



Cycle 2 Implementation Impact Report (FY2016-FY2018)



NORTH KANSAS CITY HOSPITAL CYCLE 2 IMPLEMENTATION IMPACT REPORT (FY2016-FY2018)

In 2016, North Kansas City Hospital was a founding member of the Northland Health Alliance. The Alliance was convened to engage healthcare organizations and community stakeholders in a collaborative effort to assess the health status of the citizens living in the Northland.

This unique geographic area of the Kansas City metropolitan area encompasses Clay and Platte Counties and includes a portion of the city itself. Working together, members of the NH Alliance conducted a broad assessment of the community that examined both quantitative data on health status, quality of life and risk factors, and qualitative information drawn from responses to a community health survey and from community health forums. North Kansas City Hospital used this community information as the foundation of

a hospital-focused Community Health Needs Assessment report. In this report, the hospital delved into the community data, overlaying this information with demographic and diagnostic data about NKCH patients. The insights gained deepened understanding about the health status of people living in the North Kansas City Hospital service area, and more importantly, supported hospital leadership in identifying the gaps and priority issues facing the patient community it serves.

2016 CHNA DATA SOURCES

BRFSS – Behavioral Risk Factors Surveillance Survey

Centers for Medicare and Medicaid Services

Clay County Public Health Center Data Sets

Community Commons

Kansas City Health Department

Kids Count

Liberty Hospital

Maternal and Child Health Task Force

MICA – Missouri Information for Community Assessment

North Kansas City Hospital

Platte County Health Department

Robert Wood Johnson Foundation-County-Health Rankings

Samuel U. Rodgers, FQHC St. Luke's North Hospital U.S. Census Tract Data

Informed by the insights and knowledge gained through the Community Health Needs Assessment, hospital leadership voted to adopt three priority initiatives proposed by the NKCH Community Health Needs Assessment Committee, and to build the hospital's Cycle 2 Implementation Plan around them.

INITIATIVE 1: **BEHAVIORAL HEALTH**


GOAL: To increase comprehensive behavioral health resources and programs that will support mental health stability and wellness for the Northland community.

INITIATIVE 2: **MATERNAL & CHILD HEALTH**

GOAL: Improve the health outcomes of non-white infants born in Clay and Platte counties.

INITIATIVE 3: **CHRONIC DISEASE**

GOAL: Prevent chronic disease in teens and young adults and minimize the progression of chronic disease in adults in the Northland.

The following is an overview of the impact achieved by North Kansas City Hospital as leadership and staff worked to address each of these priority health initiatives during Cycle 2. 

THE FULL IMPLEMENTATION PLANS FOLLOW IN THE NEXT SECTION.

INITIATIVE 1: BEHAVIORAL HEALTH

GOAL: TO INCREASE COMPREHENSIVE BEHAVIORAL HEALTH RESOURCES AND PROGRAMS THAT SUPPORT MENTAL HEALTH STABILITY AND WELLNESS FOR THE NORTHLAND COMMUNITY.

HIGHLIGHTED OUTCOMES

- Launched Valor Recovery Program in 2017 to address the unique mental health needs of military members suffering from trauma and PTSD.
- Increased number of beds at Signature Psychiatric Hospital on the NKCH campus.
- Participated in the public/private collaboration to create and fund Kansas City Assessment and Triage Center (KC-ATC), a city-wide crisis/sobering center.
 - Opened October 2016, expanded in May 2018.
- During 2018, an average 6.75% of NKCH Emergency Department patients were referred to KC-ATC each month. (Figure A)
- Worked with Signature Psychiatric Hospital to evaluate patients using the Emergency Department as their primary source of mental health services, and launched a patient referral protocol/process in 2017.
- In 2018, when the ability to track and report the outcomes of the new protocol began, the percentage of Emergency Department patients admitted to NKCH due to the inability to find available psychiatric beds in the community declined from a high of 42% to 23%. The number of Emergency Department patients admitted to Signature Psychiatric Hospital grew from 8% to over 23%. The number

of Emergency Department patients referred to Outpatient Treatment programs remained stable throughout the year at 30%. (Figure B)

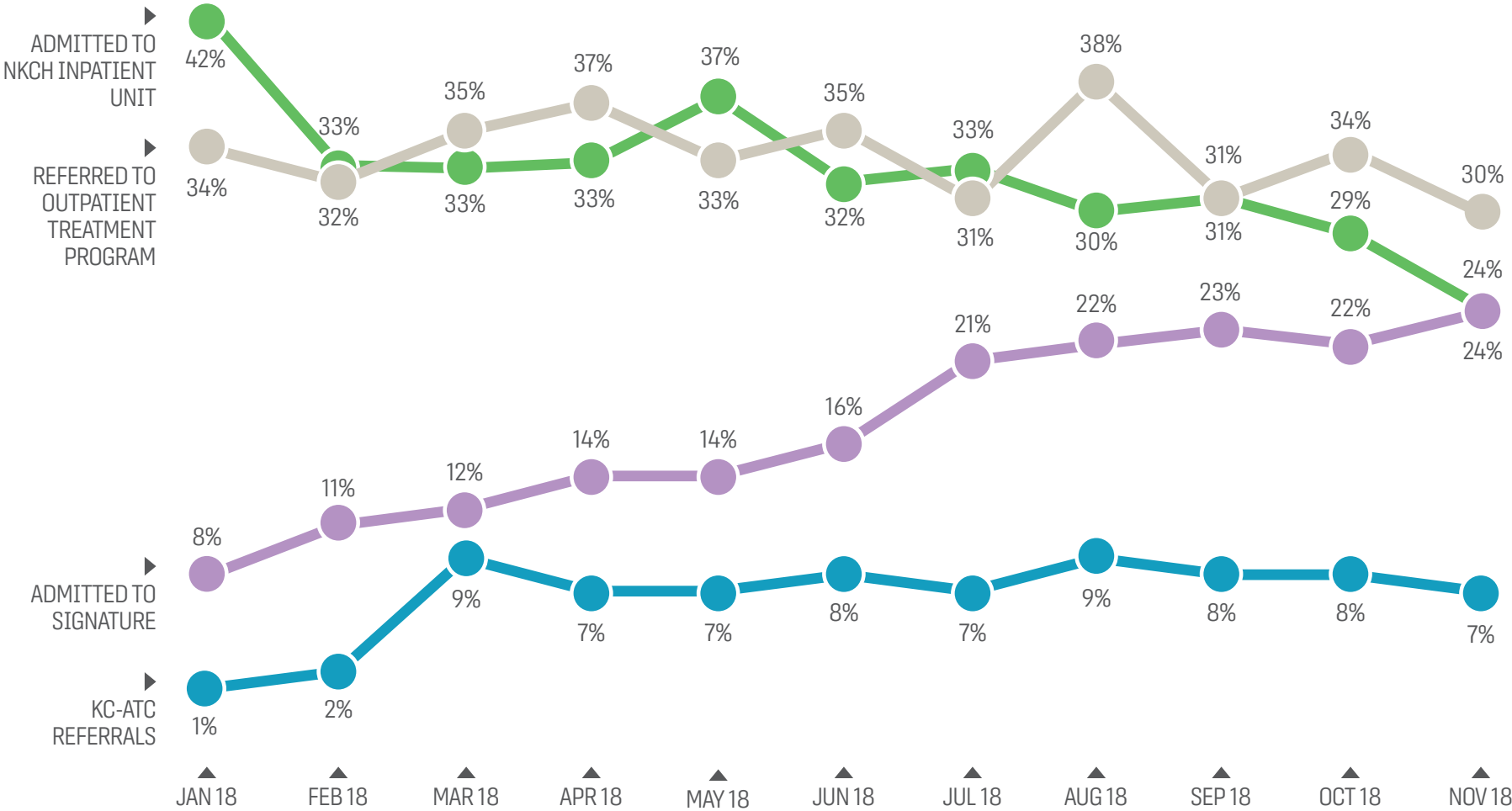
- NKCH will continue to work in collaboration with a coalition of community providers and stakeholders including Tri-County Mental Health, Clay County Public Health Center

and Platte County Health Department to develop and support expansion of acute and outpatient mental/behavioral health services in the Northland.

FIGURE A:
PATIENT REFERRALS FOR MENTAL/BEHAVIORAL HEALTH CARE 2018

	ADMITTED TO SIGNATURE ▼	ADMITTED TO NKCH INPATIENT UNIT ▼	REFERRED TO OUTPATIENT TREATMENT PROGRAM ▼	KC-ATC REFERRALS ▼	NKCH FLOOR REFERRAL ADMITS TO SIGNATURE ▼	TOTAL ED ASSESSMENTS ▼
JANUARY 2018	8%	42%	34%	1%	17%	199
FEBRUARY 2018	11%	33%	32%	2%	18%	184
MARCH 2018	12%	33%	35%	9%	23%	189
APRIL 2018	14%	33%	37%	7%	19%	191
MAY 2018	14%	37%	33%	7%	23%	237
JUNE 2018	16%	32%	35%	8%	13%	205
JULY 2018	21%	33%	31%	7%	26%	212
AUGUST 2018	22%	30%	38%	9%	19%	212
SEPTEMBER 2018	23%	31%	31%	8%	20%	208
OCTOBER 2018	22%	18%	34%	8%	24%	200
NOVEMBER 2018	24%	24%	30%	7%	31%	200

FIGURE B:
EMERGENCY DEPARTMENT REFERRALS TO CARE 2018



INITIATIVE 2: MATERNAL & CHILD HEALTH

GOAL: IMPROVE THE HEALTH OUTCOMES OF NON-WHITE INFANTS BORN IN CLAY AND PLATTE COUNTIES.

HIGHLIGHTED OUTCOMES

- Partnered with Samuel U. Rodgers Health Center to open the Northland Prenatal and Pediatric Clinic in 2017 to address the needs of low-income and underserved mothers and children.
- The number of mothers delivering at NKCH who received inadequate prenatal care (less than eight prenatal visits) dropped from 13% in 2017 to 9% in 2018, aligning with the launch of the new Rodgers Health partnership and clinic (Figure C).
- The number of mothers delivering at NKCH who began prenatal care after 16 weeks of pregnancy decreased between 2015-2018 (Figure D).
- The number of non-white mothers delivering infants at North Kansas City Hospital increased 400% between 2014-2018 (Figure E).
- While the number of non-white mothers delivering infants at North Kansas City increased exponentially between 2014-2018, it is heartening to note that the percentage of non-white infants experiencing a stay in the Neonatal Intensive Care Unit (NICU) during that time frame decreased significantly (Figure F).
- In January 2016, NKCH came to an agreement with Home State, Missouri's third largest Medicaid management group.
 - Between 2015-2018, the number of mothers covered by Medicaid insurance delivering at NKCH increased by 68% (Figure G).
- NKCH also partnered with a local agency to provide Medicaid enrollment assistance to pregnant women who present at hospital's ED.

FIGURE C:

PERCENTAGE OF NKCH PATIENTS RECEIVING INADEQUATE PRENATAL CARE 2015-2018

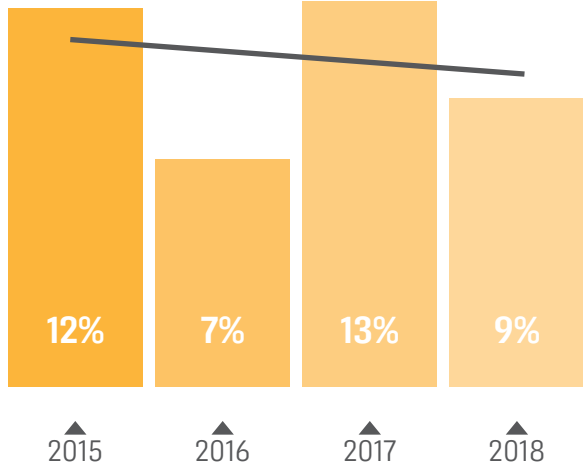


FIGURE D:

PERCENTAGE OF NKCH PATIENTS WHO STARTED PRENATAL CARE AFTER 16 WEEKS OF PREGNANCY 2015-2018

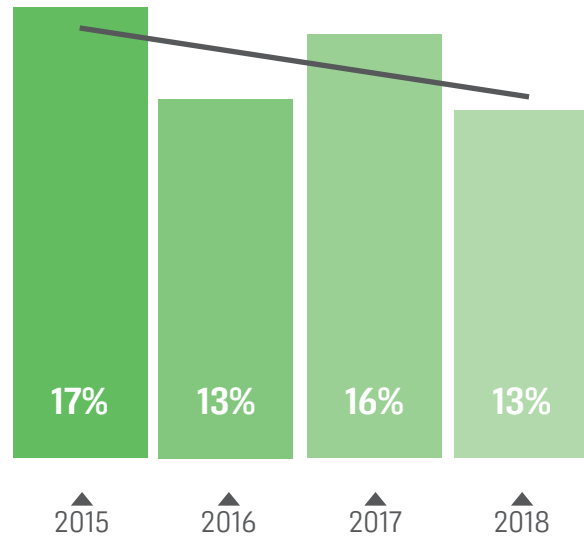


FIGURE E:

GROWTH IN DELIVERIES OF NON-WHITE INFANTS 2014-2018

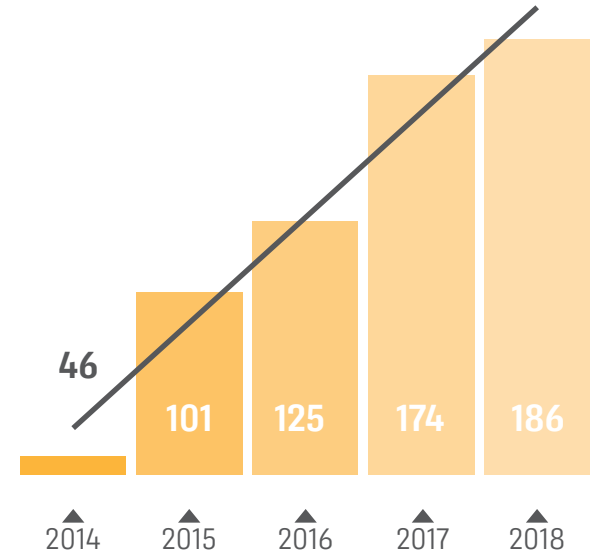


FIGURE F:

NKCH PERCENTAGE OF NON-WHITE NEWBORNS ADMITTED TO THE NICU 2014-2018

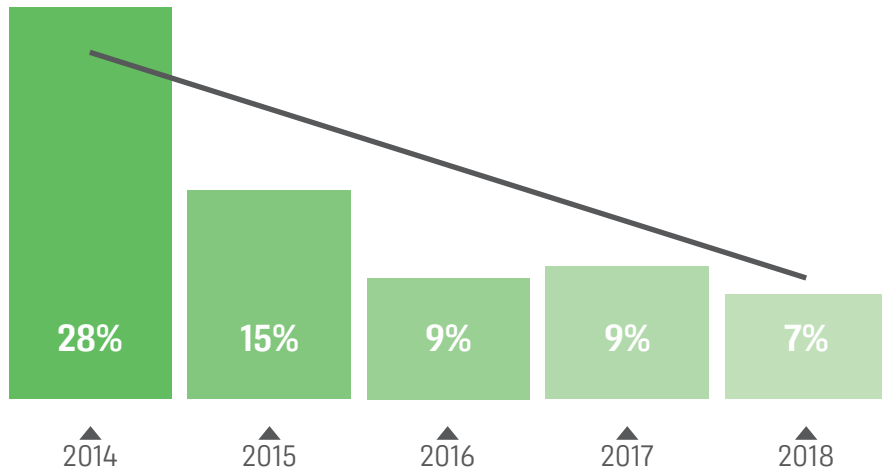
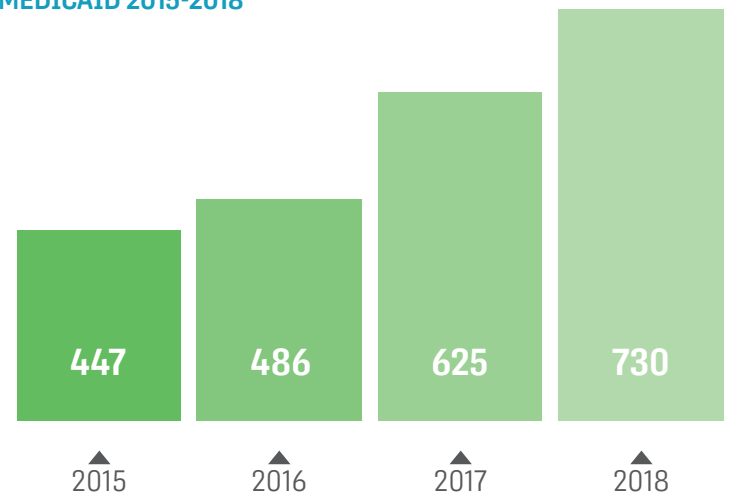


FIGURE G:

GROWTH IN NEWBORNS COVERED BY MEDICAID 2015-2018



INITIATIVE 3:

CHRONIC DISEASE

GOAL: PREVENT CHRONIC DISEASE IN TEENS AND YOUNG ADULTS AND MINIMIZE THE PROGRESSION OF CHRONIC DISEASE IN ADULTS IN THE NORTHLAND.

HIGHLIGHTED OUTCOMES:

- Completed an environmental scan of current and existing programs for young adults that promote healthy habits and lifestyle and prevention of chronic diseases
 - Recognized upon assessment and evaluation that the current environment is saturated with multiple programs and portals for prevention education and awareness, diabetes education and support programs currently targeted at similar goals.
- Continued and enhanced promotion of these programs in our outreach opportunities, community awareness events and in healthcare agencies and forums in the Northland
- Reviewed reports from local agency Northland Healthcare Access regarding inability to fill their diabetic clinic.
- Continued ongoing exploration and discussions with Samuel U. Rodgers for a FQHC medical clinic in an NKCH property and near a bus line.

- Adopted and implemented the Chronic Disease Management Program, “Living Well with Chronic Conditions”
 - Effort was underwritten by North Kansas City Hospital
 - Certified six NKCH CDSMP-trained facilitators in 2017
 - 13 participants successfully completed the course in 2017; 29 in 2018
 - Formal feedback process implemented in 2018; received positive response on both dynamics of the course and the facilitators
 - Four courses planned for 2019—one per quarter

LOOKING BACK, LOOKING FORWARD

The cycle of community health assessment, hospital planning, implementation, and progress review ensures North Kansas City Hospital is positioned for continuous learning. Perhaps more importantly, this balance of reflection and action helps the organization build its agility, preparing hospital leadership and staff to respond quickly and thoughtfully to changes in the community served. As the insights gained from Cycle 1 implementation informed the definition and work of the Cycle 2 plan, so too will the knowledge gained from Cycle 2 implementation support the efforts that will be launched in Cycle 3 and beyond.

CHNA INITIATIVE FINAL REPORT: BEHAVIORAL HEALTH

PRIMARY GOAL

TO INCREASE COMPREHENSIVE BEHAVIORAL HEALTH RESOURCES AND PROGRAMS THAT WILL SUPPORT MENTAL HEALTH STABILITY AND WELLNESS FOR THE NORTHLAND COMMUNITY.

CHNA SUB-COMMITTEE CHAIR

Jody Abbott
Chief Operating Officer
North Kansas City Hospital

SUB-COMMITTEE MEMBERS

Jody Abbott
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Signature Psychiatric Hospital

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*Director, Assessment and Youth
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*Vice President, Marketing &
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North Kansas City Hospital

Sarah Oakley
*Vice President and Chief Nursing
Officer*
North Kansas City Hospital

Sheila Lillis
NKCH Board of Trustees
North Kansas City Hospital

Tyler Burch
Social Worker
Signature Psychiatric Hospital

STRATEGIES ▼	OBJECTIVES ▼	MEASUREMENTS ▼	PLANNED TACTICS ▼	COMPLETED TACTICS ▼
<p>Work with Signature Psychiatric Hospital/ Intensive Outpatient to develop additional programs that are focused on the specific needs of our patient population.</p>	<p>Identify the patient population that utilized the Emergency Department as primary care location for their mental health services.</p> <p>Develop population-specific outpatient programs with Signature that meet our community's needs.</p>	<p>Track volumes of patients that have been identified as users of primary care ED for mental health services.</p> <p>Meet quarterly with Signature to determine utilization of referral volumes and program measurements of success.</p>	<p>Expand intensive outpatient programs on the NKCH campus.</p> <p>Expand partial outpatient programs on the NKCH campus.</p>	<ul style="list-style-type: none"> ▪ Spring/Summer 2016: SPH begins a free care program that allows discharged patients to meet with a therapist weekly ▪ Summer 2016: SPH adds a Medicare Intensive Outpatient Program (IOP). Opens a second partial hospital program ▪ Fall 2016: SPH creates a 24-hour referral team ▪ January 2017: SPH begins accepting geri-psychiatric patients ▪ August 2017: SPH begins a Valor Recovery Program for members of the military suffering from trauma and PTSD that need long-term trauma therapy. Expected treatment length is 21-28 days. ▪ March 2018: SPH opens 36 psychiatric beds on the Liberty Hospital campus ▪ May 2018: Tri-County Mental Health Services provides a representative on-site at the Signature NKCH campus once a week to connect with patients in real time ▪ May/June 2018: SPH increases number of beds on the NKCH campus to 36 ▪ December 2018: SPH Liberty Outpatient Clinic opens and provides the area with a partial intensive outpatient programming option as well as an adolescent partial program and a senior adult partial program

STRATEGIES ▼	OBJECTIVES ▼	MEASUREMENTS ▼	PLANNED TACTICS ▼	COMPLETED TACTICS ▼
Provide support/resources to define and develop a city-wide crisis/sobering center.	Provide resources that go beyond the basic acute hospital services to support individuals and their mental health needs.	Measure recidivism rate for individuals who have successfully gone through the KC-ATC center and have continued their road to recovery and independence.	Identify funding for the project through the KC area hospital association.	<ul style="list-style-type: none"> ▪ Public Private Partnership Funding Sources <ul style="list-style-type: none"> ▪ Ascension Health: \$2 million annually for 10 years ▪ City of Kansas City: \$2.5 million - renovation ▪ Area Hospitals: \$1 million annually/2-years ▪ Missouri Department of Mental Health: \$2 million for backdoor mental health services plus state-owned site for the urban core center
	Define measurements of success of the program to ensure continued funding.	Monitor volumes of admissions directly from police that go to KC-ATC center instead of area Emergency Departments.	Determine location for KC-ATC center within the greater KC area.	<ul style="list-style-type: none"> ▪ 2600 E. 12th Street, Kansas City, MO 64127
			<p>Develop operational budget, management oversight and time-line for the KC-ATC center.</p> <p>Define measurements of success for the program to ensure continued funding.</p>	<ul style="list-style-type: none"> ▪ Management oversight by Rediscover Center: Opened October 31, 2016, with 16 patient bays; increased to 18 bays by May 2018. KC-ATC provides wrap-around services including: <ul style="list-style-type: none"> ▪ Linkage back to home/family or friends ▪ Linkage into or back to CMHC's ▪ Follow-up and warm hand off's to providers ▪ Bridge case management/medications ▪ Emergency housing until permanent housing is available ▪ Collaborative development of a crisis plan

STRATEGIES ▼	OBJECTIVES ▼	MEASUREMENTS ▼	PLANNED TACTICS ▼	COMPLETED TACTICS ▼
Collaborate with Tri-County Mental Health, Clay County Public Health, Platte County Public Health and other area facilities and organizations within the Northland to develop new acute and outpatient services.	Identify available community resources and create a referral/resource directory for primary care offices.	Number of staff members that are educated.	Review and define resources to identify options for services.	<ul style="list-style-type: none"> Identified available community resources.
	Increase understanding of what resources are currently available and how to access as needed. Educate staff on availability and utilization of community resources.	Attendance of group/organizational representative at the Behavioral Health CHNA meetings at NKCH.	Publish resources in a manual.	<ul style="list-style-type: none"> Resource directory published on NKCH intranet and provided to team community partners for use/distribution. Directory updated quarterly by Case Management Department. Education provided to NKCH Case Management on availability of resource directory, and distributed via <i>Vitals</i> newsletter to all NKCH employees.

CHNA INITIATIVE FINAL REPORT: MATERNAL & CHILD HEALTH

PRIMARY GOAL

**IMPROVE THE HEALTH OUTCOMES OF NON-WHITE
INFANTS BORN IN CLAY AND PLATTE COUNTIES.**

CHNA SUB-COMMITTEE CHAIR

Catherine Bonderer
Sr. Director Maternal Child
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SUB-COMMITTEE MEMBERS

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North Kansas City Hospital

Susan McLoughin
Executive Director
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Sarah Newman, MD
*Chair of Maternal Child
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Meritas Health and North Kansas City
Hospital

Tia Bigus
Family Support Worker
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Department

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RN, Labor & Delivery
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Linda Coventon
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*Vice President, Revenue & Business
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North Kansas City Hospital

Randee Gannon
*Vice President, Marketing &
Community Wellness*
North Kansas City Hospital

Margo Quiriconi
*Director, Community Health
Initiatives*
Children's Mercy Hospital

Ana Martinez
Practice Manager
Samuel U. Rodgers Prenatal
Clinic

STRATEGIES ▼	OBJECTIVES ▼	MEASUREMENTS ▼	PLANNED TACTICS ▼	COMPLETED TACTICS ▼
Expand access to care for low income pregnant women.	<p>Support ACA navigators at Health Departments and Emergency Departments.</p> <p>Contract with Homestate, the third largest Medicaid managed care plan for the state.</p>	Continue to monitor Medicaid population at North Kansas City Hospital.	<p>Work with Clay County Health to offer ACA navigator once a week to help with Medicaid applications.</p> <p>Work to have health workers in our ED to help navigate the insurance open market.</p>	<ul style="list-style-type: none"> January 2016 - North Kansas City Hospital contracted with Home State, the third largest Medicaid management care group for the state. January 2016 - Clay County has ACA navigator available once a week to help with Medicaid applications. May 2016 - Contracted with KC Care to have community health workers in ED to help navigate insurance market. Meritas Health OB-GYNs accept Home State in summer 2016. Both practices add physicians to take new patients.
Collaborate with Samuel U. Rodgers and Meritas OB physicians to develop a feasible model of care.	<p>Secure office space in the Northland for Samuel U. Rodgers clinic.</p> <p>Continue to offer prenatal care by Meritas Health physicians who will deliver babies at North Kansas City Hospital.</p> <p>Return patients to Samuel U. Rodgers after postpartum visit for routine care.</p>	Track number of patients supported in this model of care.	<p>Continue meeting with Samuel U. Rodgers.</p> <p>Identify potential clinical space in the Northland.</p>	<ul style="list-style-type: none"> October 2016 - NKCH identified space to donate to Samuel U. Rodgers; the clinic opened in January 2017. After delivery, patients return to Samuel U. Rodgers to continue care. In 2017, Samuel U. Rodgers decreased prenatal care access due to staffing insufficiency. We will continue meeting with Samuel U. Rodgers and work to get more women into prenatal care.
Develop a complete education program that includes prenatal to postpartum.	Provide easy access to education materials to provide consistent education throughout the continuum of care.	Use analytics from education materials and program to improve and develop continuing education.	NKCH and Meritas Health are working together to develop a mobile app education program.	<ul style="list-style-type: none"> 2017 - NKCH deployed the education program called NKCH Memorable Moments. Free to download, it takes patients through prenatal to postnatal care. NKCH, Meritas Health, and Samuel U. Rodgers worked together to use the same education materials on all points of care.
Continue partnership with Mother & Child Health Coalition, Clay and Platte County Health Departments to enhance referral relationships.		Women have the ability to sign up for Medicaid in the Clay and Platte County Health Departments. They have many resources available to help women with Medicaid.		<ul style="list-style-type: none"> May 2018 - ACA navigators in Clay and Platte counties and NKCH ED are getting women signed up for Medicaid, which has decreased rates of no prenatal care.

CHNA INITIATIVE FINAL REPORT: CHRONIC DISEASE

PRIMARY GOAL

PREVENT CHRONIC DISEASE IN TEENS AND YOUNG ADULTS, AND MINIMIZE THE PROGRESSION OF CHRONIC DISEASE IN ADULTS IN THE NORTHLAND.

CHNA SUB-COMMITTEE CHAIR

Judy Springer
Vice President of Quality and Case Management
North Kansas City Hospital

SUB-COMMITTEE MEMBERS

Judy Springer
Vice President Quality/Case Management
North Kansas City Hospital

Jody Abbott
Sr. Vice President & COO
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Diabetes Educator
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Jana Longwith
Director, Community Health & Wellness
North Kansas City Hospital

Tina Uridge
Executive Director
Clay County Senior Services

Kathy Macken
Director
Platte County Senior Fund

Brian Bechtel
Dean
Metropolitan Community College -
Maple Woods

Garry Linn
Executive Director
Platte County YMCA

STRATEGIES ▼	OBJECTIVES ▼	MEASUREMENTS ▼	PLANNED TACTICS ▼	COMPLETED TACTICS ▼
Educate students and adults about healthy eating habits and exercise, and risks of smoking.	Collaborate with community colleges and secondary schools in the Northland.	Surveys of currently available classes.	Partnered with junior colleges and high schools to assess curriculum options or readily available education options for youth and young adults.	<ul style="list-style-type: none"> ▪ Defined high school and junior college age as the young adult population in Clay and Platte of focus for prevention education and developing healthy habits. ▪ Completed an environmental scan of current and existing programs for young adults that promote healthy habits and lifestyle and prevention of chronic diseases. ▪ Reviewed available resources of local, state and federal programs for smoking prevention, healthy eating, and diabetes education and support. ▪ Evaluated opportunities to survey youth and decided a survey was not optimal. ▪ Recognized upon assessment and evaluation that current environment is saturated with multiple programs and portals for prevention education and awareness along with diabetes education and support programs currently targeted at similar goals. <ul style="list-style-type: none"> ▪ Continued and enhanced promotion of these programs in our outreach opportunities, community awareness events and in healthcare agencies and forums in the Northland.

[continued >](#)

STRATEGIES



OBJECTIVES



MEASUREMENTS



PLANNED TACTICS



Increase access to diabetes and other chronic disease management services for the uninsured.

Evaluate incorporating management services into existing programs and the development of a new program or clinic with a sliding scale payment option.

Feasibility ROI.

Research feasibility for a sliding scale NKCH Diabetes/Chronic Disease Clinic.

Evaluate incorporating with FQHC business opportunities.

COMPLETED TACTICS



- Reviewed and evaluated a program funded through the CDC and State of Missouri through the Regional Arthritis Center based on the Stanford Self-Management Programs to provide interactive education and support to participants for everyday tools on how to manage chronic conditions. Program results nationwide demonstrate a proven record to improve personal empowerment, decrease re-hospitalizations or office visits, and participation satisfaction. Program is centered on a peer facilitation format and strict program fidelity. Facilitators must complete required education, training and mentoring and annually facilitate a 6-week session to maintain ongoing certification.
- Adopted and implemented (NKCH underwritten) the Chronic Disease Management Program offering branded as “Living Well With a Chronic Condition.”
 - Provided space, meals and wages to seven NKCH employees to complete initial training and opened class up to others. Other participants were from Humana and County Extension agencies. (Committee member partners were invited to participate). Training was conducted over four eight-hour business days in January 2018.
 - Six to seven initial NKCH trained facilitators completed certification through conducting a session in 2017 and continued in 2018.
 - Provided at no cost to the participants. All materials and resource costs underwritten by NKCH.
 - Developed marketing materials to promote the classes and advertising via NKCH Marketing and Community Health and Wellness.
 - Referred and recruited participants through identification of patients via NKCH Case Management; Meritas PCP offices; and NKCH Marketing and Community Health and Wellness promotions: *Your Health* publication, wellness events and hospital website.
 - Scheduled five sessions in 2017; facilitated three sessions (two scheduled sessions had less than four registrants). Session participants ranged from 6-7 registrants with a dropout rate at about two participants each session. Thirteen participants successfully completed the course in 2017. Informal feedback was extremely positive from all participants and all believed they had practiced and developed better self-management tools and goal setting for living well with a chronic condition.
 - Scheduled six sessions in 2018; facilitated five sessions (one canceled due to low registration). Based on feedback from potential participants and participants changed the time of the weekly classes to 1-3:30 p.m. for all sessions. Session participants ranged from 3-11 with the mean at four participants completing the six classes per session. Twenty-nine participants successfully completed the course in 2018 (minimum of 4/6 classes). Optimal class size for the sessions is 8-12 participants.
 - Developed and implemented a formal participant feedback survey for 2018 sessions. Feedback is extremely positive for each individual and positive on the dynamics of the course and facilitators.
 - Scheduled four sessions in CY 2019: one per quarter.