Community Health Needs Implementation Plan

2023-2025

Sherman Oaks Hospital

Member of Prime Healthcare

CONTENTS

SHERMAN OAKS HOSPITAL COMMUNITY HEALTH NEEDS IMPLEMENTATION PLAN 2023-2025

INTRODUCTION AND BACKGROUND

Background – Sherman Oaks Hospital

Sherman Oaks Hospital (**"SOH"** or the **"Hospital**") is a 153-bed, not-for-profit, acute-care community hospital located in Sherman Oaks, California, and a member of the Prime Healthcare Foundation, a 501 (c)(3) charity. Serving the medical needs of the San Fernando Valley, SOH endeavors to provide comprehensive, quality healthcare in a convenient, compassionate and cost effective manner. Staffed with over 700 employees and an extraordinary team of physicians, the Hospital is recognized for advanced technology and compassionate care. It provides 24/7 emergency care in addition to a full range of specialized medical, surgical, diagnostic, and hyperbaric medicine services to improve and save lives. Patients treated through Sherman Oaks Hospital receive the services of a large medical system in a smaller, more personal setting.

Prime Healthcare Services has operated Sherman Oaks Hospital since purchasing it in 2006. In 2012 Sherman Oaks Hospital was donated to the Prime Healthcare Services Foundation and became a not-for-profit organization. Since the arrival of Prime Healthcare, SOH has flourished in re-establishing itself as the premier hospital of the surrounding communities. A board composed of physicians, community representatives and lead staff oversee SOH's operations. The Board's composition is presented in Appendix A and the services provided by SOH are listed in Appendix B.

MISSION AND VALUES

As a not-for-profit hospital, we strive to ensure that all residents have access to the most advanced healthcare treatments and services available, regardless of ability to pay. This is expressed in our mission statement, and the values that crystallize that statement.

Our Mission is to deliver compassionate, quality care to patients and better healthcare to communities.

Our Values include:

Quality

We are committed to always providing exceptional care and performance.

Compassion

We deliver patient-centered healthcare with compassion, dignity and respect for every patient and their family.

Community

We are honored to be trusted partners who serve, give back and grow with our communities.

Physician Led

We are a uniquely physician-founded and physician-led organization that allows doctors and clinicians to direct healthcare at every level.

As part of its ongoing mission to serve the Sherman Oaks community and surrounding areas, SOH developed a Community Health Needs Assessment (CHNA) in 2022. This document can be found on SOH's website. This Implementation Plan, (or Plan) addresses the primary health needs developed in the Needs Assessment process.

Background – 2022 Sherman Oaks Hospital Community Health Needs Assessment

SOH, in conjunction with KeyGroup, developed a Community Health Needs Assessment using three primary data sources. These were designed to solicit input from the communities in SOH's service area, and to analyze this input to determine health needs which could be best addressed by SOH, either alone or through participation with other community members. The three data inputs included:

- Online demographic and consumer research data.
- Surveys distributed to community organizations and individuals, both in written and online forms.
- Focus Group interviews conducted with interested parties with which SOH interacts.

The information collected was summarized and analyzed. Areas of particular need were highlighted, and in focus group discussions, these needs were prioritized, both in terms of community need, and in terms of SOH's ability to actively intervene to produce change. The CHNA report summarizes the process, and presents the data analyzed, along with the conclusions as to areas for intervention. A copy of this document can be found on the SOH website.

The 2023-2025 Sherman Oaks Hospital Community Health Needs Implementation Plan addresses issues outlined in the 2022 Sherman Oaks Hospital Community Health Needs Assessment. This Implementation Plan outlines actions to be taken by the Hospital to address those issues.

SERVICE AREA

SOH's Primary Service Area (PSA) has evolved slightly from the 2022 CHNA report which used 2021 discharge data. The 2021 PSA for the SOH's Primary Service Area consisted of eight zip codes which represented 85% of total discharges. In 2022 those eight zip codes received only 53% of total discharges. Another five zip codes each received between 2% and 4% of total discharges or more for a total of 15%. These are considered a Secondary Service Area (SSA). Thus 13 zip codes were responsible for just over two-thirds of all discharges, and no other zip code got more than 2% of discharges. This change is probably due to travel restrictions in 2021, which were easing by 2022.

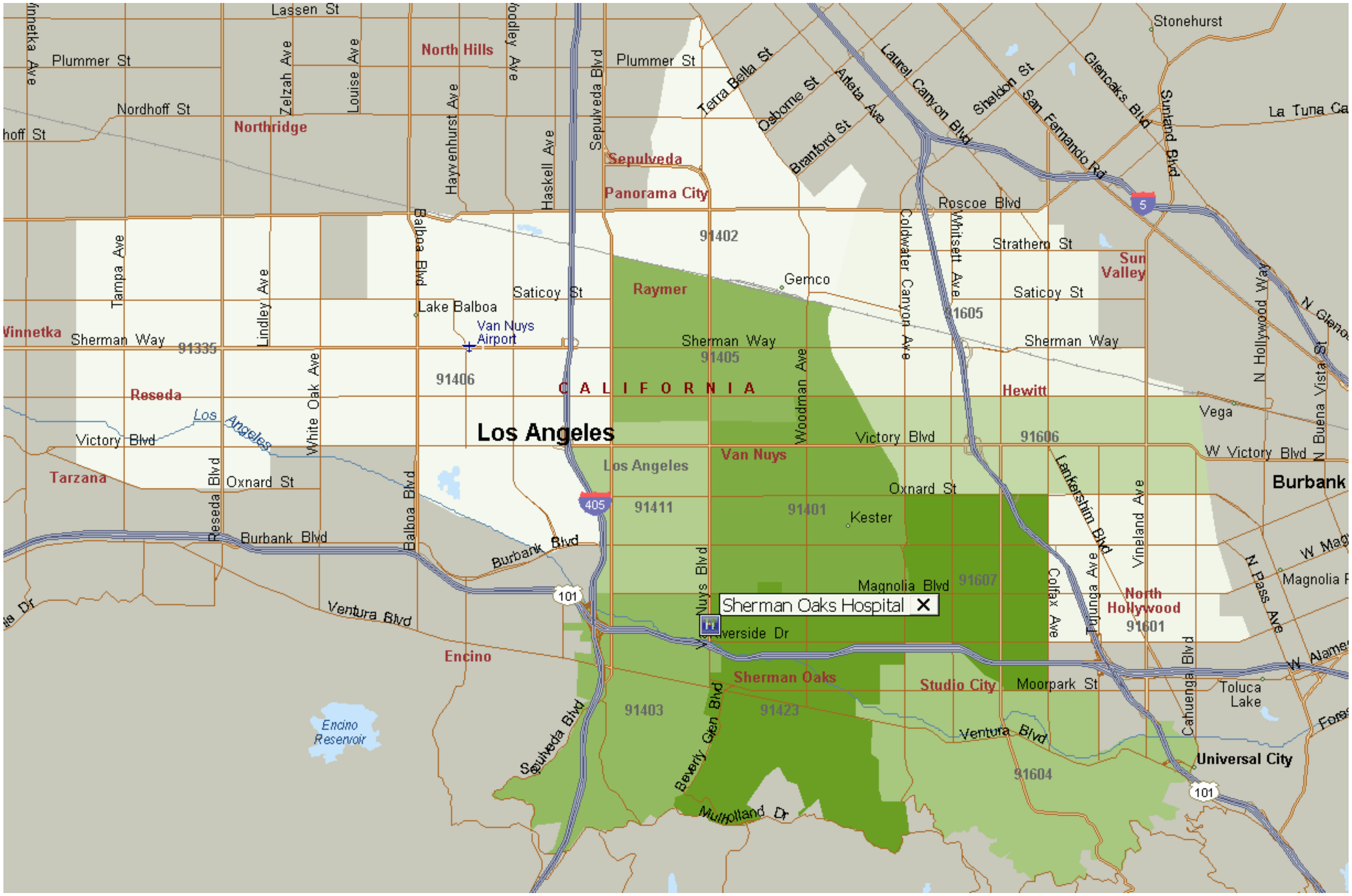
It should be noted that of the 4,164 discharges listed, just over 2.4% (103) reported “No Zip Specified” as their address (listed as ZZZZ on discharge runs). Notes in the discharge data indicate that many of these were listed as homeless, while others were released into custody of non-residential providers (police, or other institution).

The Primary Service Area is highlighted in green on the following map. The density of color indicates the relative contribution to the total discharges The PSA zip codes include the following, listed in descending order of discharges:

- 91607 Valley Village
- 91423 Sherman Oaks
- 91401 Van Nuys
- 91405 Van Nuys
- 91403 Sherman Oaks
- 91604 Studio City
- 91411 Van Nuys
- 91606 North Hollywood

The zip codes in the Secondary Service Area are shown in white on the following map.

- 91601 North Hollywood
- 91605 North Hollywood
- 91402 Panorama City
- 91406 Van Nuys
- 91335 Reseda
- 91366 Sylmar



Sherman Oaks Hospital
Los Angeles
CALIFORNIA
North Hills
Northridge
Sepulveda
Panorama City
Raymer
Van Nuys
Sun Valley
Hewitt
Reseda
Winnetka
Tarzana
Encino
Sherman Oaks
Studio City
North Hollywood
Burbank
Universal City
Toluca Lake
Stonehurst
Vega
Gemco
Kester
Lake Balboa
Van Nuys Airport
Encino Reservoir
91402
91405
91406
91335
91411
91401
91606
91605
91607
91601
91403
91423
91604
Plummer St
Nordhoff St
Roscoe Blvd
Saticoy St
Sherman Way
Victory Blvd
Oxnard St
Burbank Blvd
Magnolia Blvd
Ventura Blvd
Moorpark St
Mulholland Dr
Sepulveda Blvd
Balboa Blvd
Reseda Blvd
Woodman Ave
Coldwater Canyon Ave
Laurel Canyon Blvd
Lankershim Blvd
Vineland Ave
Colfax Ave
Cahuenga Blvd
Beverly Glen Blvd
Lassen St
Tampa Ave
Lindley Ave
White Oak Ave
Zelzah Ave
Louise Ave
Haskell Ave
Haynenhurst Ave
Strathern St
Whitsett Ave
Sunland Blvd
San Fernando Rd
Glenoaks Blvd
Sheldon St
Terra Bella St
Osborne St
Branford St
Arleta Ave
La Tuna Ca
N Hollywood Way
W Victory Blvd
N Pass Ave
Magnolia
Los Angeles
405
101
5

SHERMAN OAKS HOSPITAL SERVICE AREA NEED ISSUES

The CHNA conducted in 2022 was done on three tracks:

1. **Demographic Research and Analysis –** Data from SOH and various other sources was analyzed to determine the area served and the demographic characteristics of that area. Needs common to the area were highlighted and served to focus the Hospital's decisions on needs to address.
2. **Community Surveys –** A 50-question survey form was distributed to members of various community groups and service organizations by hospital staff, and a SurveyMonkey version was sent to addresses on SOH's public email list. Over 200 surveys were returned, summarized, and analyzed.
3. **Focus Group Discussions –** Community representatives from local organizations, service providers, government agencies, and other interested parties were recruited to participate in focus group discussions. The process involved brainstorming to elicit ideas of possible health needs, review of the ideas presented, and a series of votes to first narrow down the list of needs, and secondly to determine the needs which SOH could best address. This process forms the basis for the Implementation Plan, since it represents the service area community's conclusions as to how best to address community needs.

FOCUS GROUP DISCUSSIONS

The results of the CHNA process formed the basis for the Implementation Plan that is to guide SOH's participation in community health care for the years 2023, 2024, and 2025. The issues listed below are the ones selected as the ones most appropriate for SOH's intervention in the 2022 focus group. The **SOH's Plan** section in each issue discussion outlines the Hospital's plans to address the issue, and the **SOH's Results** section of the discussion lists the accomplishments over the past three years related to each need category.

The issues selected were:

1. Mental Health,
2. Continuity of Care,
3. Homelessness, and
4. Employee Issues.

It is important to note that the Covid-19 pandemic was the dominant health issue for most of the 2020-2022 period. Most long-term plans initiated at the start of 2020 took a back seat to crisis management issues of employee health, availability of personal protective equipment, and need for ventilation equipment. These issues dominated staff and administrative time. As the pandemic progressed, and new and conflicting data as to how to address the disease appeared, management scrambled to adjust operations and cope with increased patient flow and loss of staff. As new vaccines were developed and became available in limited amounts, operations and planning shifted to getting populations immunized.

At the start of the year 2022, with growing vaccine availability, issues related to distribution became salient and were on the minds of focus group members as the meetings occurred. Discussions about SOH's response to the crisis focused on ways the Hospital could best address the easing of the pandemic while being the best provider of services that the community needed within the limits of the Hospital's specialties.

While pandemic issues continue to reverberate through the healthcare community, the more salient problems are secondary effects of Covid, which played out in the focus group discussions. Two issues that relate to the pandemic

include staffing shortages, and the growth in the unhoused population in the county along with its mental health and care coordination side effects. All these issues affected SOH's community service efforts, and represent the areas of concentration for SOH's community involvement efforts. SOH's plans to address them are discussed in the following section.

PRIMARY HEALTH NEEDS FOR SHERMAN OAKS HOSPITAL'S CONCERN

1. **Mental Health** - According to the primary data collected via key informant interviews, focus groups and surveys, the majority of respondents identified mental health as a major issue in the Sherman Oaks Hospital service area. Discharge records for 2022 from SOH show that while the single most common Diagnosis Related Group **(DRG)** for the year was sepsis (DRG 871) due largely to Covid infections, the largest family of diagnoses is Psychoses (the overall term for mental health issues). Mental Health was the most commonly cited Health Need by focus group participants the 2019 CHNA, and it was selected by the 2022 SOH focus groups as the most important issue for SOH to address.

   This condition is often a co-morbidity with other physical ailments, and behavioral issues existing beside actual physical disabilities complicate treatment for the physical manifestations. While mental health conditions are formally considered equivalent to physical ailments for payment purposes, diagnosis and treatment protocols for them are less well-defined. Most insurers tend to encourage outpatient care for all but the most dangerous mental conditions. Additional problems related to mental health include a high incidence of homelessness and substance abuse, which are not amenable to inpatient treatment and are typically not considered reimbursable services by payors. Since hospitals have no control over patients' mental illness treatment courses after they are discharged, and compliance with treatment regimens is difficult, patients with mental issues in addition to their physical ills are some of the most often re-admitted clients at any hospital. The mental health issues associated with Covid-19 are only beginning to be revealed and analyzed, and treatment modalities are expected to reflect discoveries related to the virus.

SOH's Plan – As a primary care provider of mental health services, particularly in geriatric services, SOH is dedicated to continuing its existing services. As more focus is directed to mental health issues associated with acute admissions to hospitals, SOH is expanding its coordination practices with community providers to identify high-intensity users of Hospital services with accompanying mental health issues that can be addressed in alternative settings. With better coordination, these clients can be directed to more appropriate care sites. SOH will also research options to coordinate community care solutions with the Hospital's inpatient services as crises arise in those community locations, and reflect innovations in care to address Covid-19 issues.

SOH's Results – The specialized 19-bed inpatient unit is designed specifically to focus on senior behavioral health, addressing the unique emotional, behavioral, and mental health needs of adults ages 50 and older. SOH's program is designed to improve day-to-day functioning, leading to improved health and a higher quality of life. Our team is comprised of experienced and compassionate healthcare professionals who are devoted to providing the care and emotional support these patients and families need. Because the program is Hospital-based, we can accept patients suffering from psychiatric issues and chronic medical conditions. At the close of 2022, increases in mental health encounters were continuing to occur, and the Hospital has expanded its services to address the influx. More concrete updates to operations will be incorporated as Covid-19 related mental health issues are more clearly understood, and the impact of Covid-19 is felt by area residents.

2. **Continuity of Care** – Existing payment programs and referral patterns among healthcare providers are highly site-specific, and patients leaving a hospital or other care provider are often also leaving the payment program that covered their care. Any follow-up care is often at the mercy of the entity to which the patient is referred, and often there is little or no coordination regarding care needs and/or regimens to assure maximum recovery. This can result in preventable relapses or complications. Over the previous three years, the federal government has attempted to address these issues in numerous ways, but a true coordination system has yet to be developed. Individual providers are attempting to work across healthcare provider "silos" to organize care coordination programs, but substantial work remains. With the advent of Covid-19, previously developed plans to deal with care coordination were updated, augmented, and temporarily funded. As the pandemic emergency declarations are ending, many of these programs are changing, and eligibility requirements for coverage are changing. Reports from healthcare providers in all segments of the industry indicate that many providers are having

trouble making transitions from one level of care to the next. Hospitals, including SOH, often find that patients who could be better served in less-intense settings cannot be placed in appropriate situations. This may be due to lack of beds, insufficient staffing to provide suitable care, or patients' change in healthcare coverage.

SOH's plan includes working with stepdown providers, including nursing and rehabilitation hospitals, as well as home health agencies, mental health clinics and social service agencies. The Hospital is working with these groups to develop protocols to share information back and forth about clients transferred from one site to another, with provisions to assist other providers in maintaining health status of transferred clients on their recovery path. Additional research is in process to create methodologies for identifying high-utilization clients. This will allow coordination with medical groups' social service providers to assist in supporting these clients in their homes, so they do not become admissions to the Hospital. Another intervention will focus on assuring that patients' insurance status is reviewed, and the most advantageous coverage is secured, both for their hospital stay and for continuing care in the next step in their recovery process.

SOH's Results – Over the past three years the primary concentration involving continuity of care has been managing utilization, as the pandemic has strained both SOH's physical capacity and its workforce's stamina. Protocols have had to be revised rapidly to address surges in utilization and constraints on resources. Management has continually evolved operations to cope with changes in treatment protocols and types of medical issues presenting at the Hospital, as well as in changing transition strategies related to outplacement of patients needing care best provided in non-hospital settings. Staff and management are in constant contact with step-down providers, using Zoom and other virtual meeting applications to allow interactions to take place without adding to infection risk that in-person meetings would create. Patient transitions to selected nursing and retirement housing communities are continuing to occur, as well as programs to allow easier transition to home environments. These are regularly being reviewed. SOH continues to assess existing methodologies' usefulness in assuring continued recovery from the acute incidents that brought patients to the Hospital in the first place. Weekly meetings, as well as ad hoc conferences as needed, are conducted within the Hospital to assess progress. Regular meetings are organized to review coordination of care with Skilled Nursing Facilities, Home Health Agencies, and Hospice providers. While face-to-face meetings are less common, phone and Zoom conferences with Assisted Living providers and other community agencies are continuing, allowing more contact with community providers and minimizing travel time. As the pandemic winds down and utilization patterns

approach pre-pandemic levels, issues related to maintaining coverage for MediCal patients will become an issue. Insurers providing coverage under MediCal will be required to review each recipient for eligibility under stricter criteria. Many people with current MediCal coverage may find themselves no longer eligible. This process is complicated, and many low-income and minority residents may have difficulty navigating the steps necessary to either requalify, or to find alternative coverage required under the Affordable Care Act. SOH will partner with its eligibility consultants to assure that patients having trouble negotiating the process are provided with adequate guidance to find acceptable coverage.

3. **Homelessness**– Unhoused patients represented a significant portion of the discharges from SOH in 2022, with discharges to unknown zip codes comprising 2.4% of all discharges. The actual provision of care is just as fragmented as the payment system that supports it. Patients discharged from hospitals or other care facilities often find themselves at loose ends once they leave the premises. Care coordinators and social service agencies attempt to manage transitions, but their ability to assure appropriate care in offsite situations is constrained by their inability to actively follow clients from the facility to another care site or to home. Also, there are no formal programs to determine that the care settings into which patients are released are the most appropriate, or even adequate. Existing payment programs generally provide no ability to fund follow-up care or patient management programs. Some early systems are being designed to work with the most frequently seen clients to minimize the amount of time they spend in inpatient settings, but funding for such systems is not commonly available, and care providers are developing these systems on their own.
   The advent of Covid-19 has created opportunities and demand for better tracking and coordination of care, while at the same time creating issues with patient transfers as providers attempt to limit their Covid-19 exposure. The interventions of state and federal government agencies and the accompanying reimbursement for care related to Covid-19 has created both opportunities and potential traps for providers, due to changes in what treatments merit coverage. These rules are being amended or revised rapidly, as Covid-19 viruses mutate, and payment programs attempt to follow changing protocols. State and local governments are racing to build housing for unhoused residents, but are encountering resistance both from neighbors who fear the influx of questionable residents, and from unhoused people who object to the strictures imposed by housing providers.

But the demands by electorates and politicians to “get people off the streets” are driving innovation, and the community hopes that solutions will arise from all the experimentation. Meanwhile hospital emergency departments continue to serve as primary care centers for people with no ties to a healthcare provider.

SOH’s Plan includes provisions to improve communications between the Hospital and step-down providers both before and after transitions, to clarify client needs and necessary treatment protocols upon transfer. The unhoused patients needing discharge from SOH are a particular point of need, and protocols are now in review, to ensure that persons with no discharge address are referred to suitable agencies to find housing with adequate services to continue courses of care. As payment programs develop to facilitate such services, the hospital will coordinate with providers to maintain an equitable reimbursement environment for all involved parties. And as new housing solutions are developed, SOH will work with the developers to coordinate care to minimize emergency room utilization. SOH is also working with police and fire agencies to identify frequent users of emergency services and find ways to guide them to alternative service providers better able to address their needs.

SOH’s Results – As noted in item 1 above, protocols currently in place are being reviewed and updated to guide transitions of patients to selected nursing and retirement housing communities, as well as programs to allow easier transition to home or temporary housing environments. These are being reviewed as necessary to assess their usefulness in assuring continued recovery from the acute incidents that brought them to the Hospital in the first place. Meetings that used to be monthly are now supplemented by rapid response conferences as treatment protocols, transfer arrangements, and payment policies change. SOH has also been in contact with the California Department of Public Health and has worked with them implement new treatment modalities as vaccines became available and distribution became the primary problem. Vaccination clinics have been held at the Hospital and at local health fairs. The Hospital sponsored Community Vaccine Clinics in conjunction with the MyTurn.gov program, and provided vaccinations to over 350 community members. Along with the Covid-19 services, SOH also provided stroke and heart health information. The Hospital will continue to work with appropriate agencies to deliver vaccinations and boosters as demand indicates, and will maintain its public information efforts as appropriate.

4. **Employment Issues** – Possibly the most insidious lingering effect of the Covid pandemic has been its impact on the healthcare workforce. From the initial flood of patients, to the need to continue to operate while risking infection and not knowing how best to treat patients, to shortages of personal protection equipment and machinery to treat symptoms, the stresses on hospital staffs have caused losses both physical and mental. Losses of staff due to deaths and retirements are placing additional pressure on personnel that remain. Experts are warning that many providers who have stayed are reaching retirement age and there are not enough training programs to provide replacements for the anticipated losses, let alone the shrinkage already experienced. Wage pressures resulting from staff shortages are exacerbated by the lack of ability to raise rates for services under Medicare and MediCal contracts.

   SOH's Plan is two-pronged. First, the Hospital is reviewing its pay and employee benefits policies to determine the best ways to maintain existing staff and increase staff satisfaction. Recruitment efforts to replace staff losses are ongoing, providing real-time data on wage and benefits demands in the healthcare marketplace. Where needed, changes in staffing compensation and benefits policies are being implemented. Secondly, management is pursuing relationships with multiple colleges and trade schools to provide internships and on-the-job experience for persons seeking employment in the healthcare field. Educational institutions range from USC and UCLA to West Coast University and the Los Angeles City College system.

   SOH's Results – Many of these efforts were put on hold through the height of the pandemic, and are now being restarted. The programs that survived are still sending students to the Hospital on a regular basis. On a typical day, 15 to 18 studentsfa are on site. Additional programs are in process, and negotiations are ongoing with other schools and programs. Many of these programs are targeted at communities of color and low-income populations seeking better employment opportunities.

ACKNOWLEDGMENTS

Numerous data sources were consulted in developing the health profile for the Sherman Oaks Hospital Primary Service Area and larger comparison areas. Data from the U.S. Census Bureau underlies much of the information presented, but the following agencies and providers have done important analysis on the Census data, and results of their work appear throughout this document. Important sources include:

- The Los Angeles County Department of Public Health's *Strategic Plan 2018-2023*
- The Los Angeles County Department of Public Health's *Key Indicators of Health by Service Planning Area 2017*
- Perception Health Inpatient data was extracted and provided by Sherman Oaks Hospital
- American Community Survey section of the U.S. Census website

APPENDIX A - LEADERSHIP

Sherman Oaks Hospital is overseen by a governing board composed of physicians and medical professionals, and community members who are users and/or service collaborators with the Hospital. They are listed below.

Governing Board & Leadership

Sunny Bhatia, M.D. - Chairman of the Board / Chief Medical Officer

EM V. Garcia - Vice Chair of the Board / Chief Executive Officer

J. Nathan Rubin, M.D. - Chief of Staff

Roland L. Santos - Chief Nursing Officer

Rick Mahalingam - Regional Chief Financial Officer

Kenn Phillips - Community Member

David Thorson - Community Member

Christopher Cooper - Community Member

Jason Greenspan, M.D. - Member-at-Large

APPENDIX B - SERVICES

Sherman Oaks Hospital serves a diverse population and incorporates elements of urban, suburban, and rural medicine, offering a wide array of patient services. These include:

- Behavioral Health Services
- Center for Reconstruction and Wound Healing with Hyperbaric Medicine
- Clinical Laboratory Services
- Comprehensive Care for Joint Replacement
- Critical Care Services
- Emergency Services (ER)
- Food and Nutrition Services
- Heart Care Services
- Hospital Pharmacy
- Imaging Services
- Multi-Specialty Clinic
- Nursing Services
- Primary Stroke Center
- Rehabilitation Services
- Respiratory Therapy Services
- Senior Behavioral Health Services
    - Mobile Psychiatric Evaluation Services
- Sub-acute Nursing Care Center
- Surgical Services
- Transfusion-Free Medicine Surgery

- Other Services
    - Case Management
    - Physician Referral Services
    - Social Services
        - Home Health
        - Meal Preparation Services
        - Equipment Rental
        - Social/Emotional Support Services