

Addendum – Prior Impact
2015 Community Health Needs Assessment
AMITA Health Adventist Health System

The following four hospitals are collectively part of the AMITA Health Adventist Health System (AHS) and conducted a joint Community Health Needs Assessment (CHNA) in 2013:

- Adventist Hinsdale hospital (AHH)
- Adventist La Grange Memorial Hospital (ALMH)
- Adventist Bolingbrook Hospital (ABH)
- Adventist GlenOaks Hospital (AGO)

As a collective, they have prioritized and addressed the significant needs within their region as a result of the joint CHNA.

A listing of programs/activities undertaken to address identified significant needs is outlined below.

Priority 1: Access to Health Care (lack of insurance)

- Health insurance exchange enrollment for 210 people. AHH and ALMH made the decision to refer to local navigators in 2014 as there were duplicative services available in convenient locations for local community members.
- Medicaid enrollment for hospital patients. The hospitals contracted for the service of a service provider to assist with the enrollment of Medicaid patients at AHH, ALMH, ABH, and AGO.
- Links with community partners (i.e. Aging Care Connections) to help prevent avoidable readmissions. ABH - 13.8% decrease in avoidable readmissions.
- Free breast and cervical cancer screenings. Residents of ALMH Family Medicine Clinics provide free services through the La Grange Community Nurse Health Association. In 2015, approximately 338 physician hours were provided.
- Help patients make appointments with local FQHCs (Federally Qualified Health Clinics). An FQHC administered by the VNA was established in the campus of ABH. A process is in place at both the ED and registration departments to help guide eligible patients to make an appointment at the FQHC and ultimately find a medical home. AHH, ALMH, and AGO also provide information about FQHCs to any patients who may benefit.
- Partner with the American Kidney Foundation on free kidney disease screenings for underserved people at AHS facilities. In 2015, there were screenings with the kidney mobile van in Lombard, Plainfield, and Bolingbrook areas reaching over 200 people.
- Post-discharge chronic disease management. Offered Stanford Chronic Disease Self-Management Program (six-week post discharge educational program) with patients from all four AHS hospitals using Creation Health principles. The number of participants in 2015 was 39.

Priority 2: Influenza Vaccine (18-64 years)

- Community education programs were held throughout the communities served by the four AHS hospitals.
- Free flu vaccines were given at health fairs, flu clinics, and at the two family residency programs of AHH & ALMH. The ABH health fair alone gave 43 free flu vaccines.

- Physician education sessions were provided to the community to help seniors increase their knowledge regarding age-related medical needs and also to improve seniors' compliance with the recommended annual flu vaccine. Twelve monthly sessions were held in 2015.

Priority 3: Pneumococcus Vaccine (65 years and older)

- Free pneumococcus vaccinations were given at the Hinsdale Family Practice Medicine Clinic for patients of all AHS hospitals. Community education on the importance of immunizations was conducted as well.

Priority 4: hypertension (over 18 years)

- Throughout AHS, free blood pressure screenings were conducted by teams from the four hospitals. Additionally, there were some screenings conducted in partnership with various health care providers and local YMCAs throughout the surrounding communities.
- Web site education on hypertension was provided and education regarding hypertension was disseminated through the system-wide newsletter.

Priorities considered but not selected:

Access to Health Care: Access to Primary and Secondary Services

Rationale: During this assessment period, Adventist Bolingbrook Hospital, in conjunction with VNA, opened a federally qualified healthcare center on the hospital campus, increasing healthcare access to primary and secondary health services for those community members with financial need.

Prevention and Management of Chronic Care Issues: Heart Disease (blood cholesterol levels)

Rationale: While this tested well on the impact analysis matrix, using the decision tree, it was determined that this is a commonly available prevention measure at most surrounding providers. It is frequently a part of community health fairs and routine physician visits.

Behavioral Health and Substance Abuse

Rationale: AHS provides comprehensive inpatient programs for behavioral health (AGO and AHH) and outpatient programs for both behavioral health and substance abuse (AHH). Serving the AHS region, the hospitals support county initiatives to bring these necessary services to those in need. Prioritizing access to care as one of the selected health priorities will assist AHS hospitals in extending services for those who currently lack such access.