The Self Regional Healthcare and Edgefield County Healthcare

Implementation Strategy

In response to the

2022 Community Health Needs Assessment

Adopted by the Community Health Committee of the Self Regional Board of Trustee's on January 30, 2023.

The Self Regional Healthcare (SRH) and Edgefield County Healthcare (ECH) joint Implementation Strategy is a companion report to the Community Health Needs Assessment (CHNA). This document describes how SRH and ECH plan to address needs found in the Community Health Needs Assessment {CHNA) approved on August 5th, 2022. This Implementation Strategy describes the planned initiatives for calendar (tax) years 2023 through 2025. The CHNA was undertaken to understand community health needs and in accordance with regulations promulgated by the Internal Revenue Service pursuant to the Patient Protection and Affordable Care Act, 2010. This Implementation Strategy addresses the community health needs described in the CHNA report that can be met in whole or in part. Self Regional Healthcare and Edgefield County Healthcare recognize that a CHNA and an Implementation Strategy are required to meet current government regulations.

The CHNA is a report based on epidemiological, qualitative, and comparative methods that assesses the health issues in a hospital organization's community and that community's access to services related to those issues. The Implementation Strategy is a list of specific actions and goals that demonstrate how Self Regional Healthcare and its affiliate hospital plans to meet the CHNA-identified health needs of the residents in the communities surrounding the hospital, i.e. the Community Benefit Service Area (CBSA).

SRH and ECH reserves the right to amend this Implementation Strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the years 2023 through 2025, other organizations in the community may decide to address certain needs, indicating that strategies should be amended to refocus on other identified health problems.

Hospital Facility Mission Statement

Self Regional Healthcare (SRH) and Edgefield County Healthcare (ECH) are committed to supporting the mission, "Our hearts, hands and minds are leading our communities to better health" by offering a wide range of community benefits, clinical services, and partnerships.

Definition of the Community Served

Self Regional Healthcare's (SRH) service area is defined as the seven counties in western South Carolina known as the Lakelands region. The counties include Greenwood, Laurens, Edgefield, Abbeville, Newberry, McCormick and Saluda. A majority of SRH's patient origin is encompassed within this geographical area. Using county definitions as the service area is crucial for our analysis as many of our secondary data sources are county specific and serve as a comparison tool to other counties, the state of South Carolina and the United States. Also, many of our community input

sources consider these seven counties their primary service area. These include public health officials, as well as many different community advocacy groups with whom SRH has relationships.

Health Priorities

From a broad list of health concerns gathered from primary (surveys) and secondary (federal, state, local health databases) sources, larger categories of health concerns were identified. Those concerns that did not fall within the identified definition of a health priority, social determinants of health for example, were put aside to be discussed in conjunction with the health priorities that they aligned with.

As a result of the CHNA, the following six health needs have been determined as the priories in the SRH and ECH service area.

- Access to Care
- Cancer and Screenings
- Diabetes
- High Blood Pressure
- Mental Health/Substance Abuse
- Obesity

All CHNA Implementation Strategies will be considered through the lenses of health equity and social determinants of health. This approach ensures Self's efforts to reduce disparities and address upstream causes of health outcomes.

Implementation Strategy Additional Notes

The Implementation Strategy is not intended to be a comprehensive catalog of the many ways the needs of the community are addressed by each hospital but rather a representation of specific actions that the hospital commits to undertaking and monitoring as they relate to each identified need. Only a few internal and external partners have been included in the line-item entries on the Implementation Strategy charts; however, many clinical departments will be partnering in the collaborative efforts and specific actions that address the goals of "meeting the health needs of the community" whether that entails involvement in a clinical program or protocol or if it is an individual or group sharing knowledge in an educational outreach opportunity.

The following chart reflects the actions identified for measurement and tracking for the Implementation Strategy.

CHNA Implementation Stratgey			
Community Health Need	Goal	Action	SRH/ECH Partner(s)
Access to Care	Increase access to care and linkage to medication assistance for individuals in Greenwood, Saluda, and Edgefield counties with limited access to transportation and medical services.	Implement Nurse Practitioner led clinics via the Health Express Mobile Unit in identified counties	Prevention and Wellness, AccessHealth Lakelands, Community Partners, Community Members
Access to Care	Expand MyChart utilization through activation	Implement system training and auditing along with patient marketing	MyChart Team, SMG Operations, Hospital Outpatient Departments,
Cancer and Screenings, Access to Care	Increase awareness and screening opportunities for community members related to Lung and Colorectal Cancers.	Implement Health Equity Advisory Task Force to review data, educate peers and community members and develop access to screening strategies.	Physician Champions, Prevention and Wellness, State and Local Partners, Community Members
Diabetes	Early Identification and increase awareness of Diabetes.	Mobile Diabetes Clinic - Perform American Diabetes Association At Risk (paper) screening, if score of 5 or higher (at risk) perform A1c throughout the Self Regional Healthcare seven county service area. Distribute list of medical supply resources + literature for pre-diabetes mellitus and diabetes mellitus.	Diabetes Education, Prevention and Wellness, Community Partners
Diabetes	Expand Community Diabetes Education	Expand Diabetes Community Class to Edgefield and Saluda to increase diabetes management and improve long term outcomes	Diabetes Education, Community Partners
Diabetes, Obesity, Hypertension	Increase number of church congregations that participate in at least one healthy eating, active living program per year	Community Health Educators will identify and implement a healthy eating, active living (HEAL) curriculum to share with churches across the seven-county service area	Prevention and Wellness, Statewide partners, community organizations and local church congregations
Diabetes, Obesity, and Hypertension	Increase community knowledge of ways to prevent Obesity, Diabetes, High Blood Pressure and Heart Disease.	Community Health Team will develop disease specific presentations and provide targeted education based on CHNA data	Prevention and Wellness, Community Partners

Mental Health and Substance Abuse	Increase SBIRT (screening, brief intervention, and referral to treatment) screenings and referrals to Substance Abuse and Mental Health providers	Peer Support team will continue to screen and refer patients to needed resources. Team will continue to develop relationships with external resources based on needs of patients.	SBIRT Team, Cornerstone, Beckman, Community Partners