DISPARITIES/CHAMPIONS IN SHARING BEST PRACTICES
Saint Francis Hospital, Wilmington, DE
In recognition of the hospital's commitment to sharing best practices and decreasing readmission rates.

Trinity Health Mid-Atlantic | Saint Francis Hospital

The Healthy Village at Saint Francis Hospital

A member of Trinity Health, Saint Francis Hospital is a 175-bed hospital with multiple outpatient clinics that has served the Wilmington community and Northern New Castle County as a safety-net healthcare facility for more than 90 years. Its Healthy Village at Saint Francis (HVSF) supports the most vulnerable patients through multidisciplinary teams, integrated providers, co-located services, and individualized care plans that address each patient's social and economic influencers, as well as their medical needs.

BACKGROUND

With the IPRO HQIC providing data and analysis regarding both readmissions and social determinants of health (SDOH), Saint Francis created its Healthy Villages model to improve quality across both domains. Healthy Villages are located in economically challenged neighborhoods and are designed to enhance the traditional safety net hospital model. Participating partners provide support in improving outcomes by focusing on social determinants of health. With a goal to treat more than the initial health issue that brought a patient to the hospital, HVSF has worked to create a program that promotes diversity, equity, and inclusion, through which community members receive comprehensive care that addresses their physical health but also social factors such as housing, food insecurity, behavioral health and substance use disorders, and more, with easy and convenient access.

APPROACH

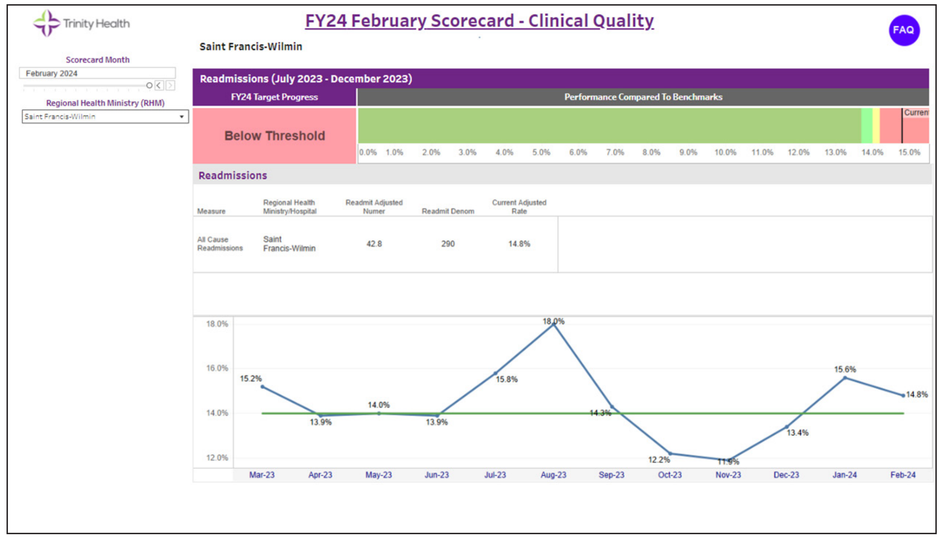
Saint Francis created a sustainable Healthy Village to serve the whole person and their community. Together with community partners, they created a one-stop care setting to provide emergency and acute-health needs, behavioral health, long-term services and supports, education and skills development, social determinants of health investments and economic revitalization. Underutilized space in the hospital is being renovated to house partners who help address social determinants of health.

Saint Francis has shared this innovative approach with peers through the IPRO HQIC, discussing challenges and improvements achieved. SF also trained HQIC's sepsis affinity group on using QR codes for clinician education. They have presented on two webinars with IPRO with a third scheduled for August on reducing readmissions. As the project unfolds, the hospital continues to partner with IPRO to monitor readmissions data, track social determinants of health, and understand the impact of the program on vulnerable populations.

RESULTS

Through the Healthy Village, Saint Francis Hospital has

- Increased the number of Lyft rides to healthcare services and appointments for patients identified as lacking reliable transportation options.
- Increased the number of translation and interpreter services used in ambulatory and community settings with high concentrations of immigrant and refugee populations.
- Increased the integration of community health workers into the Healthy Village at Saint Francis, ambulatory services, and in community partner organizations serving a high volume of uninsured or underinsured patients.
- Increased the number of uninsured or underinsured persons receiving health and social care through mobile services and co-located partners within the Healthy Village at Saint Francis.
- Decreased readmission rates for Medicare FFS patients.
- Decreased readmission rates for patients impacted by SDOH.



CONCLUSION

The Saint Francis Healthy Village model is still in a nascent phase. Physical renovations to the hospital will result in a separate lobby entrance and elevator bank to facilitate patient flow to the Healthy Village areas, where partner agencies and hospital services will be co-located.

Also planned are a skills training and workforce development center to equip healthcare workers to address the complex needs of populations most impacted by SDOH, and to ensure an available cadre of personnel with specialized training.

However, the project has already demonstrated a positive impact on patient outcomes. Aligning with value-based payment models and Medicare and Medicaid programs that emphasize quality over volume, the SFHV promises to reduce costs while improving both access and quality of care for a segment of healthcare consumers that has traditionally experienced the poorest outcomes at the highest cost.

Going forward, HVSF has set goals in support three priority areas

1. Improve access to high-quality, equitable and affordable healthcare and social services when and where they are needed, with sharp focus in 2024 on health equity, behavioral health, and education/workforce development.
2. Improve access to affordable housing.
3. Increase capacity of community-based organizations to address current barriers to equitable food access.

REFERENCES

The Healthy Village (trinityhealthma.org)

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