

# Saint Francis Hospital Wilmington, DE

## Community Health and Well-Being & Diversity Equity and Inclusion

### Joint Commission Update June 2024

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Trinity Health  
Mid-Atlantic

Saint Francis Hospital  
Wilmington, DE

Community Health and Well-Being  
& Diversity Equity and Inclusion

Joint Commission Update June 2024

## Today's speaker:

Stacy Ferguson has been with Trinity Health Mid-Atlantic since 2009 and currently serves as the Regional Director of Community Benefit as well as the project manager for the Saint Francis Healthy Village. She oversees investing in our communities through community benefit compliance, the triennial Community Health Need Assessments, and advancing social care through collaborating with care teams to expand access to healthcare and address patient social needs. She earned her master's degree in health science from Saint Francis University.





## Today's speaker:

Annamarie McDermott has been with Trinity Health Mid-Atlantic since 2014. She is the South Regional Director of Care Management and Social Services, overseeing care coordination for Saint Francis Hospital in Wilmington, Delaware and Mercy Fitzgerald Hospital in Darby, Pennsylvania. She is licensed social worker, with a Master's Degree in Social Work. She is also an accredited case manager from the National Board for Case Management.



# THMA Implementation Plan – SFDE 24-26

	CHNA Unmet Needs 1	CHNA Unmet Needs 2	CHNA Unmet Needs 3
<b>Saint Francis Hospital</b>	<p><b>Housing</b></p> <ul style="list-style-type: none"> <li>Partner with community-based organizations (CBOs) to complete affordable interior and exterior home repairs and modifications that increase the safety, accessibility, condition, and livability of the home for low income and elderly homeowners to advance housing and health equity.</li> <li>Working with a collaborative, we will define two to three strategies and develop a workplan to address at least one policy, system, and environmental transformation initiative to improve access to home ownership to preserve a mixed-income community through the Transforming Communities Initiative.</li> <li>Partner with area nonprofits to provide home buyer education and financial literacy programs. Providing outreach and resource dissemination to hospital clients and community.</li> </ul>	<p><b>Food Access</b></p> <ul style="list-style-type: none"> <li>Provide services which distribute food directly to people where they live, especially in neighborhoods with limited or no access to healthy food, ensuring more equitable access to food assistance programs and resources in Wilmington.</li> <li>Screen patients using Epic social needs screening tool to support those in need of food resources and programs supporting access to healthy foods.</li> <li>Ensure that the community can access community-based resources by partnering with CBOs.</li> </ul>	<p><b>Access to Care</b></p> <ul style="list-style-type: none"> <li>Increase transportation assistance, including adding options for those not eligible for certain benefits.</li> <li>Embed Community Health Workers into the Healthy Village at Saint Francis, primary care practices, and community partner's SIOH resource sites.</li> <li>Provide onsite language interpreters by certifying colleagues for in-person translation and health education materials in diverse languages.</li> <li>Provide health and social services directly to underserved communities via mobile social and health services co-located in the Healthy Village at Saint Francis.</li> </ul>

# Achieve Healthy Equity with Social Care Resources Saint Francis

Social Needs Screening EPIC	CHWB & Medical Group have joint accountability to achieve the 60% social needs screening rate
Social Needs Screening EPIC	CHWB clinical setting
Findhelp.org	Resources and education
Community Health Workers	Goal 1CHW: 2,000 Medicaid patients
Diabetes Prevention Program	12-month, evidence based, lifestyle change intervention designed to help participants prevent or delay the onset of Type 2 Diabetes
LYFT	Lyft to provide transportation to those in need for access to care
Food Security	Farmbox, Surplus, gift cards, and weekend back packs
CARES	DME, incontinence supplies
Healthy Living & Eating Partnership (HELP)	Food, everyday essentials, and navigation
Transforming Communities Initiative	Saint Francis addressing housing

# Social Needs Screening in EPIC

## How Providers Access in EPIC

**TogetherCare Social Needs Screening Process**

The diagram illustrates the process for three provider types: ED/Ambulatory Provider, Inpatient Nurse/Provider, and Care Manager. At the top, a row of icons represents social needs categories: Food (apple), Housing (house), Health (heart), Transit (bus), Work (briefcase), Education (book), Money (wallet), Legal (scales), and Goods (TV). Below these are three columns of instructions for each provider type. The Care Manager column includes a QR code and a link to the Community Resource Directory.

Provider Type	Step 1	Step 2	Step 3
ED/Ambulatory Provider	Sign on to TogetherCare/Open Patient Chart	Click on Storyboard	•Hover over the Social Influencers buttons to review or document information
Inpatient Nurse/Provider	Sign on to TogetherCare/Open Patient Chart	Click on Summary Navigator	Click on Patient Story (Nurse)/Admission Navigator (Provider)
Care Manager	Sign on to TogetherCare/ Open Patient Chart	Click on Storyboard: <b>Hover over Social Influencers buttons to review or document information</b>	Click on Chart Review: Longitudinal Plan of Care: Hover over a domain to see the most recent responses  Click on SIOH Navigator Tab: Allows for additional documentation of the social influencers

Scan to connect to Community Resource Directory

## Trinity Social Care Needs Questions

### Social Needs Screening Questions in TogetherCare

SOCIAL NEED	QUESTION
Food Insecurity	Within the past 12 months we worried whether our food would run out before we got money to buy more.
Food Insecurity	Within the past 12 months the food we bought just didn't last and we didn't have money to get more.
Financial Risk	How hard is it for you to pay for the very basics like food, housing, medical care, and air conditioning/heating?
Housing instability	Are you worried that in the next 2 months you may not have stable housing?
Food access/nutrition	Do you have access to a variety of food, including fruits and vegetables?
Access to healthcare	Within the last 3 months, how many times did you visit the emergency department for your medical care?
Transportation	Has the lack of transportation kept you from meetings, work, or from getting things needed for daily living?
Transportation	Has the lack of transportation kept you from medical appointments or from getting medications?
Social Isolation	How often do you feel lonely or isolated from those around you?
Health Literacy	How often do you need to have someone help you when you read instructions, pamphlets, or other written material from your doctor or pharmacy?



## Current Social Need Screening Numbers

### THMA Ambulatory

Rolling 12 Months by Health Ministry, As of 6/3/2024									
REGION_NAME (group)	All Patients	# Screened	% Screened	% Social Need	% Declined Services	# Requests Services	% Requests Services	# Given Resources	% MyChart Screening
Trinity Health Mid-Atlantic	62,049	50,525	81.43%	20.85%	77.06%	1,092	10.37%	26	23.16%
<b>Trinity Health Total</b>	62,049	50,525	81.43%	20.85%	77.06%	1,092	10.37%	26	23.16%

### Saint Francis Hospital Ambulatory

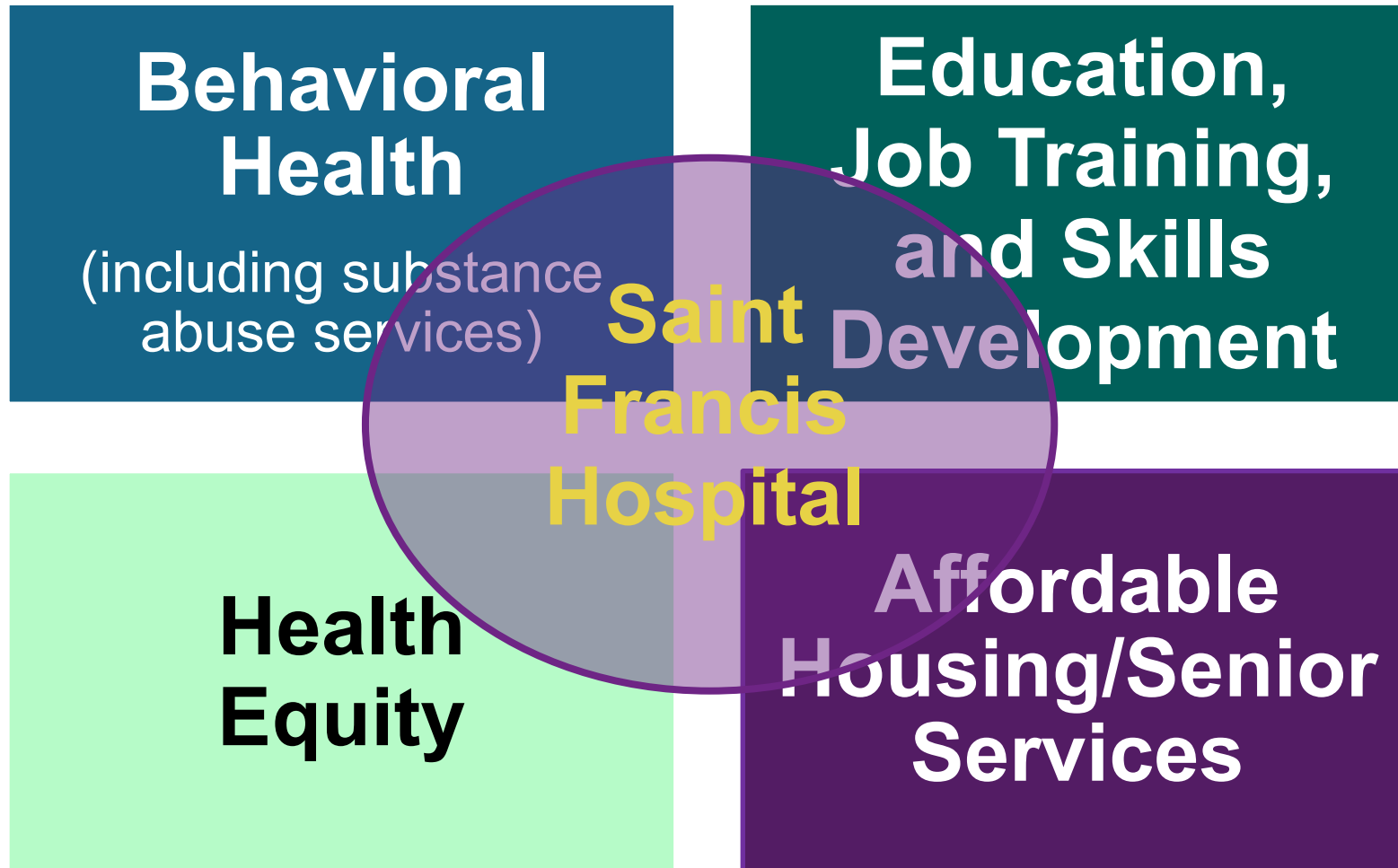
Rolling 12 Months by Health Ministry, As of 6/3/2024									
REGION_NAME (group)	All Patients	# Screened	% Screened	% Social Need	% Declined Services	# Requests Services	% Requests Services	# Given Resources	% MyChart Screening
Trinity Health Mid-Atlantic	7,863	5,543	70.49%	33.70%	75.27%	298	15.95%	5	33.92%
<b>Trinity Health Total</b>	7,863	5,543	70.49%	33.70%	75.27%	298	15.95%	5	33.92%

### Saint Francis Hospital Inpatient

Rolling 12 Months by Health Ministry, As of 6/3/2024									
REGION_NAME (group)	All Patients	# Screened	% Screened	% Social Need	% Declined Services	# Requests Services	% Requests Services	# Given Resources	% MyChart Screening
Trinity Health Mid-Atlantic	3,841	942	24.52%	37.90%	64.71%	79	22.13%	2	17.83%
<b>Trinity Health Total</b>	3,841	942	24.52%	37.90%	64.71%	79	22.13%	2	17.83%



Initial priorities are areas community and government leaders, social service providers, and health care professionals have told us are sorely needed



# SFHV FY24/25 Strategic Plan Partner Engagement

<i>Healthy Village Priority</i>	<i>Services</i>	<i>Current &amp; Engaged Prospective Partners</i>
<b>Acute and Emergency Care</b>	Long-Stay Care Children Services	State of DE-Senator Poore (site visit June to determine number of beds needed) Nemours (current tenant), Merakey (three offices for case management)
<b>Education, Job Training, and Skills Development</b>	Educational Training/Certifications	Catholic Diocese, Delaware Tech & Community College, University of Delaware
<b>Health Equity</b>	Services to Support Social Determinants of Health	Retail Pharmacy (approx. 1,000 sq. ft), YWCA (one-three offices), Food Bank of DE/Catholic Charities (choice pantry 700 sq. ft.), Similac/Enfamil providing free formula, Catholic Charities-diapers/wipes, Donate Delaware (DME donations), Health Equity Center (open), Expansion of Tiny Steps Program (cribs, car seats), Stepping Stones (credit union)
<b>Behavioral Health</b>	Behavioral Health, Mental Health, SUD	Limen House, Merakey Wellness Recovery (current tenant/now providing mobile services with Saint Clare Van), Amanecer (three offices), Shaun’s House, Sun Behavioral Health Delaware (site visit June to determine number of beds for second site)
<b>Affordable Housing</b>	Housing	Cornerstone West CDC, West Side Grows Together, Cinnaire, Woodlawn Trust
<b>Senior Services</b>	Long-Term Care Durable Medical Equipment	THMA CARES (onsite), Senior ER, Food Bank of Delaware (senior boxes), Saint Francis LIFE, Delaware Hospice (current tenant)

# Saint Francis Healthy Village Health Equity Center (Old Gift Shop)

- **Services provided:**

- Social care screenings (referral and resource connection to CBOs)
- CARES (durable medical equipment lending)
- Grocery gift cards
- Surplus food
- Senior meals
- Homeless packets for those in ED
- Backpack program
- Personal hygiene items
- Feminine hygiene products
- Incontinence products
- Maternal care needs
  - Diapers
  - Formula
  - Home safety items
  - Cribettes
  - Car seats





# Healthy Village's Early Success in Collaborative Care

## Delaware Hospice



**Delaware Hospice** at Saint Francis Hospital offers a comforting option when loved ones need a higher level of support outside the home. Opportunities for space increase for dementia unit.

## Women's Reentry



**Hope Commission Women's Reentry** serves women referred from the Delaware DOC and Baylor Women's Correctional Facility, offering a **West End Neighborhood House** GED program, one-on-one and group sessions with reentry coordinator to help navigate other community support systems, and behavioral health help.

## Wellness Recovery Center



**Merakey's Wellness Recovery Team** works to improve the physical and behavioral health of individuals with serious mental illness, substance use disorders, and physical health conditions.

# SFDE Transforming Communities Initiative (TCI)

## Priority focus: HOUSING

### Process used to select our need/issue

- During the most recent CHNA for Saint Francis, housing was a priority need expressed during key informant interviews as well in data collection.

### Process used to select the community of focus

- The west side has been an area of focus for Saint Francis Hospital, Cornerstone West CDC, and West Side Grows Together for more than 12 years.
- This community has several well documented markers of “need” such as disparities of health outcomes, high levels of poverty, high vacancy rate, lower levels of income, and educational attainment.

### Process used to select our lead Community Based Organization

- There was an existing relationship with Cornerstone West Community Development Corporation (CDC) as the group was established by a partnership between Saint Francis Hospital and West End Neighborhood House in 1999.
- Cornerstone West CDC develops housing that meets the needs of New Castle County’s low to moderate-income families and serves as a proactive catalyst for community revitalization in Wilmington’s West Side and as the fiscal agent for West Side Grows Together.

**Currently we are developing our Community Action Plan for FY25**

# Training and Education on Health Disparities

## “Can you survive a month of poverty?”

### Poverty Rates in THMA

Report Area	Total Population	Population with Income Below 200% FPL	Population with Income Below 200% FPL, Percent
Report Location	1,344,589.00	399,754.00	29.73%
Mercy Fitzgerald Hospital	320,825.00	137,575.00	42.88%
Nazareth Hospital	332,781.00	123,745.00	37.19%
Saint Francis Hospital - Wilmington	268,587.00	71,804.00	26.73%
St. Mary Medical Center and Rehabilitation Hospital- Langhorne	422,396.00	66,630.00	15.77%
New Castle County, DE	550,455	129,975	23.61%
Bucks County, PA	634,873	91,064	14.34%
Delaware County, PA	553,285	124,889	22.57%
Philadelphia County, PA	1,554,202	661,680	42.57%
Delaware	955,602	245,682	25.71%
Pennsylvania	12,568,252	3,405,923	27.10%
United States	321,897,703	94,041,155	29.21%

#### 2022 Federal Poverty Guidelines (Coverage Year 2023)

# in Household	100% FPL	138% FPL	150% FPL	200% FPL	250% FPL	300% FPL	400% FPL
1	\$13,590	\$18,754	\$20,385	\$27,180	\$33,975	\$40,770	\$54,360
2	\$18,310	\$25,268	\$27,465	\$36,620	\$45,775	\$54,930	\$73,240
3	\$23,030	\$31,781	\$34,545	\$46,060	\$57,575	\$69,090	\$92,120
4	\$27,750	\$38,295	\$41,625	\$55,500	\$69,375	\$83,250	\$111,000
5	\$32,470	\$44,809	\$48,705	\$64,940	\$81,175	\$97,410	\$129,880
6	\$37,190	\$51,322	\$55,785	\$74,380	\$92,975	\$111,570	\$148,760
7	\$41,910	\$57,836	\$62,865	\$83,820	\$104,775	\$125,730	\$167,640
8	\$46,630	\$64,349	\$69,945	\$93,260	\$116,575	\$139,890	\$186,520

For households with more than 8, add \$4,720 for each additional person. Source (plus Hawaii and Alaska guidelines): [aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)  
 Eligibility for premium tax credits in coverage year 2023 is based on 2022 poverty guidelines. FPL = federal poverty line.

## Diversity, Equity, and Inclusion Education and Awareness



### 69K+

Total Colleagues

DEI Education



### 7K+

Live Attendees

### 2K+

Continuing Education Credits Earned

Advancing Together



### 3

Webinars Hosted

### 290

Live Attendees


Grow. Evolve. Thrive.  
NURSE ENRICHMENT



### 300+


CRG Skill-Up Learning Series Attendance

## Advancing Health and Racial Equity



### 98%

Q3 Scorecard Result  
Target: 90%



### 44

Health Equity Action Plans  
(in progress)

### 94.9%

Race  
Reported in EHR

### 94.6%

Ethnicity  
Reported in EHR

### 99.4%

Language  
Reported in EHR

### 23.2%


Sexual Orientation  
Reported in EHR

### 28.9%


Gender Identity  
Reported in EHR

### 42.9%


Inpatient Social Needs  
Screening Rate




## Honors and Achievements: DEI in the News



Trinity Health Named *“America’s Greatest Workplaces for Diversity”*




Saint Francis Hospital receives *“Best Regional Hospital for Equitable Access”*




Human Rights Campaign Healthcare Equality Index


- Holy Cross (FL) awarded *“High Performer”* designation
- Saint Francis Hospital (CT) awarded *“Builder”* designation
- St. Mary Medical Center (PA) awarded *“Builder”* designation



LaRonda Chastang Named *“Notable Leaders in Diversity, Equity and Inclusion”*



5 Trinity Health Executives Named *“Black Healthcare Leaders To Know”*



5 Trinity Health Executives Named *“Black Healthcare Leaders To Know”*