015-2016, 5 competing hospitals in East Baton Rouge Parish, built upon the previous success of their Collaborative CHNA, conducted a joint Community Health Needs Assessment. This document meets all the requirements to be published unedited as each organization's CHNA, as required by the Affordable Care Act. The MHCI facilitated this assessment through the use of multiple national and local data sets and vetted the results through the MHCI's network of more than 75 partners. The most recent CHNA identified four significant needs: Obesity, HIV/AIDS and other STIs, Mental and Behavioral Health, and Overuse of Emergency Departments.

In accordance with federal regulations, each hospital must submit an Implementation Plan that speaks to how they will address each identified significant need. Along with the joint CHNA, the collaborating hospitals have chosen to submit a Joint Community Implementation Plan that outlines the community-level steps the hospitals and the MHCI partners will take to address each significant need identified. What follows is this plan.

The first section includes tables for each significant need identified with overarching goals, strategic objectives, action steps, resources committed, the status of each action step, and the organizations involved. Following this is a summary tool to easily identify which action steps each hospital is participating in. There is also a glossary of acronyms and abbreviations. Finally, a hospital-specific section is included for narrative portions explaining why certain hospitals are not shown participating in any action steps for a particular identified need.

About the Mayor's Healthy City Initiative

Under Mayor Sharon Weston Broome leadership the Mayor's Healthy City Initiative continues to be the avenue of creating "health in all policies". Initially created to address the issues of rising childhood obesity rates and other negative health outcomes, the organization has evolved and grown over time to be the primary avenue for address many of Baton Rouge's most pressing health priorities. The Mayor's Healthy City Initiative organization, also known as Healthy BR, is a separate 501 (c)3 with a governing board. The organization is comprised of more than 75 multi- sectoral partner organizations all focused on a mission to "foster a movement based on communication, coordination, and collaboration that promotes a better and healthier life for all people in the great city of Baton Rouge.

| ON ROS | | Priorit | y: Obesity | | | |
|--|--|---|--|--|---------------------------|--|
| Goal | Increase the number | | <u> </u> | weight in East Baton Rouge Parish. | | |
| Strategic Objective 1 | | educe childhood obesity through health education. | | | | |
| Action Step | Goal | Employee or Financial Resources | Program Metrics | Narrative | Organizations Involved | |
| 1.1 Use the 5210+10 curriculum in schools | Use the 5210+10 message in all 85 EBRPSS schools. Use the 5210+10 message in 10 charter schools. Use the 5210+10 message in 5 private schools. | OLOL: \$10,000/Quarter | # of EBR schools using program # of charters using the program # of private schools using the program OLOL: 6 EBR schools using program | BREADA conducts farmers market- themed school field trips and now puts 5210+10 language on handouts and/or recipe cards. MHCI trained EBRPSS PE teachers, OLOL Health Centers in Schools staff, and BR Children's Health Project staff. Promotional materials have been printed. | BREADA, EBRPSS, OLOL | |
| 1.2 Use the 5210+10 curriculum in summer camps | Use the 5210+10 in all 35 BREC camps. Use the 5210+10 in all 7 YMCA camps. | | 35 BREC camps used 5210+10 7 YMCA camps used 5210+10 | MHCI trains BREC camp counselors each spring. BREC camps meet physical activity guidelines. 1,200 children attended Y summer camps at 7 branches in 2016. | BREC, YMCA | |
| 1.3 Use the 5210+10 message in healthcare settings | Display 5210+10 message in all primary care clinics. | BRG: minimal cost | # of primary care clinics | BRG includes a link to 5210+10 messages on their webpage. 15 primary care clinics. | BRG, OLOL, Woman's | |



| including web/digital-based educational content | Display 5210+10 message in all pediatric clinics. | OLOL: Did not report/Quarter Woman's: \$600 estimated labor costs; \$400 estimated marketing and give-away costs (\$3,000 total in Q3) | # of pediatric clinics BRG: 15 Primary Care clinics OLOL: 100% Pediatric Clinics | OLOL: 100% Lake Physician Group Pediatric Practices that use the 5210+10 message Woman's Hospital uses the 5210+10 message internally with employees and in publications for expectant mothers. |
|---|---|---|---|--|
| | | | Woman's: 3,544 Hits on nutrition at womans.org; attended 2 community/e mployer health fairs to promote nutrition; 3 educations events (Q3: 1268 hits on internet nutrition- based web link; 3,000 journals distributed; 3 obesity- prevention | |



| | | | | _ | |
|--|---|--|--|---|-----------------------------|
| | | | employee events) | | |
| 1.4 Use the 5210+10 message in childcare centers and Head Starts | Display 5210+10 message in all 12 Head Start Centers. Display 5210+10 message in 10 childcare centers. | Pause & Play Grant: \$75,000 over 2 years Woman's: Minimal Costs for Q4 (\$2,911 on Labor in Q3) | 2 Head Start Centers 1 childcare centers Woman's: 1 Woman's owned childcare center licensed for 103 children (Q3: 100+ handbooks distributed annually; 65 staff education hours for NAPSACC, Well-Ahead and Smart Screen; 105 hours of parental education) | PBRC and MHCI studying implementation in childcare centers through a grant. PBRC grant project to use 5210+10 in 4 EBR centers. Woman's Child Development Center worked with hospital dieticians to revise menus, increase exercise time and to educate daycare staff and parents on the 5210+10 message. The 5210+10 message is included in the WH Child Development Center Handbook. Woman's also began Smart Screen participation. | EBRPSS, MHCI, PBRC, Woman's |



| 1.5 Use the 5210+10 message in community settings | X impressions | | | BREADA putting the 5210+10 logo on all Sprouts printed materials. Healthy Lives includes 5210+10 in newsletters. Sunshine Foundation includes | BREADA, Healthy Lives, Sunshine Foundation |
|--|----------------------------------|---|--|---|---|
| | L | | | 5210+10 in every book. | |
| Strategic Objective 2 | | esh and healthy foods. | | | |
| 2.1 Create farmers market opportunities in low-access neighborhoods | 5 regular mobile market stops | BCBSLAF Challenge Grant: \$576,000 from 2012-2015 | 5 regular mobile market stops | BREADA operates at least 1 mobile market per season in either 70805 or 70807. | BREADA, Ochsner, OLOL, Woman's |
| Ŭ | | Ochsner: 42 hours from head dietician | Ochsner: Did not report. | Ochsner, OLOL, and Woman's piloted markets on their campuses. | |
| | | OLOL: Did not report/Quarter Woman's: \$450 | OLOL: 4 Mobile market Stops | OLOL sponsored a fruit and vegetable prescription program. They also piloted markets on their campuses. | |
| | | (Labor); \$750 | Woman's: No | Camposes. | |
| | | (Market Fee); \$100 (Marketing Costs) | BREADA outreach market participation; 1 On-Site Market; 152 Vegetable Co-Op Boxes Delivered (Q3: 2 | Woman's staff attend Farmers Markets to educate community members related to breastfeeding and nutrition. | |



| | | | Attended | | |
|----------------------|-------------------|------------------------|----------------------|--|---------------------------------------|
| | | | during Q3; 16 | | |
| | | | Vegetable | | |
| | | | Co-Op | | |
| | | | Deliveries to | | |
| | | | 43 Recipients) | | |
| 2.2 Link children to | Provide 400,000 | OLOL: Did not | 234,661 meals | Meals served increased from 2013 to | BREC, EBRPSS, |
| | • | | | | · · · · · · · · · · · · · · · · · · · |
| meals through the | meals to children | report. | served [EBR | 2014, but dipped slightly from 2014 to | MHCI, OLOL |
| Summer Food Service | through SFSP | | 2016 only] | 2015. | |
| Program | | | | | |
| | | | OLOL: N/A | OLOL runs the program at their | |
| | | | | pediatric clinic. OLOL served 1925 | |
| | | | | meals from May 2015 – August 2015. | |
| 2.3 Promote and | 25 restaurants | BRG: 8 FTEs (chefs) | 7 restaurants | New partnership with Eat Fit NOLA | BRG, MHCI, |
| grow the Eat Fit BR | participating | | participating | commencing in October 2016. | Ochsner, |
| program | | MHCI budget: | | _ | OLOL, PBRC, |
| | | \$2,000 | OLOL: N/A | Dietitians from OLOL, PBRC, and | Woman's |
| | | • | | Woman's participate on the | |
| | | Ochsner: .05 FTE | Woman's: 1 | workgroup. | |
| | | | Hour Weekly | | |
| | | Woman's: \$600 | Phone Calls | Woman's participates in weekly | |
| | | Labor Costs | THORIC Cans | phones calls with Eat Fit BR; called | |
| | | EGDOI CO313 | | began on 10/10. Representatives also | |
| | | | | attended a 5 hour training on 10/8. | |
| | | | | arrended a 5 noor training on 10/6. | |
| | | | | DDC has badle of the six a of a hard-st- | |
| | | | | BRG has both of their cafeteria's | |
| | |) | 0101 157- | participate in the Eat Fit BR program. | |
| 2. 4 Provide healthy | # healthy meals | Woman's: \$12,500 (2 | OLOL: 1577 | Cafeterias at BRG (2 cafes, 2 coffee | Woman's, |
| meal options in | <u>served</u> | Servers), \$3,900 (.25 | <mark>Healthy</mark> | shops), Ochsner, OLOL, and | OLOL, |
| hospital and | | Dietician FTE) | Meals Served | Woman's are part of the program. | Ochsner |
| workplace cafeterias | | | (1 Cafeteria) | | |
| | | | | OLOL added | |
| | | | | | |



| | Voman's: |
|---|--|
| 2.5a Provide increased nutritional education to the community through classes, etc. 25 nutrition classes held 25 nutrition classes held BRG: 10 FTEs in Health and Wellness Center 10 Lane: Did not report/Quarter (1 FTE) Ochsner: .05 FTE OLOL: Did not report. | Jacathy Acals Served 56% of total ales Folume); (Q3: 19,445 Jeathy Acals Served 42% of Total ales Acals Served Acals |



| | 1 | T | | | 1 |
|-----------------------|----------------------|----------------------------|--|---------------------------------------|--------------|
| | | Woman's: None – | [Q4: 4 classes, | BRG held 3 community classes with | |
| | | Costs covered in Q4 | <mark>35-40</mark> | dietitians, creates educational | |
| | | By Grant [Q3: \$850 | attendees] | videos, and serves on the EBR school | |
| | | Estimate (Labor); | | health advisory council. | |
| | | \$1,500 (Marketing | Lane: 15 | , | |
| | | Materials); \$3,000 (8 | Classes, 110 | Lane hosts healthy eating classes | |
| | | Hours/Week); \$180 | Participants | twice a year and posts monthly | |
| | | (Labor Costs)] | [Q4: 12 | healthy recipes. | |
| | | [[[[] | Classes, 79 | Treating recipes. | |
| | | | | Ochanar anaratas a diabatas | |
| | | | Participants] | Ochsner operates a diabetes | |
| | | | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | program in partnership with the Y. | |
| | | | Woman's: 5 | | |
| | | | Nutrition | OLOL will offer a new dietetics | |
| | | | Classes, 33 | program at OLOL College. | |
| | | | participants | | |
| | | | in each class | PBRC holds nutrition education | |
| | | | [Q3: 5 Events, | courses at local grocery stores (3 in | |
| | | | 3 Classes | 2015) | |
| | | | (Cooking), | | |
| | | | 15-20 | Woman's has online videos and | |
| | | | Participants in | resources, offers classes and | |
| | | | Cohort] | participates in community wellness | |
| | | | , | fairs and events to provide | |
| | | | | education, and offers diabetes | |
| | | | | prevention programs to pre-diabetic | |
| | | | | cohort groups. | |
| 2.5b Provide | 6 gardens | City of Baton Rouge: | 8 gardens | BREADA provides healthy, local | BREADA, BRG, |
| increased nutritional | • | \$3630 (2016Q2) | supported | recipes and additional funding to | MHCI, OLOL, |
| | supported | φυσυσ (2016Q2) | | , | YMCA |
| education to the | 1000 | OLOL D: d : t | throughout | shoppers with SNAP/EBT. | IMCA |
| community through | 1000 participants in | OLOL: Did not | the city | | |
| community gardens | Farm-to-Work | report. | | MHCI supports 6 community gardens | |
| and access | programs | | OLOL: 0 | in Baton Rouge. | |
| programs | | BRG: Did not report | gardens | | |



| ON RO | | | | | |
|--|--|------------------------------|--|--|--|
| | | | supported (0 in Q4) | OLOL offers a farm to work program for employees. | |
| | | | OLOL: N/A for Q4 (186 Participants in Farm to Work IN Q3) | Both ExxonMobil and Baranco-Clark YMCAs have community gardens Sponsored Bernard Terrace Elementary Teaching Garden | |
| | | | MHCI: 54 participants in F2W this Season | | |
| | | | BRG: 2 gardens sponsored (0 in Q4) | | |
| Strategic Objective 3 | Increase access to p | hysical activity. | | | |
| 3.1 Provide access to physical activity in "play desert" areas | 55,000 participants in BREC on the Geaux (can we get a quarterly number) | OLOL: Did not report/Quarter | *Children served by BREC on the Geaux: 44,500 in 2015 | BREC operates 2 mobile recreation units that operate at schools, housing projects, and neighborhood parks. In 2015, they served over 44,500 children. | BREC, Girls on the Run, OLOL, PBRC |
| | | | Children participating in Girls on the Run: 740 in Fall 2016 | Girls on the Run was in 24 schools (630 participants) in EBR in Spring 2016 and 17 schools (740 participants) in Fall 2016. OLOL sponsors Go Noodle for local | |
| | | | | schools. | |



| 3.2 Make physical | 20 events | Ochsner: \$7,500 | OLOL: 3,530,030 minutes of student physical activity Events | PBRC and BREC partnered to provide a series of pilot Play Streets events in play deserts. These are planned to expand in the next few years. MHCI holds an annual Family Fit Day | AARP, BREC, |
|---|--|--|--|--|---------------------------------|
| activity an event in large, public settings | sponsored 400 participants in | sponsorship for Family Fit Day, .05 FTE | sponsored Events hosted | event that BREC, Ochsner, OLOL, and Woman's all provide activities and services at. Attendance in 2015 was | Humana, MHCI, Ochsner, |
| | Fitness Rocks 1600 participants in Family Fit Day XX runners in Doc's Dash XX runners in OLOL Amazing Half Marathon XX runners in Rock | OLOL: Did not report/Year (Family Fit Day); Did not report/Year (Children's Amazing Half Marathon) Woman's: None in Q4 BRG: Did not report | Attendance at FFD: 1200 in 2016 507 in 2017 Attendance at Fitness Rocks: 300 in January 2017 (350 in September 2016) | MHCI hosts 2 Fitness Rocks events year and BREC and OLOL participate in providing services and information. (avg. attendance is ~400) PBRC hosts an annual Doc's Dash 5K on their campus accompanied by a resource fair. (600 runners in 2015) OLOL Children's Hospital is starting an annual Amazing Half Marathon in | OLOL, PBRC, Woman's, YMCA |
| | N Roll 5k XX runners in the Louisiana Marathon | AARP: \$10,000 Sponsorship | OLOL: 1 Event Sponsored (GOTR) (2220 Runners in OLOL Amazing Half Marathon Weekend IN Q4) | 2016. AARP is a Family Fit Day Sponsor. YMCA hosts Healthy Kids Day each year to promote child and family health. | |



| | | | Woman's: None in Q4 | | |
|----------------------------------|--|----------------------|----------------------------|--|-------------------|
| | | | BRG: 22 participants | | |
| | | | <mark>at 1 event in</mark> | | |
| | | | Zachary 1 | | |
| | | | event rained | | |
| 0.0 | // / / / / / / / / / / / / / / / / / / | DDC D: 1 1 1 1 1 | out Q4 | | DDC I |
| 3.3a Encourage | # of workplace | BRG: Did not report | 55 workplace wellness | Lane has a fitness trail open to the | BRG, Lane, |
| organizations to adopt a healthy | wellness events | Lane: Did not | events (16 in | community and provides free immunizations to our employees and | Ochsner, OLOL, |
| workplace through | # of employees | report/Quarter (1 | Q3) | has an incentive for not smoking. | Woman's, |
| workplace wellness | participating in | FTE) | Q3) | rids diffice tilive for not smoking. | YMCA |
| programs | wellness incentive | , | 6416 | MHCI messages 5210+10 to | |
| | programs | Ochsner: Did not | employees | employees through the City-Parish's | |
| | | <mark>report</mark> | participating | contract with Healthy Lives. | |
| | | | in wellness | | |
| | | OLOL: \$3415/Year | incentive | Ochsner constructed a walking trail | |
| | | (investment in | programs | around the lake at the hospital and | |
| | | paths) | (2385 in Q3) | included a path at their Iberville site. | |
| | | Woman's: \$15,000 | BRG: 19 | OLOL added 3 new walking paths in | |
| | | (Labor for .5 FTE + | workplace | 2015. | |
| | | Estimated Meeting | wellness . | All hospital campuses are tobacco | |
| | | Time for | events 2,700 | free. | |
| | | Committee); \$300 | <mark>total</mark> | | |
| | | (Promo Materials | <mark>employees</mark> | Woman's provides free annual | |
| | | Cost); \$207,605 | participating | immunizations, health risk | |
| | | (Premium | in wellness | assessments, and lab work. They | |
| | | Discounts); \$99,200 | incentive | have incentives in place for wellness | |
| | | (Program Admin | programs(4 | participants and not smoking. | |





| Woman's: 8 |
|---------------------|
| Workplace |
| Wellness |
| Events, 10 |
| Educational |
| Offerings, 662 |
| Employees |
| Participating |
| in Wellness |
| Incentive |
| Programs, |
| 1110 |
| Employees |
| Participating |
| in Wellness |
| Program [Q3: |
| 5 Workplace |
| Wellness |
| Events, 1 |
| Wellness |
| Multi-Week |
| Challenge, |
| 662 |
| Employees Employees |
| Participating |
| in Wellness |
| Incentive |
| Programs, |
| 1,110 |
| Employees |
| Participating |
| in Wellness |
| Program] |



| | 1 | T | 1 | T | T . |
|--|---|--|--|--|--|
| 3.3b Encourage organizations to adopt a healthy workplace through healthy workplace certifications | Have 15 partner organizations be designated as WellSpots. Have 5 partner organizations designated as AHA | Lane: Did not report/Quarter Woman's: \$500 (Labor costs for .15 FTE) [Q3: \$10,000 (Estimated Labor Costs for Baby | YMCA: 400 employees 37 Wellspots (34 in Q3) 6 Fit Friendly Worksites (5 in Q3) Lane: 0 | Both BRG campuses are Wellspots and AHA Fit Friendly Worksites. 20 BRG clinics have been designated as Wellspots. (22) Lane is recognized by the AHA as a Gold Level Fit Friendly Company. (1) | BRG, Lane, Mary Bird Perkins, Ochsner, OLOL, Woman's, YMCA |
| | Fit Friendly Worksites. | Friendly Designation Prep)] OLOL: Did not report BRG: Minimal cost | Wellspots; 1 Fit Friendly Worksite Woman's: 4 Wellspots, 1 Fit Friendly Worksite (no change from Q3) OLOL: 1 | Ochsner Medical Center – BR is a Wellspot. (1) OLOL's Main Campus is an AHA Fit Friendly Worksite and a WellSpot. (1 and 1) All Woman's locations are WellSpots. Main Hospital is an AHA Gold-Level Fit Friendly Worksite, a Wellspot, a | |
| | | | Wellspot; 1 Fit Friendly Worksite BRG: 22 wellspots, 2 fit friendly worksites | Breastfeeding Friendly Workplace, and in stage 3 of 4 for Baby-Friendly designation. (1 and 1) Each YMCA location is a Wellspot (9 branches). | |



| 3.4 Establish local walking groups. | AARP: soft-launch WalkBR at Family Fit Day to recruit 40 participants who will be organized with walking clubs by zip codes. | AARP: \$5,000 | 7 walking groups 50 participants | The ExxonMobil Y has 25 participants in a twice-weekly group. (1 group and 25 participants) AARP/WALKBR supports and leads 7 walking clubs with 60 participants (combined total). | AARP, YMCA, BREC |
|---|--|----------------|---|--|---|
| Strategic Objective 4 | Promote health in all | policies. | | | |
| 4.1 Implement a Complete Streets Policy for East Baton Rouge Parish | # of projects considered for Complete Streets components # of walking audits | AARP: \$15,000 | # of projects considered for Complete Streets components # of walking audits Complete Street improvements will be prioritized for implementatio n along three major corridors in a segment of the city where data indicates maximum | City-Parish Metropolitan Council passed a Complete Streets Policy. MHCI is represented on the Citizens' Advisory Committee for Complete Streets and serves in an advisory role for the implementation of this policy. AARP sponsored a workshop conducted by the WALC Institute about Complete Streets for Advisory Board members and other stakeholders. (This was a one-time event) The Sustainable Transportation Action Committee (STAC) sponsored by AARP and CPEX, selected an area of the city identified as low income with high rates of health disparities and high numbers of pedestrian and bicyclist fatalities as a target area to demonstrate a collaborative, data driven process for planning and prioritizing Complete | AARP, STAC, CPEX, EBR DOTD, CATS, Planning Commission, Metro Council Districts 6, 7 and 11, HealthyBR |



| | | | benefit would result. | Street Improvements in a way that maximizes the ability to safely walk, bicycle, and use transit within the area and increases connectivity with other parts of the city-parish. | |
|--|--|---|--------------------------|--|---|
| 4.2 Advocate for a "health in all policies" approach in local government | N/A | AARP sponsorship of STAC: \$7,000 BRG: minimal cost Lane: 1 FTE Ochsner: minimal cost OLOL: Did not report. | N/A | Healthy BR created a Policy Roadmap for the near future. AARP convened the Sustainable Transportation Advisory Committee (STAC) as a group of citizens and stakeholders who advocate for Complete Streets and other sustainable transportation programs. MHCI serves on this committee. PBRC developed a Childhood Obesity Prevention Toolkit which uses a CDC simulation model to project reductions in childhood obesity rates based on the strength and breadth of policy adoption. Leadership from BRG, Lane, Ochsner, OLOL, and Woman's wrote a joint letter of support for a smoke-free policy for bars and casinos in Baton Rouge. | AARP, BRG, Lane, MHCI, Ochsner, OLOL, PBRC, Woman's |
| 4.3 Implement the recommendations of the Food Access Policy Commission | Create an allocation for a Fresh Food Financing Initiative | | Dollars appropriated | City-Parish has developed an RFP for a fresh food financing initiative. | MHCI |



| 4.4 Support the Baton | BRG: Did not_ | Woman's: | Many Healthy BR healthcare partners | BRAF, BRG, |
|-----------------------|-------------------|----------|--|-------------|
| Rouge "Health | report/quarter | N/A | have come together to financially | Mary Bird |
| District" | | | support the operation of the Baton | Perkins, |
| | Woman's: Minimal | | Rouge Health District and serve on its | Ochsner, |
| | Costs in Q4 [Q3: | | Board of Directors. | OLOL, PBRC, |
| | \$75,000 | | | Woman's |
| | (Contribution to | | | |
| | Establish the BR | | | |
| | Health District)] | | | |
| | , | | | |

| | | 2014 Baselin e | 2018 Goal | 2015 | 2016 | 2017 | 2018 |
|-------------------------------|--|----------------------|--------------|------|------|------|------------------|
| Population Health Measures | Adult Obesity Rate (CHR) | 34% | 30% | 33% | 32% | 33% | 32% |
| | Physical Inactivity Rate (CHR) | 25% | 22% | 25% | 25% | 25% | 27% |
| | Access to Exercise Opportunities (CHR) | 96% | 97% | 93% | 95% | 95% | <mark>97%</mark> |
| | Food Environment Index (CHR) | 6.5 | 7.5 | 6.3 | 6.2 | 5.9 | 6.5 |



| | | Priority: HI | / and other STIs | | | | | | | | |
|---|----------------------------|--|--|---|-------------|--|--|--|--|--|--|
| Goal | To increase the nu stigma. | mber of individuals who k | know their status, | transition positive screenings to care, ar | nd decrease | | | | | | |
| Strategic Objective 1 | Increase the numb | oer of individuals tested, n | naking HIV scree | cs Involved ed OLOL provides opt-out testing at the Q3) Main Campus, both main and pediatric EDs, and Livingston. Woman's Assessment Center protocol includes opt-out screenings. They provide screenings or tests of | | | | | | | |
| Action Step | Action Step Goal | Goal Employee or Financial Resources | | Program Metrics | Narrative | | | | | | |
| 1.1 Make HIV screenings opt-out in emergency rooms/assessment centers | # tested | OLOL: Did not report/Quarter Woman's: \$33,731 (Dedicated HIV Navigator), \$60,000 fy'16 Unreimbursed Cost of Case Management; [Q3: \$33,731 (Dedicated HIV Navigator)] | 1953 tested (2134 in Q3) 7 positives (8 in Q3) 7 newly diagnosed positives linked to care OLOL: 2082 tests, 14 positives, 14 newly diagnosed positives linked to care(1,315 Tests/Screeni ngs; 4 Positives; 3 Newly Diagnosed Positives Linked to Care in Q4) | Main Campus, both main and pediatric EDs, and Livingston. Woman's Assessment Center protocol includes opt-out screenings. | | | | | | | |



| 1.2 Make HIV screening available in community settings | # tested | | Woman's: 596 Tests/Screeni ngs, 1 Positives, 1 Newly Diagnosed Positives Linked to Care[Q4: 638 Tests/Screeni ngs, 4 Positives, 4 Newly Diagnosed Positives Linked to Care] 1423 tested 21 positives 17 newly diagnosed positives linked to care | Screenings are carried out by AIDS Service Organizations funded by the Office of Public Health's annual budget. 5 agencies. | OLOL, OPH |
|--|----------|--|--|--|--------------------------|
| 1.3 Make HIV screening available in urgent care and primary care settings. | # tested | BRG: 1 FTE social worker, 1 FTE nurse Ochsner: 6670 tests in BR region in 12 months | 591 tested 8 positives 8 newly diagnosed | BRG offers high-risk assessment during office visits, but not opt-out screening. Ochsner offers HIV screening in clinics and the hospital upon request. | BRG, Ochsner, OLOL |



| | | OLOL: Did not report. | positives linked to care OLOL: 642 | OLOL LSUHBR Urgent Care facilities include HIV screening as a routine test. | |
|--|----------|---|--|---|--------------------------------------|
| | | | tests, 4 positives BRG: Did not report | | |
| 1.4 Make HIV screenings available on college campuses | # tested | | # tested # positives #_Newly diagnosed positives linked to care | Testing programs, funded by the Office of Public Health, are operational at both LSU and Southern University. Plans for expansion to Baton Rouge Community College are being considered. | OPH |
| 1.5 Make HIV screenings available in FQHCs | # tested | New action item | # tested # positives #_Newly diagnosed positives linked to care | | |
| 1.6 Provide screenings and resources to victims of sexual assault | | Woman's: \$68,000 for FY '16 BRG: Did not report OLOL: Did not report | OLOL: 37 patients treated Woman's: 290 HIV screenings; 24 | Woman's is the designated hospital for female sexual assault victims age 14 or older. Woman's works with the Coroner's office to implement SANE and STAR programs; also works closes with law enforcement regarding | Woman's, BRG, Ochsner, OLOL |



| | | | patients treated [Q4: Did not report] BRG: Did not report | collection of evidence and creation of policy. BR General is the designated location of care for male victims of sexual assault. OLOL is the designated location of care for child victims of sexual assault. In Q4, OLOL treated 24 | |
|---|--|------------------------|--|--|---|
| | | | | patients for assault. | |
| Strategic Objective 2 | Increase awareness | about HIV/AIDS resourc | es and treatme | | |
| | | 1 | | • | |
| 2.1 Hold community events that include testing and counseling | 10 annual events with screening opportunities. | | # of community events with testing # of participants in community events with testing | Community events in 2015 included the March 7th event for the National Week of Prayer for the Healing of HIV and AIDS, the Black HIV/AIDS Awareness Basketball Game on March 28th, the Red Wig Walk, HIV/AIDS Candlelight, National Testing Day on June 27th, and World AIDS Day. The same schedule of events is planned for 2016 and 2017. | AIDS Service Organizations , MHCI |
| 2.2 Plan the annual Community HIV Summit | 100 attendees at the HIV Summit | MHCI Budget: \$1,000 | *90 attendees in 2015 | MHCI hosts an annual Community HIV Summit with a keynote speaker and breakout sessions. Over 90 professionals attended the 2015 Summit. | MHCI |
| Strategic Objective 3 | Decrease community | y stigma around HIV/AI | DS | | |



| 3.1 Have representation from persons living with HIV/AIDS on the education/awarenes s planning committee | 10 PLWHs on advisory committees | OLOL: Did not report sponsor for Camp HOPE | 14 PLWHs on advisory committees OLOL: N/A | Persons living with HIV/AIDS are members of all MHCI planning committees related to HIV and help develop MHCI action plans. Camp HOPE gives children who have AIDS a residential summer camp experience. | OLOL, MHCI |
|---|--|--|---|--|------------|
| Strategic Objective 4 | Support and advoca | ite for policy change th | nat affects stigm | a and treatment | |
| 4.1 Implement evidence-based programming in schools (Project AIM, TOP, etc.) | 5 schools using evidence-based programs | | # of schools using evidence- based programs | Evidence-based adolescent programs are being implemented in Housing Authority sites, but not currently in schools. Plan to implement a pilot program, supported by BRAC and BRAC member organizations, in schools in 2016-2017 school year. | BRAC, MHCI |
| 4.2 Educate School Board members about latest statistics and advocate for comprehensive, evidence-based sexual education. | 10 educational meetings with school administrators or school board members | | 0 school board members met with | Working with the Mayor and BRAC to create a favorable policy and leadership environment to implement programming in schools. | BRAC, MHCI |

| | | 2014 Baseline | 2018 Goal | 2015 | 2016 | 2017 | 2018 |
|-------------------------------|---------------------------------------|------------------|--------------|------|-------|-------|-------|
| Population Health Measures | Sexually Transmitted Infections (CHR) | 744 | 400 | 584 | 608.7 | 648.9 | 758.7 |



| Estimated HIV Case Rate (CDC) | 38.1 | 33 | 32.0 | 30.2 | |
|---|-------|----|-------|-------|--|
| Primary and Secondary Syphilis Rate per 100,000 | 10.3 | | 15.4 | 14.5 | |
| Chlamydia Rate per 100,000 | 498.0 | | 585.7 | 581.3 | |
| Gonorrhea Rate per 100,000 | 151.4 | | 204.8 | 210.4 | |
| Reported HIV Case Rate per 100,000 | 40.9 | | 32.0 | 30.2 | |
| Reported Stage 3 AIDS Case Rate per 100,000 | 20.7 | | 16.0 | 17.8 | |



| | | Priority: Mental o | and Behavioral H | ealth | | | | | | |
|---|-----------------------------|--|---|--|--------------------------------|--|--|--|--|--|
| Goal | To increase the nur stigma. | To increase the number of individuals who know their status, transition positive screenings to care, and decrease stigma. | | | | | | | | |
| Strategic Objective 1 | | Create an electronically supported coordinated process to facilitate early identification, referrals, and appropriate treatment of individuals with MH and BH conditions | | | | | | | | |
| Action Step | Goal | Employee or Financial Resources | Program Metrics | Narrative | Organizations Involved | | | | | |
| 1.1a Provide easy access (both online and paper based) to validated MH/BH screening instrument(s) in primary care settings. | # of screenings | BRG: Did not report FTEs Lane: N/A/Quarter (1 FTE) Woman's: \$350 (Labor) | BRG: No report at this time Lane: 192 screenings in primary care settings (225 Screenings in Primary Care Setting in Q4) Woman's: Did Not Report. | MHCI has partnered with GAINS to offer the GAINS-SS screening tool to healthcare providers in Baton Rouge. This screening tool will be a piece of a larger community referral resource that is under development. BRG is using a screening tool in primary care offices. Staff for intake and ER services at Bluebonnet. Lane uses a screening tool in primary care offices. | BRG, Lane, MHCI, Woman's | | | | | |
| 1.1b Provide easy access (both online and paper based) to validated MH/BH screening instrument(s) in inpatient care. | # of screenings | N/A Woman's: Working on Quantification Method | # of screenings Woman's: 584 Inpatient mental health consults [Q3: 585 Mental | All patients admitted to Woman's Hospital undergo a screening for risk factors and starting in 2015, all patients with a depression diagnosis receive a suicide assessment. | Woman's | | | | | |



| | | | Health Consults] | Lane conducts suicide screenings on all inpatient and ER patients upon admission | |
|---|---------------------------------------|---|--|--|---------------------------|
| 1.1c Provide easy access (both online and paper based) to validated MH/BH screening instrument(s) in urgent care. | # of screenings | | # of screenings | | |
| 1.2 Create a referral database of credentialed MH/BH providers that can be accessed by health professionals and the general public to facilitate referrals, schedule appointments, and provide a resource for medications | XX credentialed providers in database | | 200 credentialed providers in database | MHCI and the Crisis Intervention Center have worked with providers to build a list of database fields to be included in a referral database. This database will be built once the appropriate legal documents are signed to release funding. | MHCI, CIC |
| 1.3 Create educational content related to MH/BH resources and providers for use by the general public to help individuals make informed choices about MH/BH treatment | N/A | Ochsner: minimal cost OLOL: Did not report/Quarter | Listed on MedLineBR website Y/N OLOL: N/A | MHCI's Community Mental Health Working Group is assembling information to help community members understand the different types of behavioral health providers and services. Representatives from behavioral health service lines at Ochsner and OLOL serve on this group. | MHCI, Ochsner, OLOL |



| | | | | Ochsner has a protocol in the EHR to | |
|-----------------------|--------------|---------------------|-----------------|--|-------------|
| | | | | trigger depression screenings. | |
| 1.4 Fund the creation | N/A | MHCI Contract with | Funds already | MHCI had funds approved by the | MHCI |
| of a referral | | CIC: \$40,000 | allocated | Metropolitan Council to fund the | |
| database for MBH | | | | creation and maintenance of a | |
| resources | | | | referral resource database. | |
| 1.5 Educate and | Website hits | Lane: N/A/Quarter | # of website | Once the referral database is live, | Lane, MHCI, |
| recruit key | | (1 FTE) | hits | pilot projects will be launched with | OLOL, |
| stakeholders (primary | Referrals | | | partner hospitals (TBD). | Woman's |
| care physicians, key | | OLOL: Did not | # of referrals | | |
| specialty providers, | | <mark>report</mark> | | Lane presented BH information at 3 | |
| ER physicians, | | | Lane: not | community organizations in Q3. | |
| community-based | | Woman's: [Q3: | participating | | |
| providers, | | \$20,500 (Labor for | this quarter. | OLOL sponsored NAMI Conference | |
| policymakers, and | | CQO & Director of | 900 | for professionals treating and serving | |
| the faith-based | | Care Management | OLOL: N/A | those with mental illness. | |
| community) | | to develop | 0202.11771 | THOSE WITH THE THE TIME TO SE. | |
| | | program and | Woman's: 207 | Woman's revised nursing procedures | |
| | | protocols); \$1,200 | Mothers | for treatment for opioid-addicted | |
| | | (Estimated Labor)] | Identified With | patients; created a physical | |
| | | (Estimated Edisory) | Substance | reference guide "Managing Opioid | |
| | | | Misuse, 67 | Use in Pregnancy," created in | |
| | | | Neonatal | partnership with substance abuse | |
| | | | Withdrawal | treatment centers and created | |
| | | | Patients [Q3: | trending reports. Woman's hosts | |
| | | | 243 Mothers | monthly CALM support group study | |
| | | | Identified with | with LSUHSC School of Nursing to | |
| | | | Substance | | |
| | | | | support pregnant mothers with | |
| | | | Misuse, 107 | coping skills. | |
| | | | Neonatal | | |
| | | | Withdrawal | | |
| | | | Patients] | | |



| Strategic Objective 2 | Treat mental health p | patients through appropriate sources | of care. | |
|---|--|--|--|------------|
| 2.1 Decriminalize mental illness by providing law enforcement and the community alternatives to incarceration | Create community intakes and resources for behavioral health patients to help them avoid crisis situations and incarcerations. | | BRAF has funded consultants to design a one-stop behavioral healthcare center. CAHS took the lead on program design. A report with a budget, operational details, and funding plan was released in February 2016. BRAF, CAHS, and others are committed to implementing this plan in the next several years. | BRAF, CAHS |
| 2.2 Create integrated mobile teams of MH provider with CIT trained law enforcement | Assist law enforcement in responding to individuals in behavioral health crises. | In 2016, 84 officers and cadets received the 40-hour CIT training and 37 Parole officers received an 8 hour training | CAHS has applied for a grant to fund a pilot program. | CAHS |
| 2.3 Create integrated mobile teams of MH provider with EMS | Assist first responders in attending to calls involving a behavioral health crisis. | | CAHS and EMS have had initial meetings on program design. | CAHS, EMS |
| 2.4 Expand number of CIT trained officers and prison deputies | Train all law enforcement officers in how to respond to an | | CAHS has trained 64 officers in addition to incorporating the Crisis Intervention Training into the Police Academy. | CAHS |



| with mental health training | individual experiencing a behavioral health crisis. | | | All prison deputies have received a minimum of a 3-hour mental health training as of 2015. | |
|--|--|-------------------------|--|---|--------------------|
| 2.5 Reconfigure the Prison EMS staff to provide more MBH care | Provide more manhours of behavioral health care to offenders housed at the Parish Prison. | | | EMS met with the City Administration to discuss reorganizing salary dollars in the city budget to provide less physician and more nurse practitioner time in order to process the large number of individuals needing care at the prison. These changes have been made for the budget going forward. | EMS, MHCI |
| 2.6 Add a full-time social worker at the Parish Prison | Provide a LCSW for enhanced treatment and discharge planning at the Parish Prison. | | | A part-time contract between EMS/Prison Medical Services and CAHS was terminated in December 2014. A full-time contract was reestablished 6/15 and initiated 7/6/15. The focus is effective discharge planning and preventing re-arrest. A universal MH screening tool is being implemented in July 2015. | CAHS, EMS |
| Strategic Objective 3 | Enhance behavioral | health services in scho | ools. | | |
| 3.1 Provide access to behavioral health services in schools. | # of unduplicated encounters CAHS: | | 2523 unduplicated encounters BRG: 0 [Q4: 0] | CAHS was in 18 schools in EBRP for at least some period of time in 2015-2016. In the 2015-2016 school year CAHS saw 8638 encounters. | BRG, CAHS, OLOL |
| | HCS: CHMU: | | OLOL: 229 Unduplicated | OLOL: 8 LCSWs and 1 LMSW provide 14,431 hours through the Health | |



| Encounters | Centers in Schools program. 716 |
|-------------------|--|
| Through | encounters. |
| BRCHP, 1779 | |
| <u>encounters</u> | OLOL's Children's Hospital Mobile |
| through HCS | Health Unit provides behavioral |
| | health services to a rotation of local |
| Health Centers | schools. 75 encounters. 3600 hours of |
| in Schools | staff time during school year (social |
| (OLOL): 2,349 | workers and psychlogists) and 1280 |
| Encounters | hours during the summer months. |
| Through HCS* | |
| (6 month | |
| reporting | |
| period); [716 | |
| encounters | |
| Q3, | |
| approximately | |
| 75 mobile | |
| health unit | |
| encounters in | |
| Q3] | |
| | |
| Children's | |
| Hospital | |
| Mobile Unit: | |
| 3600 hours of | |
| staff time | |
| during school | |
| year (Social | |
| workers and | |
| psychologists) | |
| & 1280 hours | |
| during the | |



| | summer | |
|--|--------|--|
| | months | |

| | | 2014 Baseline | 2018 Goal | 2015 | 2016 | 2017 | 2018 |
|-------------------------------|----------------------------------|------------------|--------------|------|------|------|------|
| Population Health Measures | Mental Health Providers (CHR) | 850** | 600** | 736 | 690 | 470 | 340 |
| | Poor Mental Health Days (CHR) | 2.6 | 2.4 | 2.6 | 3.7* | 4.2* | 4.0* |
| | Excessive Drinking (CHR) | 15% | 12% | 15% | 19%* | 18%* | 18%* |

^{*}Change in methodology between years or should not be compared to previous years

^{**}We recently discovered an error in our method for identifying Mental Health Providers and Other Primary Care Providers in 2014-2016: we were including organizations as well as individual providers in each county. We have updated 2015-16 but unfortunately, the raw data used in the 2014 *Rankings* is no longer, available although when we are able to access that data, corrections will be issued.



| | | Priority: Overuse of | Emergency Depo | artments | | | | | | |
|---|--|---|---|--|--|--|--|--|--|--|
| Goal | | Decrease readmission rates through decreasing inappropriate use of emergency departments and expanding access to urgent and primary care. | | | | | | | | |
| Strategic Objective | Use data analysis to | Ise data analysis to evaluate the drivers of inappropriate use of emergency departments. | | | | | | | | |
| Action Step | Goal | Employee or Financial Resources | Program Metrics | Narrative | Organizations Involved | | | | | |
| 1.1 Create a Health Information Exchange | Have a live website with ED data from all local sources. | Ochsner: minimal cost OLOL: Did not report. BRG: Did not report | Website live: yes or no? OLOL: N/A | The Louisiana Healthcare Quality Forum runs a Health Information Exchange for live ED data. Currently data from Ochsner and OLOL is being fed live into the system. BRG is working through the last technical hurdles. | BRG, LHCQF, Ochsner, OLOL | | | | | |
| 1.2 Pilot projects to address the largest drivers of inappropriate use | # of patients in pilot projects | BRG: Did not report Ochsner: minimal cost OLOL: Did not report. | 399 patients in pilot projects (Q3: 455) BRG: 230 patients in pilot projects OLOL: 78 patients in pilot projects (169 Patients IN Pilot Projects in Q4) | | BRG, LHCQF, MHCI, Ochsner, OLOL | | | | | |



| 1.3 Use of tele- health/tele- medicine | # non-emergent tele-medicine encounters | New action item | # encounters | BRG is starting a tele-health program. | BRG, OLOL | | | | | |
|--|---|---|---|--|---|--|--|--|--|--|
| Strategic Objective 2 | Direct patients to ap | Direct patients to appropriate sources of care through education. | | | | | | | | |
| 2.1 Provide access to care education (right care, right time, right place message) | # of level 4 and 5 ED visits | Lane: N/A Ochsner: 1 FTE for urgent care facilities, .25 FTE for readmitted patients OLOL: Did not report. Woman's: Woman's: \$3.676 Million in Unreimbursed Costs of Care in ED by Hospitalists for FY '16 [Q3: \$35,190 Labor Costs due to Additional Slots] | # of level 4 ED visits: 16,833 (Q3: 14,781) # of level 5 ED visits: 1,786 (Q3: 1,549) BRG: Did not report Lane: 3437 Level 4 Visits, 239 Level 5 ED Visits Ochsner: did not report OLOL: 12,319 of level 4 ED visits, 878 of level 5 ED (12,374 Level 4 ED Visits, 1,102 Level 5 ED Visits in Q4) | Ochsner assigns case managers to readmitted patients. OLOL put a case manager in the ED to refer and schedule follow-up appointments as well as expanded hours at the Mid-City Urgent Care Clinic from 9AM-9PM 7 days/week. Woman's distributes information about proper sources of care to expectant mothers in an OB journal and has added 5 daily slots in the OB/GYN center for patients who would otherwise use the ED. Healthcare partners met in early 2015 about a common message. While a single message has yet to be adopted, partners are taking steps to educate the public: BRG provided information through brochures, direct mail, text messages, online, and through traditional advertising to low literacy areas of the city. | BRG, Lane, Mary Bird Perkins, Ochsner, OLOL, Woman's | | | | | |



| | | I | 1 | | |
|--|---|---|---|--|---------------------------------------|
| | | | Woman's: 1,129 Level 4 ED Visits, 395 Level 5 ED Visits | OLOL runs the MedLine BR hotline on behalf of MHCI which began the service through a grant. This line provides free medical advice and triage. OLOL also provides a 24/7 nurse line for patients and prospective patients. Lane provides an Urgent Care facility with expanded hours. | |
| 2.2 Provide a 24/7 free nurse hotline | # of calls # of patients seen through telemedicine | Ochsner: 4 FTEs OLOL: Did not report. Woman's: No Additional Expense (Calls are answered by house supervisor or lactation counselors with other job duties) | # of patients seen through telemedicine OLOL: 12 calls/patients seen through telemedicine (16 Calls in Q4) Woman's: 525 Calls in Q4 [Q3: 203 calls] | Ochsner has a 24/7 triage line for patients and prospective patients. Woman's has a nurse available 24/7 by phone to answer questions. A WarmLine is provided for breastfeeding support 24/7. | MHCI, Ochsner, OLOL, Woman's |
| Strategic Objective 3 | Promote increased c | ınd timely access to pri | mary and urgent | care. | |
| 3.1 Increase access to primary care services | Waiting time for 3 rd next available appt. | Lane: N/A OLOL: N/A | Average waiting time for 3 rd next | | Lane, OLOL, Ochsner, |



| | | BRG: Did not report | available appt.: | | BRG, Woman's |
|------------------------------------|-----------------------------------|---------------------|--------------------------------|---|-------------------------|
| | | | | | |
| | | | Lane: 1-2 Days [Q4: 1-2 | | |
| | | | Weeks] | | |
| | | | OLOL: 7.5 | | |
| | | | weeks (3 Weeks in Q4) | | |
| 3.2 Increase access to urgent care | # of patients seen in urgent care | Lane: N/A | 48,854 patients seen in urgent | Ochsner opened additional urgent care facilities. Plans are to open 3 | Lane, OLOL, Ochsner, |
| services | in orgeni care | OLOL: N/A | care (Q3: | additional urgent care centers in | Woman's |
| | | | 53,424) | 2016. | |
| | | | Lane: 2901 | | |
| | | | patients seen in urgent care | | |
| | | | (2,196 Patients in Q4) | | |
| | | | | | |
| | | | OLOL: 50,431 (46,658 | | |
| | | | Patients in Q4) | | |

| | 2014 | 2018 | 2015 | 2016 | 2017 | 2018 |
|--|----------|------|------|------|------|------|
| | Baseline | Goal | | | | |
| | | | | | | |



| Population Health | Preventable Hospital | 46 | 43 | 44 | 38 | 33 | <mark>33</mark> |
|-------------------|--|------|------|------|------|------|-----------------|
| Measures | Stays (CHR) | | | | | | |
| | Uninsured (CHR) | 18% | 14% | 17% | 18% | 16% | 12% |
| | Primary Care Physicians Ratio (CHR) | 1156 | 1100 | 1143 | 1150 | 1110 | 1110 |





Hospital Summary Tool

| | 1.3 3.3a 2.3 3.3b 2.5a 4.2 3.1 | | HIV/AIDS and other STIs | Mental and Behavioral Health | Overuse of Emergency Departments | | |
|---|--|---|----------------------------|---------------------------------|--|-------------------|--|
| Baton Rouge General Medical Hospital | | | 1.3 1.6 | 1.1a 3.1 | 1.1 2.1 1.2 3.1 1.3 3.2 | | |
| Lane Regional Medical Center | 2.5a 3.3a | 3.3b 3.4 | | 1.1a 1.5 | 1.1 1.2 2.1 | 2.2 3.1 3.2 | |
| Ochsner Medical Center-Baton Rouge | 2.1 2.3 2.4 3.5a | 3.2 3.3a 3.3b 4.2 | 1.3 | 1.3 | 1.1 | 2.1 2.2 | |
| Our Lady of the Lake Regional Medical Center/Surgical Specialty Center | 1.1 1.3 2.1 2.2 2.3 2.4 2.5a | 2.5b 3.1 3.2 3.3a 3.3b 4.2 | 1.1 1.3 1.6 3.1 | 1.3 1.5 3.1 | 1.1 1.2 2.1 | 2.2 3.1 3.2 | |
| Woman's Hospital | 1.3 1.4 2.1 2.3 2.4 2.5a | 3.2 3.3a 3.3b 4.2 4.4 | 1.1 | 1.1a 1.5 1.1b | 2.1 2.2 | 3.1 3.2 | |



Community Health Needs Assessment Implementation Plan Q1 2017

Acronym and Abbreviation Guide

AARP: American Association of Retired Persons (formerly)

BRAC: Baton Rouge Area Chamber

BREADA: Big River Economic and Agricultural Development Alliance

BREC: The Recreation and Park Commission for the Parish of East Baton Rouge

BRG: Baton Rouge General Medical Center CAHS: Capital Area Human Services District

CIC: Crisis Intervention Center

EBRPSS: East Baton Rouge Parish School System
EBRRA: East Baton Rouge Redevelopment Authority

EMS: East Baton Rouge Parish Emergency Medical Service

Lane: Lane Regional Medical Center LDA: Louisiana Dental Association

LHCQF: Louisiana Healthcare Quality Forum

MHCI: Mayor's Healthy City Initiative

Ochsner: Ochsner Health System – Baton Rouge

OLOL: Our Lady of the Lake Regional Medical Center

PBRC: Pennington Biomedical Research Center

SSC: Surgical Specialty Center TBR: Together Baton Rouge Woman's: Woman's Hospital

Community Health Needs Assessment Implementation Plan Q1 2017

Hospital Narratives

Lane does not currently participate in HIV initiatives due to cost constraints. Lane does provide HIV testing when deemed medically necessary in the emergency room, urgent care center, and primary care physician offices.