Adventist Health Castle

2018 Community Health Plan Annual Update
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Adventist Health Overview

Adventist Health Castle is an affiliate of Adventist Health, a faith-based, nonprofit integrated health system serving more than 80 communities on the West Coast and Hawaii.

Adventist Health entities include:

- 20 hospitals with more than 3,200 beds
- More than 280 clinics (hospital-based, rural health and physician clinics)
- 13 home care agencies and seven hospice agencies
- Four joint-venture retirement centers
- Compassionate and talented team of 35,000 associates, medical staff physicians, allied health professionals and volunteers

We owe much of our heritage and organizational success to the Seventh-day Adventist Church, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths. Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the “radical” concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.

More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and more than 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

OUR MISSION:
Living God’s love by inspiring health, wholeness and hope.

OUR VISION:
We will transform the health experience of our communities by improving health, enhancing interactions and making care more ...
Aloha

During the past year, Adventist Health Castle continued our journey of service to the community and caring for our patients with excellence. As a 2017 Malcolm Baldrige Award recipient, we continue to focus on quality. Our providers and associates deliver care and services in an environment where “love matters” and we are tenacious about “chasing zero” harm to our patients.

We take seriously the findings from our community health needs assessment that inform our improvement plans and services. We evaluate and improve our models of care to address the complex social factors that impact people and their ability to make healthy choices. Our hospital and clinics work with neighboring health care organizations and the department of health to achieve greater value for the community.

We are dedicated to our mission of living God’s love by inspiring health, wholeness and hope to support healthier lifestyles. Throughout 2018, we were grateful for the opportunity to serve the community and look forward to continuing our efforts into the future.

Sincerely,

Kathryn A. Raethel

Kathy Raethel, MHA, FACHE
President
Castle Medical Center

Number of Hospital Beds: 160
Kathryn Raethel, President and CEO
Joyce Newmyer, Chair, Governing Board
640 ‘Ulukahiki Street
Kailua, Hawai‘i 96734
808-263-5500

Existing healthcare facilities that can respond to the health needs of the community:
For Hawaii, we assess the community needs as a state effort, and below is a list of the facilities participating in the CHNA coordinated by the Healthcare Association of Hawaii. These organizations can respond to the health needs of the community and this is not a comprehensive list as there are other healthcare facilities that serve the community as well.

- Molokai General Hospital
- North Hawai‘i Community Hospital
- Pali Momi Medical Center
- The Queen’s Medical Center
- The Queen’s Medical Center - West O‘ahu
- Rehab Hospital of the Pacific
- Shriners Hospitals for Children
- Straub Medical Center
- Wahiawā General Hospital
- Wilcox Medical Center
Community Health Development Team

Tracie Ann Tjapkes
Director; Wellness and Lifestyle Medicine

Jesse Seibel
Director, Mission Integration & Spiritual Care

Derek Dickard
Castle Physician Network/Outpatient Clinic

Jasmin Rodriguez
Director; Marketing and Media Relations

Kate Saavedra
Director; Castle Health Group
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Request a paper copy from Administration/President’s office. To provide comments or view electronic copies of current and previous community health needs assessments go to:
https://www.adventisthealth.org/about-us/community-benefit/
Invitation to a Healthier Community

Fulfilling Adventist the Adventist Health Mission

Where and how we live is vital to our health. We recognize that health status is a product of multiple factors. To comprehensively address the needs of our community, we must take into account health behaviors and risks, the physical environment, the health system, and social determinant of health. Each component influences the next and through strategic and collective action improved health can be achieved.

The Community Health Plan (Implementation Strategy) marks the second phase in a collaborative effort to systematically investigate and identify our community’s most pressing needs. After a thorough review of health status in our community through the Community Health Needs Assessment (CHNA), we identified areas that we could address through the use of our resources, expertise, and community partners. Through these actions and relationships, we aim to empower our community and fulfill our mission, “to share God’s love by providing physical, mental and spiritual healing.”

Identified Community Needs

The results of the CHNA guided the creation of this document and aided us in how we could best provide for our community and the most vulnerable among us. As a result, Adventist Medical Castle has adopted the following priority areas for our community health investments for 2017-2019:

- Diabetes
- Access to health services

Additionally, we engage in a process of continuous quality improvement, whereby we ask the following questions for each priority area:

- Do our interventions make a difference in improving health outcomes?
- Are we providing the appropriate resources in the appropriate locations?
- What changes or collaborations within our system need to be made?
- How are we using technology to track our health improvements and provide relevant feedback at the local level?
- Do we have the resources as a region to elevate the population’s health status?

Building a healthy community requires multiple stakeholders working together with a common purpose. We invite you to explore how we intend to address health challenges in our community and partner to achieve change. More importantly though, we hope you imagine a healthier region and work with us to find solutions across a broad range of sectors to create communities we all want for ourselves and our families.
2018 Community Benefit Update

In 2016 Adventist Health Castle conducted a community health needs assessment and was followed by a 2017 Community Health Plan (Implementation Strategy) that identified the priority needs listed below. The prioritized needs were chosen based on community health data and the voices of our community. Working together with our community is key to achieving the necessary health improvements to create the communities that allow each member to have safe and healthy places to live, learn, work, play, and pray. Below you will find an inventory of additional interventions supporting the health of our communities.

**Priority Need - Diabetes** The Wellness and Lifestyle Medicine Center receives referrals for children, adolescents, and adults diagnosed with obesity and/or diabetes. On a continual basis throughout the year, a morning and evening 5-week Self-Management Education Diabetes Program class was offered.

- **Number of Community Members Served:** 1,121 diabetic patient encounters were served in our American Association of Diabetes Educators accredited program

In 2018, we worked on increasing awareness and engagement of participants. Based on input from the primary care providers (PCPs) and their staff we made 2 changes in our scheduling and referral processes. 1) Referring PCPs and staff can directly schedule new patients for our diabetes group classes and insurance verification is made thereafter instead of the reverse. By allowing direct scheduling, this allows patients immediate scheduling on their calendars. 2) We changed from making 3 to 2 phone calls to each referred patient. We continue to mail letters to referred prospective patients and are copying their PCP on the letters. This informs the provider as to whether the patient followed through with the referral and is useful information to the provider for follow-up communication.

- **Number of Community Members Served:** 269 unique patients Our 2019 goal is to increase from a completion rate of 87% to a 90% completion rate with at least 300 unique patients.

We mailed a post card to community residential addresses and have received a positive response from patients who directly want to enroll in classes. We are continuing this communication on a quarterly basis.

- **Number of Community Members Served:** 55,000 homes

We launched an Instagram (IG) and Facebook account #castlewellnesshawaii to reach new and existing participants.

- **Number of Community Members Served:** 350 followers with a goal of 1,000

We are working to proactively reduce the number of readmissions related to diabetes. As of October 2017, we hired a Certified Diabetes Educator (CDE) who is a Nurse Practitioner (NP) and she receives referrals for all diabetes and prediabetes patients’ inpatient and outpatient. The CDE/NP establishes an introduction between the patient and his/her family with our diabetes program followed by scheduling outpatient services with our Diabetes Self-Management Education program post hospital
discharge. We are reviewing additional information to determine the barriers as to the reason more patients are not attending outpatient education classes, and developing solutions and alternatives as there are proven benefits of completing Diabetes Self-Management Education services.

- Number of Community Members Served: 170 patients

The Center provides inspiration, and behavior change skills to help participants build a healthy, body, mind, and spirit through programs including tobacco cessation, therapeutic massage, nutrition counseling, monthly cooking demonstrations called *Eat Well for Life*, and free monthly speaker series called *In Sickness & In Health*.

- Number of Community Members Served: 1,258

10 different types of fitness classes including 2 new classes (yoga and pulmonary fitness,)

- Number of Community Members Served: 7,759 contacts

Additionally, support group services were offered for other chronic conditions such as mental health, grief, etc.

- Number of Community Members Served: 529

**Partners – Please list the partners involved with this priority area.**

- American Diabetes Association
- American Association of Diabetes Educators
- Castle Health Group
- Endocrinologist Steven Lum, MD Castle Health Group

**Program outcomes**

<table>
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<th>2015</th>
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Previously we have evaluated body mass index (BMI) to determine obesity and health status verses using weight. Body composition gives a better estimate of fitness level and health risk. We will replace BMI with body fat composition to have a meaningful measurement related to health status beyond weight and A1C. Initial Body Fat measurements improved.

In reviewing other health outcomes, it was learned that 83% of patient feel their diabetes is controllable. We aim to improve on self-confidence rates beyond 83%. We have revised our survey tool to implement this measurement tool with patients pre and post education.

We met with Castle Health Group primary care providers (PCPs) and their staff to streamline the process to scheduling new patients. We continue to address our gaps and seek new opportunities to better deliver diabetes education and improve management of diabetes.

**Priority Area - Access to Health Services**

Intervention: Added OBGYN services to our Rural health Clinic in Laie.

- Number of Community Members Served: 2,201 unique people were served in our Rural Health Clinic

Intervention: Hired 2 new Nurse Practitioners to provide same day access to patients in Kailua, Kane‘ohe, and Lai‘e.

- Number of Community Members Served: 875 people were able to be served for same day visits

Intervention: A primary care providers was retiring with no one to take care of his patients in Kane‘ohe.

- Number of Community Members Served: Established and transitioned care of 957 patients.

**Partners – Please list the partners involved with this priority area.**

- Castle Health Group
- Pali Women’s Health Center and Pali Medi Spa
What was the impact in 2018 for your priority area? In 2017 we had 20,687 visits throughout our clinics. In 2018, by adding our new Nurse Practitioners to help increase our access to care, adding OBGYN services to Lai‘e, and caring for the retiring Kane‘ohe primary care physician’s patients we increased our visits by 2,565. We also had a focus of increasing our compliance rate of A1C compliance. We had an increase of patient compliance from 75% in 2017 to 79% in 2018.

Other Community Benefits –
Through a Hawaii Community Foundation Grant, we also provided outpatient tobacco treatment counseling to participants who were primarily low-income, low-education, or unemployed (important, vulnerable groups who have higher tobacco use prevalence and may face additional barriers to quitting tobacco). If appropriate, these people were provided with grant-funded tobacco treatment medications. Additionally, a tobacco support group was created and 51 encounters were provided. Outreach and care to expectant moms who smoke has been provided with support from a new grant called Baby and Me Tobacco Free.

- Number of Community Members Served: 127 participants. 332 people received tobacco treatment services in the hospital and 698 Behavioral Health Service inpatient group encounters on healthy lifestyle and tobacco prevention education were provided.

Our Aloha Kidney Class, taught by nephrologist Ramona Wong, M.D., serves those individuals who have stage 3, 4, or 5 chronic kidney disease but who are not on dialysis. This six-class series, which was offered four times.

- Number of Community Members Served: 1551 patients

Partners –
- Aloha Care
- Aloha Kidney
- Aloha United Way
- Alzheimer’s Caregivers’ Group
- American Diabetes Association
- American Heart Association
- Boys and Girls Club of Hawai’i
- Hawai’i Nutrition and Physical Activity Coalition
OUR MISSION:
To share God’s love by providing physical, mental and spiritual healing

- Hawai’i Medical Service Association
- Hawai’i Pacific Health – Healthy Weight and Your Child
- Hawai’i State Department of Education
- Hawai’i State Department of Health
- Healthy Hawai’i Initiative, Tobacco Settlement Project
- Hospice Hawai’i
- Mental Health America of Hawai’i
- National Association for Mental Illness
- Parkinson’s Disease Foundation
- University of Hawai’i Cancer Center
- YMCA

Changes in 2018
Findings and conclusions from the statewide Community Health Needs Plan will be reviewed to select the priority areas for our 2019 focus and will be updated in our 2020 Community Health Needs Plan (Implementation Strategy and Plan.)
Connecting Strategy and Community Health

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Health systems must now step outside of the traditional roles of hospitals to begin to address the social, economic, and environmental conditions that contribute to poor health in the communities we serve. Bold leadership is required from our administrators, healthcare providers, and governing boards to meet the pressing health challenges we face as a nation. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

1. The distribution of specific health statuses and outcomes within a population;
2. Factors that cause the present outcomes distribution; and
3. Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

1. Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
2. Improve care quality and patient safety and
3. Advance care coordination across the health care continuum.

Our mission as a health system is to live God’s love by inspiring health, wholeness, and hope. In order to pursue this mission, we must partner with organizations in the community who are aligned with this mission. These organizations include community centers, youth clubs, communities of faith, schools, other health providers, and more. With a major emphasis on community health, we expect these relationships to help us re-imagine our future business model, services, and facilities.