Sharp Grossmont Hospital Implementation Strategy
Fiscal Years 2025 – 2028

As a not-for-profit organization, Sharp HealthCare (Sharp) places great value on the health and wellness of the San Diego community. This value is reflected in Sharp's mission to improve the health of those we serve with a commitment to excellence in all that we do.

Sharp participates in a countywide collaborative to conduct a triennial Community Health Needs Assessment (CHNA) to identify the priority health needs facing the San Diego community, and also develops a separate CHNA for each individually licensed hospital. To learn more about Sharp's CHNA process and findings please view Sharp's 2022 CHNAs (including the Sharp Grossmont Hospital (SGH) CHNA) at: https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm.

In response to the 2022 CHNA findings, each Sharp hospital, including SGH, created an implementation strategy that highlights programs, services and resources provided by the hospital to address the identified health needs in its community (see graphic below).

2022 CHNA Priority Health Needs

The graphic above represents the ***top identified community needs***, the ***foundational challenges***, and the ***key underlying themes*** revealed through the 2022 CHNA process. The needs identified as the most critical for San Diegans are listed in the center of the circle in alphabetical — not ranked — order. The blue outer arrows of the circle represent the negative impact of two foundational challenges — health disparities and workforce shortages — which

greatly exacerbated every identified need at the center of the circle. The orange bars within the outer circle illustrate the underlying themes of stigma and trauma — barriers that became more pervasive during the pandemic. In addition, SGH identified Maternal & Prenatal Care, including High-Risk Pregnancy as a priority health need for its community members.

Sharp has numerous support programs for patients and employees to help address the foundational challenges and underlying themes contributing to these needs and will continue to examine them with a goal to expand and improve offerings.

The following pages detail the strategies designed to address the community needs identified through SGH's CHNA process. In addition, the Sharp HealthCare Community Health Needs Assessment Guide (CHNA Guide) provides a general overview of Sharp's CHNA process as well as the programs that address the identified community needs. Please view Sharp's most current CHNA Guide at: https://www.sharp.com/about/community/community-benefits/health-needs-assessments.cfm.

For questions regarding SGH's implementation strategy or CHNA, please contact Erica Salcuni, Manager, Community Benefit and Health Improvement, at Erica.Salcuni@sharp.com.

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1. Support the safety net for seniors living alone in East County.	a. Maintain daily contact through phone calls with East County individuals (often elderly and home-bound) in rural and suburban settings who are at risk for injury or illness and continue supporting telephone reassurance call services for East County residents.	Ongoing (evaluated annually)	Program Coordinator, Sharp Grossmont Hospital (SGH) Community Resource Center	**Fiscal Year (FY) 2024 and 2023 Activities:** Began distributing fliers to local independent living communities as well as mobile home parks; offered classes and education in those locations to explain how the program works • Placed more than 6,000 phone calls, including follow-up phone calls to family and friends of participants to check make sure older adults living independently were safe through Grossmont Checks In program • Provided medication reminders to program clients as needed **Evaluation:** Telephone reassurance call data are tracked internally by the SGH Community Resource Center team. **Background:** In FY 2024, the Sharp Grossmont Hospital (SGH) Senior Resource Center changed its name to SGH Community Resource Center to reflect expanded services.
2. Continue to host a variety of senior health education, screening and support programs to raise awareness, identify risk factors, and connect seniors to helpful resources.	a. Provide information on various senior issues such as senior mental health, memory loss, hospice, senior services, nutrition, healthy aging and balance and fall prevention.	Ongoing (evaluated annually)	Program Coordinator, SGH Community Resource Center	**FY 2024-2025 Plans:** • Continue to provide community presentations, conferences as well as health and wellness screenings in person at community sites and libraries • Host free fall prevention and balance screening event, planned for fall 2024 • Provide free education programs for community members **FY 2024 and 2023 Activities:** • In FY 2024, Sharp, including the SGH Community Resource Center, connected with the City of San Diego's Public Library to allow Sharp HealthCare to provide health related resources, community presentations, speaker series, conferences and screenings at their 36 library locations

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				○ SGH Community Resource Center provided free education, resources and consultations to seniors at various East County locations, with an average of 15 community members served per event In FY 2023, the SGH Community Resource Center: • Hosted several senior health education and screening programs and reached over 16,800 individuals via resource consultations (mail, phone and email), collateral distribution and a variety of interactions • Reached more than 450 community members through free health education programs presented by experts from community organizations as well as Sharp HealthCare (Sharp) professionals ○ Continued providing seniors with resources, such as grocery and food deliveries; assistance with paying outstanding bills; Vials of Life; transportation; caregiver tools; information on independent, assisted living and memory care facilities; and health insurance information • Collaborated with Grossmont Healthcare District (GHD) and Sharp Memorial Hospital (SMH) to host a free fall prevention and balance screening event ○ The event provided nearly 60 attendees with wellness and balance screenings, resources, and education related to fall prevention, balance concerns and safety • Offered community members regular activity calendars, which include information about community meal services, County of San Diego Aging and Independence Services and other San Diego County (SDC) programs, hotlines, transportation, grocery shopping and more • Provided information about flu and COVID-19 (coronavirus disease 2019) vaccination events to vulnerable older adults and caregivers **Evaluation:** Each education program provided by or in collaboration with the SGH Community Resource Center

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				was evaluated by participants in FY 2023. Evaluations included point scores and average evaluation scores, as well as open-ended questions such as: what was the most important thing participants learned, what other programs seniors (participants) would like. This feedback is provided to speakers so that they may refine future educational offerings. In addition, SGH's Community Resource Center tracks attendance for each educational event and screening held throughout the year. Metrics on community members referred for follow-up are also tracked, and often participants' names and phone numbers are collected to facilitate follow-up. Often the community member talks to the department directly, or their provider (if a Sharp provider) is forwarded the information directly. In addition, community members receive their results and feedback to take to their doctor on their own time.
	b. Continue to participate in community health fairs for seniors.	Ongoing (evaluated annually)	Program Coordinator, SGH Community Resource Center	The SGH Community Resource Center continued to participate in health fairs and events in FY 2023 and is actively seeking new opportunities for community outreach and participation in community events. **FY 2024-2025 Plans:** • Participate in the 2025 Sharp Women's Health Conference • Participate in various events and health fairs throughout SDC • Participate in Jackie Robinson YMCA's monthly health and resource fair **FY 2024 and 2023 Activities:** • Participated in the Sharp Women's Health Conferences in 2024 and 2023, sharing information about its services and various resources • Participated in the planning and execution of the 2023 Spring Into Healthy Living event at the McGrath Family YMCA

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				○ The event featured the latest in health and wellness information for seniors, with more than 50 community members in attendance • Sponsored and provided aging care and support resources at the San Diego Regional East County Chamber of Commerce and GHD's two 2023 Health Fair Saturday events held at Grossmont Center and Westfield Parkway Plaza ○ The events offered free health screenings, interactive demonstrations, resources and more to over 150 attendees • Initiated regular participation in monthly health fair at the Jackie Robinson YMCA, bringing resources and health information to underserved older adults ○ Each month, SGH Community Resource Center reaches more than 100 individuals through this effort
	c. Continue to coordinate conferences dedicated to aging care and support, including a collaboration with Sharp HospiceCare.	Ongoing (evaluated annually)	Program Coordinator, SGH Community Resource Center	**FY 2024 - FY 2025 Plans:** • Offer a conference in Point Loma dedicated to aging care and support • Provide additional personalized interactions at events to assist individuals with advance care planning (ACP) **FY 2024 and 2023 Activities:** • SGH Community Resource Center and Sharp HospiceCare collaborated to provide two ACP workshops for more than 40 community members at GHD and the Elks Lodge in Chula Vista • In collaboration with Sharp HospiceCare, the SGH Community Resource Center hosted Sharp's Aging Conference: Experience the Spectrum of Care, which included an expert panel discussion, a keynote speaker, valuable aging resources, and an exercise session • 60 community members attended the event in 2023
	d. Promote a healthy lifestyle, including an increase in physical	Ongoing	Program Coordinator,	**FY 2024 and 2023 Activities:** • Started a new monthly program titled Walk With a Doc, which is held in La Mesa

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	activity, among senior community members.		SGH Senior Resource Center	• Continued to sponsor the Grossmont Mall Walkers, a free fitness and socialization program for community adults and seniors
				  ○ In FY 2024, the SGH Community Resource Center invited a doctor to visit the program once a month
				  ○ In FY 2023, 40 community members participated in the program each week
				• Collaborated with the City of Santee Parks & Recreation to offer Sharp Grossmont Moves in Santee, a free monthly exercise program for participants ages 55 and older
				• Twenty community members attended the program through December 2022 when the program concluded

	e. Provide caregiver support services in SDC's east county.	Ongoing	Program Coordinator, SGH Community Resource Center Lead Medical Social Worker, SGH	**FY 2023 Activities:** • Partnered with SGH's Case Management department to create a caregiver support group to support both the geriatric emergency department (ED) and the Comprehensive Stroke Center at SGH • Partnered with physical, speech, and occupational therapy, social work, case management and nurse education to provide a caregiver basics class to 10 community members at each class to help train family caregivers to provide basic care at home, empowering them to support their loved ones
3. Engage and partner with local community organizations that address senior health issues in order to foster future opportunities for collaboration in provision of education, screening, and other resources to	a. Maintain active relationships with community organizations serving seniors throughout San Diego.	Ongoing (evaluated annually)	Program Coordinator, SGH Community Resource Center	As the SGH Community Resource Center increases the number of community partners it collaborates with, it is expected that additional opportunities will arise. **FY 2023 Activities:** • Maintained active relationships with organizations that enhance professional networking and provide quality programming for seniors in SDC's east region, including the East County Action Network, East County Senior Service Providers, County of San Diego Aging & Independence Services Health Promotion Committee as well as its Advisory Board, St. Paul's PACE and many others

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seniors and vulnerable populations.				• Continued to collaborate with Sharp Community Medical Group to provide an educational speaker series to Mount Miguel Covenant Village, an assisted living center
				  ○ To date since 2020, the SGH Community Resource Center's partnership with the American College of Emergency Physicians-accredited SGH geriatric ED has helped more than 1,500 seniors with connections to community resources post-discharge to reduce the chance of a hospital readmission or ED visit
				  ○ Reached out to 350 seniors with community resources post-discharge — including transportation, placement services and caregiving — to reduce the chance of a hospital readmission or ED visit
				  ○ Provided 820 seniors with a follow-up telephone call 30 days post-discharge to connect with seniors who were hospitalized and provide them with helpful resources
				• Collaborated with Connecting Seniors San Diego, a YouTube channel providing local senior living communities and senior-related services with information on supportive community offerings, to share its service offerings, assist seniors and families with health needs and connect them to community programs
				  ○ Approximately 30 community members viewed the video
				• Participated in SGH's online community forum with the chief executive officer, where the team spoke about it service offerings, including one-on-one consultations for community members

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4. Improve access to quality hospice, palliative and end-of-life care.	a. Maintain active relationships with or participate on local, state and national community boards and committees to expand access to quality hospice, palliative and end-of-life care.	Ongoing	Various, Sharp HospiceCare	**FY 2024 and 2023 Activities:** • Participated on several local, state and national community boards and committees dedicated to hospice, palliative and end-of-life care, and the needs of seniors. This included, but was not limited to, the Caregiver Coalition of San Diego, Coalition for Compassionate Care of California (CCCC), East County Senior Service Providers, San Diego County Hospice Veteran Partnership, California Hospice and Palliative Care Association (CHAPCA), San Diego County Coalition for Improving End-of-Life Care, California Health Care Foundation's California Physician Orders for Life-Sustaining Treatment (POLST) eRegistry Implementation Committee, and San Diego County Medical Society Bioethics Commission • Continued to participate in the Health Services Advisory Group/Sharp Grossmont Care Coordination Collaborative • Sharp HospiceCare leadership also continued to serve on the board of directors for CHAPCA
	b. Collaborate with a variety of experts throughout SDC to provide ethical and equitable crisis care throughout the county.	9/30/2024 (evaluated annually)	Vice President (VP), Sharp HospiceCare Advance Care Planning (ACP) Coordinator, Sharp HospiceCare	**FY 2023 Activities:** • As part of the San Diego County Medical Society Bioethics Commission, in FY 2023, Sharp HospiceCare served on the bioethics workgroup for the development of a new framework called the San Diego County Allocation of Scarce Resources During Crisis Care – The Community Standard of Care Consensus • This countywide framework was rapidly developed as a collaborative effort between SDC's hospital, medical, nursing, bioethics and legal experts to provide ethical and equitable crisis care throughout SDC during the COVID-19 pandemic
5. Increase the availability of education, resources and support to community members with life-limiting illness and their loved ones.	a. Provide 13 mailings of bereavement support newsletters.	Ongoing (evaluated annually)	Bereavement Department, Sharp HospiceCare	**FY 2023 Activities:** • In FY 2023, Sharp HospiceCare mailed an average of 1,660 monthly bereavement support newsletters to community members for the year following the loss of a loved one **Evaluation:**

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				Sharp HospiceCare tracks the number of mailings annually through an internal database.
	b. Support the unique advanced illness management and end-of-life care needs of military veterans and their families through participation in veteran-oriented community events and services.	Ongoing (evaluated annually)	Bereavement Department, Sharp HospiceCare	**FY 2023 Activities:** At a variety of community events throughout 2023, Sharp HospiceCare provided resources and information on veteran programs. FY 2023 veteran-specific community work included: • Participated in pinning ceremonies for more than 70 veterans throughout SDC, including St. Paul's Plaza retirement community in Chula Vista and Covenant Living at Mount Miguel • Celebrated 90 community veterans during events at Westmont of La Mesa senior living and Pacifica Senior Living Bonita • Continued to sponsor the facility's Veterans Honor Wall by arranging photography services and framing veteran residents' photos at a senior living facility • In celebration of Veterans Day in November, volunteers recognized more than 70 Sharp HospiceCare veteran patients through pinning ceremonies **Background:** Since 2010, Sharp HospiceCare has been a member of the San Diego County Hospice Veteran Partnership. Sharp HospiceCare is a Level 4 Partner of We Honor Veterans, a national program developed by the National Hospice and Palliative Care Organization in collaboration with the US Department of Veterans Affairs, to empower hospice professionals to meet the unique end-of-life needs of veterans and their families. To date, Sharp HospiceCare is expanding their services and keeping staff, volunteers and the community engaged with the necessary annual education and outreach. At Level 4 the organization has achieved improved access to and quality of care for community veterans.

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	c. Continue to provide community education and resource services throughout San Diego.	Ongoing effort (programs planned on an annual basis)	Business Development Department, Sharp HospiceCare	**FY 2024 and 2023 Activities:** Sharp HospiceCare supports the San Diego community in the areas of end-of-life care and Advanced Illness Management through the provision of education and resources at community health fairs and events, as well as educational presentations to community groups. In FY 2023, activities served nearly 1,000 community members: • Shared information and resources about hospice and palliative care at the Sharp HealthCare Aging Conferences: Experience the Spectrum of Care, held at the Chula Vista Elks Lodge and the Point Loma Community Presbyterian Church • Provided information about hospice, palliative care and ACP at the 2024 and 2023 Sharp Women's Health Conferences • Shared information about hospice and palliative care with 370 individuals at community-sponsored health fairs and events • Provided phone-based education to 300 community members seeking general information about hospice and palliative care **Evaluation:** Sharp HospiceCare tracks the number of community education events through an internal database.
	d. Continue to offer individual and family bereavement counseling and support groups.	Ongoing (evaluated annually)	Bereavement Department, Sharp HospiceCare	**FY 2023 Activities:** • Sharp HospiceCare's licensed clinical therapists with specific training in grief and loss devoted time to home-, office-, and phone-based as well as virtual bereavement counseling with people who have lost loved ones ○ Referrals to community counselors, mental health services, bereavement support services and other community resources were provided as needed • Sharp HospiceCare continued to provide a variety of free bereavement education and in-person support groups that served more than 100 members of the community

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				○ Provided four eight-to-ten-week Widows and Widowers counseling groups for individuals who have lost their spouses ○ A Sharp HospiceCare music therapist led a one-time interactive Musical Poem and Songwriting workshop and an expanded five-session version to provide creative opportunities to explore loss of a loved one • Supported community members grieving the loss of a loved one through its Support During the Holiday Season education groups in November and December • Provided bereavement education throughout the year to older adults at San Diego Oasis in La Mesa, Noah Homes staff and members of the CCCC **Evaluation:** Sharp HospiceCare tracks the number of individual and group counseling sessions through an internal database.
	e. Provide ACP for community groups as well as individual consultations.	Ongoing (evaluated annually)	ACP Department, Sharp HospiceCare	Sharp offers a free and confidential ACP program to support community members as they consider their future health care options. **FY 2024-2025 Plans:** • Provide information and education to attendees at the 2025 Sharp Women's Conference • Host a book study focused on ACP at the GHD and various ACP 101 presentations at senior residences across SDC **FY 2023 Activities:** • Hosted various workshops in the community and classes, reaching 325 community members. This included: ○ A Legacy Letter Writing Workshop (sharing values, goals, and personal legacy wishes) at GHD, Point Loma Community Presbyterian Church and Scripps Miramar

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				Ranch Library, as well as a four-part series at the Grossmont HealthCare District, to nearly 60 community members • Sharp HospiceCare collaborated with SGH Community Resource Center to provide two ACP workshops for more than 40 community members at GHD and the Elks Lodge in Chula Vista • Engaged community members on an ongoing basis in ACP education, including: ○ One in person and two virtual classes centered around spirituality and health care planning served nearly 20 community members ○ An interactive, virtual class titled Baseball and Advance Health Care Planning: Play Ball!, which covered information on health care planning and developing a plan ○ A three-week book study explored Tuesdays with Morrie, a memoir that shares conversations about life and death with a friend before they passed away ○ Virtual and in person ACP 101 presentations throughout the year at various locations, reaching 45 community members • Offered a variety of free resources on Sharp HospiceCare's ACP website to the community through PREPARE for Your Care • Provided free consultations to more than 190 community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent and completing an advance directive • Participated in an interview for a Kaiser Health News article titled "More Californians Are Dying at Home. Another Covid New 'New Normal'?" • Reached more than 35 community members through education on POLST, ACP and the End of Life Option Act for the San Diego County Coalition for Improving End-of-Life Care, East County Senior Service Providers and community members at the Coronado Public Library • Shared ACP information at the Sharp HealthCare Aging Conferences: Experience the Spectrum of Care, which were held at the Chula Vista Elks Lodge and the Point Loma Community Presbyterian Church, and reached 200 community members

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				Background: Since 2014, Sharp has offered the Advance Health Care Directive: A Guide for Outlining Your Health Care Choices. This form uses easy-to-read language to describe what an advance directive is, as well as how and why to complete one.

6. Provide education and outreach to the San Diego community concerning hospice and palliative services within the care continuum, in order to raise awareness of the choices available toward the end of life and empower community members so that they and their family members may take an active role in their treatment.	a. Provide hospice, palliative care and ACP education and training to physicians, case managers, other health care professionals and health care students.	Ongoing (evaluated annually)	Medical Director, Sharp HospiceCare
			
			Business Development Department, Sharp HospiceCare
			
			ACP Coordinator, Sharp HospiceCare
				FY 2023 Activities:
				• Provided 300 hours of mentorship to students pursuing nursing and advanced practice degrees
				  ○ Academic institution partners included Azusa Pacific University, University of San Diego and West Coast University, Los Angeles
				• Presented on bioethics, spirituality and medicine to 30 physician assistant graduate students from Point Loma Nazarene University (PLNU)
				• Partnered with San Diego Coalition for Compassionate Care to provide monthly education and training on POLST to more than 50 community health professionals and students
				  ○ Included clinicians from local skilled nursing facilities, including Sharp facilities, as well as students from California State University San Marcos
				  ○ These web-based seminars helped develop and enhance participants' skills for facilitating meaningful conversations with patients and families about their care goals
				  ○ Additional education included a presentation for a CCCC webinar titled, The Turbulent Landscape of End-of-Life Ethics in California; a presentation on current topics in spiritual care to chaplains across California during the CCCC Annual Palliative Care Summit; and a virtual presentation for a National Academies of Sciences, Engineering and Medicine roundtable on quality care for people with serious illness

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Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				Evaluation: Presentations provided to the health care community are evaluated through survey and tracked through an internal Excel database. Survey and data tracking serve to evaluate effectiveness and to document activities for Sharp's annual Community Benefit Plan and Report.
	b. Continue active involvement with and participation on state and national hospice organizations, including presentations on understanding late-stage illness, changing our culture of care to one of partnership and a continuum of care perspective, ACP etc.	Ongoing (evaluated annually)	VP, Sharp HospiceCare Medical Director, Sharp HospiceCare	**FY 2024 and 2023 Activities:** • Provides presentations each year in collaboration with state and national organizations • Sharp HospiceCare leadership continues to serve on the California Hospice and Palliative Care Association (CHAPCA) board **Evaluation:** Community presentations provided through Sharp HospiceCare — including those to professional organizations — are evaluated through survey to evaluate effectiveness and revise program content.
7. Collaborate with community, state and national organizations to develop and implement appropriate services for the needs of the aging population.	a. Explore partnership with community organizations designed specifically to meet the needs of caregivers.	Ongoing (evaluated annually)	Business Development Department, Sharp HospiceCare	**FY 2023 and 2022 Activities:** Sharp HospiceCare will continue to explore collaborations — see line items below. Please refer to line item 4a, line item 5c, line item 5e and line item 6b for additional information on current efforts. **Background**: Sharp's ACP team partners with San Diego Health Connect, Health and Human Services Agency's Aging and Independence Services, Health Services Advisory Group, County of San Diego Emergency Medical Services, and various health care providers in SDC to ensure that community providers have access to POLST forms through the San Diego Healthcare Information Exchange, a countywide program that securely connects health care providers and patients to private health information exchanges. The Sharp HospiceCare ACP team participates in this initiative — funded by California

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				Health Care Foundation and supported by the CCCC and California Emergency Medical Services Authority — to create an electronic POLST registry (POLST eRegistry).
	b. Continue to collaborate with a variety of local networking groups and community-oriented agencies to provide caregiver classes, end-of-life programs, ACP seminars, web presentations and community-related information for consumers and health care professionals.	Ongoing (evaluated annually)	Business Development Department, Sharp HospiceCare	**FY 2024 and 2023 Activities:** Please refer to line item 4a, line item 5c, line item 5e and line item 6b for additional information on current efforts.

Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
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Identified Community Health Need – Behavioral Health				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
1. Provide comprehensive behavioral health programs to adults and older adults in the east region with acute or persistent psychiatric disorders. Programs will help individuals in crisis regain their optimal level of functioning and achieve a renewed sense of emotional stability and wellness.	a. Continue to provide a dedicated psychiatric assessment team in the emergency department (ED) and acute care.	Ongoing	Director, SGH Behavioral Health Services Manager, SGH Behavioral Health Services	**FY 2024 and 2023 Activities:** SGH is the only hospital in East County to provide a dedicated psychiatric assessment to patients in the ED. All psychiatric admissions are from the ED and the SGH Behavioral Health Intensive Outpatient Program. Since 2022, GPATH has been a dedicated area in SGH's ED for patients with acute psychiatric diagnoses who receive care from psychiatric registered nurses and psychiatric nurse practitioners.
	b. Continue to provide hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues, including schizophrenia, depression and bipolar or anxiety disorders, as well as psychiatric diagnosis for patients 18 or older.	Ongoing	Director, SGH Behavioral Health Services Manager, SGH Behavioral Health Services	**FY 2024 and 2023 Activities:** Current outpatient programs include: Adult Mental Health Program for adults with acute and chronic disorders such as schizophrenia and bipolar disease; Bridges Program, based on the Recovery Model for adults diagnosed with schizophrenia and bipolar disorder; Dual Recovery Program for adults with co-existing mental illness and chemical-use/addictive behavior disorder; Senior Intensive Outpatient Program for adults age 60 and older who have addiction or substance use issues, anxiety, bipolar disorder and depression; Inpatient and Outpatient Electroconvulsive Therapy (ECT) Program; and Medication Clinic for adults that benefit from long-acting injectable medications.
	c. Continue to offer specialized inpatient treatment programs designed to address the specific needs and conditions of patients.	Ongoing	Director, SGH Behavioral Health Services	**FY 2024 and 2023 Activities:** Current inpatient programs include comprehensive program for adults suffering from psychiatric illness such as psychosis, delusions, depression, grief, anxiety, panic, obsessive-compulsive disorder, and traumatic stress syndromes; and Intensive treatment programs for short-term crisis intervention, rapid recovery and return home.

Identified Community Health Need – Behavioral Health				
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			Manager, SGH Behavioral Health Services	
2. Raise awareness and reduce stigma by providing behavioral health education and resources for community members.	a. Provide behavioral health education and resources at community sites and events.	Ongoing	Manager, SGH Community Relations	**FY 2024 and 2023 Activities:** • Participated in 2024 NAMIWalks San Diego & Imperial Counties and the 2023 American Foundation for Suicide Prevention's Out of the Darkness Community Walk, as well as handed out behavioral health-related resources and information about their program offerings • Provided memory screenings at the GHD library in La Mesa in FY 2023

Identified Community Health Need – Cancer				
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1. Improve navigation of the health care system for cancer patients in San Diego County's east region through patient navigation services.	a. Continue to offer the cancer patient navigator program to SGH cancer patients.	Ongoing	SGH Cancer Patient Navigator Coordinator	**FY 2024-2025 Plan:**
				• The Cancer Centers of Sharp plan to revamp the current model for navigation and restructure navigator roles and responsibilities to better distribute resources to more disease sites
				
				FY 2023 Activities:
				• SGH's cancer patient navigators assisted 150 patients both in person and via telephone call
				  ○ SGH provides a cancer patient navigator for patients with head and neck, lung, anal and esophageal cancers
				  ○ The cancer patient navigator offers psychosocial support and education about the side effects of radiation therapy, as well as supports patients and family members through care coordination and connection to needed resources
				• SGH breast health navigator facilitated access to care for approximately 345 breast cancer patients in need, both in person and via telephone call
				  ○ Patients were offered support, guidance, education, financial assistance referrals and recommendations for community resources
				• The team also includes a clinical trials nurse, an oncology certified licensed clinical social worker (LCSW), genetics counselors and a dietitian
				  ○ Nutrition plays a vital role in cancer care, where the dietitian provided individualized nutrition assessments, education and follow-up to 150 patients in FY 2023
				  ○ At the David & Donna Long Cancer Center, the dietitian assists patients receiving radiation therapy or combined radiation and chemotherapy who are at high risk for malnutrition
				  ▪ This most often includes patients with head and neck, esophageal, lung, pancreatic and pelvic cancers — including some cervical and rectal

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				• The LCSW provides psychosocial support as well as navigation services to patients and families regardless of diagnosis
				  ○ Assists patients in accessing needed services, and provides counseling and support following diagnosis, during treatment and into survivorship
				  ○ Served more than 600 patients and family members and provided an additional 275 community member consultations regarding support groups and other cancer center services and community resources
				  ○ The LCSW continues to note higher-than-normal distress levels in patients and an increase in requests for assistance, both emotional and practical
				  ○ Continue to partner with ACS to coordinate transportation at no cost for patients receiving cancer treatment, as well as providing patients with essential lodging services, as needed
				• During an annual review with the navigators from the Cancer Centers of Sharp HealthCare (Cancer Centers of Sharp), which includes SGH, Sharp Chula Vista Medical Center and SMH, the most significant challenge identified was the shortfall in providing navigation services to all Sharp cancer patients
				  ○ An analysis of patients navigated by tumor site was completed using Navigation PowerForm documentation
				  ○ With the recent addition of the hepatobiliary tumor board, Sharp has increased the support this patient population needs from dedicated navigators and dietitians
				• The Cancer Centers of Sharp share direct links to community resources and agencies by service needed as well as information on ACP on sharp.com
				• The Cancer Centers of Sharp include an online assessment on sharp.com for individuals to assess if at risk and qualify for a lung screening

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				Representatives throughout the Sharp system are exploring ways to further assist newly diagnosed cancer patients who are particularly anxious at this vulnerable time, including development of accessible community resources and timely support. **Cancer Navigation Background**: SGH offers a cancer patient navigator program through which trained and certified navigators provide personalized education, support and guidance to patients. At SGH, a clinical trials nurse, oncology certified nurses, an oncology certified LCSW, and an oncology certified registered dietitian work in unison to provide the patient with the necessary services based upon their needs. Genetics counselors assist patients and family members at the Cancer Centers of Sharp through risk assessment, counseling, genetic testing for personal and family history of cancer, and referrals for vulnerable patients.
	b. Provide and refine SGH Cancer Patient Navigation Distress Screening technology to screen, track and respond to psychological, spiritual, practical and other social needs experienced by cancer patients and their families.	Ongoing (evaluated annually)	VP Oncology Service Line SGH Cancer Patient Navigator Coordinator Oncology Social Workers Sharp Nurses	**FY 2024 -2025 Plan:** • Expand use of distress screening tool to increase the number of patients screened at least one time, as well as the number of patients screened more than one time, especially at times of care transitions ○ SGH aims to increase their number of patients screened to 100% **FY 2023 Activities:** • Cancer patients continue to be at risk for depression and/or anxiety, with 31% of patients at SGH reporting anxiety, 18% reporting depression and 14% reporting experiencing both **Distress Screening Background:** Distress Screening — to assess psychological, social, spiritual and practical issues contributing to cancer patient distress — has been conducted at SGH over the past several years. This tool

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				identifies patient needs in greater detail in order to make them actionable and rate them by intensity so that they may be prioritized and addressed appropriately. Routine reports including number of patients screened, information on the issues that are most challenging for patients and the percentage of patients rated in high distress are reported to the Integrated Network Cancer Program (INCP) and to hospital entities annually. The information will drive efforts to target and provide additional support and resources to better meet our patient needs.

2. Increase cancer education and support for community members in the east region with cancer diagnoses.	a. Continue to offer free education, support sessions and community resources.	Ongoing	SGH Cancer Patient Navigator Coordinator	**FY 2024-2025 Plan:**
				• In FY 2024, David & Donna Long Cancer Center plans to continue offering support groups for community members, including a new support group for lung cancer patients
				
				FY 2024 and 2023 Activities:
				• Sharp continues to partner with the American Cancer Society to provide education, support materials, transportation (including gas cards and rides via Lyft), lodging, and other community connections
				• In FY 2023, the Cancer Centers of Sharp, including the David & Donna Long Cancer Center and Sharp outpatient oncology social workers, continued to provide a variety of free support groups for more than 1,800 community members impacted by cancer
				  ○ Virtual format enabled SGH to expand reach to individuals living outside of SDC
				• Continued to offer virtual educational classes featuring a unique cancer-related topic each month
				  ○ Several webinars were recorded and shared on sharp.com for community members to view later
				• Free virtual workshops for patients and community members featuring cancer-related topics and social support
				  ○ More than 500 community members attended these classes and workshops
				• Offered a free Surviving Cancer: Thriving After a Diagnosis to more than 70 individuals

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**

	b. Continue to provide ongoing social and psychosocial support to community member with cancer diagnoses.	Ongoing	SGH Cancer Licensed Clinical Social Worker	**FY 2023 Activities:**
				• Served more than 600 patients and family members, as well as provided an additional 275 community member consultations regarding support groups and other David & Donna Long Cancer Center services and community resources
				  ○ This included improving patient and family connections to community resources, such as the American Cancer Society, San Diego Brain Tumor Foundation, Leukemia and Lymphoma Society, Lung Cancer Alliance, Mama's Kitchen, 211 San Diego (211), Jewish Family Service of San Diego's senior adult programs, Safe Parking Program and food pantry, as well as other food and financial assistance programs
				• The Moving Ahead Clinic program provides support for patients with feeding tubes after radiation therapy to ensure they stay nourished, hydrated, and continue utilizing muscles for swallowing
				  ○ Patients meet monthly with a nurse, social worker, dietitian, and speech pathologist
				  ○ SGH continues to reach out to patients via telephone as well
				
				Many patients with cancer and their family members experienced increased isolation compounded by a shortage of available community support services. Consequently, the LCSW noted higher than normal amounts of distress in patients and an increase in requests for assistance, both emotional and practical.
				
				Background:
				The LCSW offers psychosocial services (assessments, crisis intervention, counseling, bereavement, cognitive behavioral therapy and stress management), support group leadership, and advocacy and resources for transportation, palliative care and hospice, food and financial assistance.

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
3. Increase community education on the signs and symptoms of cancer through education and screening events.	a. Continue to conduct health screenings in SDC's east region.	Ongoing (evaluated annually)	Manager, SGH Radiation Oncology HBO/WHC SGH Cancer Patient Navigator Coordinator	**FY 2023 Activities:** • The Cancer Centers of Sharp, including the David & Donna Long Cancer Center, offered community screenings as well as education on cancer and risk awareness ○ Please refer to line item 3e below for details • The Cancer Centers of Sharp, including the David & Donna Long Cancer Center, continued to participate in the Sharp Women's Health Conference ○ The event served 750 community members ○ During the event, the Cancer Centers of Sharp offered education on the proper breast-self exam technique and the importance of performing this exam monthly; information on cancer support services including nurse navigation, social work, nutrition, education and available classes; several cancer resources ○ Two Sharp-affiliated physicians who discussed the importance of cancer screenings, options for treatment and the role stress can play in cancer development ○ One of the physician's shared her personal journey with breast cancer from diagnosis to treatment
	b. Provide education and awareness on cancer on-site, virtually and through participation in community events throughout San Diego's east region.	Ongoing	Various	**FY 2024-2025 Plan:** • The Cancer Centers of Sharp plan to continue hosting a virtual community event in fall 2024 • The Cancer Centers of Sharp, including the David & Donna Long Cancer Center, plan to participate in the 2024 and 2025 Sharp Women's Health Conferences **FY 2023 Activities:** • Participated in the Sharp Women's Health Conference ○ Please see line item 3a above for details • In collaboration with the Cancer Centers of Sharp, the David & Donna Long Cancer Center offered free, virtual workshops ○ Assisted more than 500 community members

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				• The Cancer Centers of Sharp offered a webinar titled Surviving Cancer: Thriving After a Diagnosis to more than 70 individuals ○ During the webinar, Sharp oncology social workers and a dietitian presented on thriving after a cancer diagnosis, nutrition and exercise for survivors, self-care and the importance of hope, while a Sharp-affiliated physician discussed sexual health after cancer • Provided coffee cup sleeves and information on the importance of breast cancer screening for anyone stopping by the SGH coffee cart in the fall for breast cancer awareness • In collaboration with the Cancer Centers of Sharp, the David & Donna Long Cancer Center hosted a monthly Lunch and Learn Cancer Education series about cancer-related topics ○ More than 20 classes were offered, reaching more than 500 individuals through virtual platforms, with an additional 100 individuals receiving recorded session • Collaborated with the Cancers Centers of Sharp to provide a virtual community event on cancer-related topics, and a question-and-answer session for more than 40 cancer patient survivors, family members and caregivers • Participated in the City of Santee's Wellness Wednesday: Skin Cancer Detection & Prevention event in July Held at Santee City Hall, the David and Donna Long Cancer Center answered questions about skin cancer as well as offered cancer-related resources to approximately 100 City of Santee employees
	c. Continue to explore the development of a continuum of care and build programming and services for cancer patients experiencing cognitive	Ongoing	SGH Cancer Licensed Clinical Social Worker	**FY 2023 Activities:** In addition to workshops on chemo brain for patients and for loved ones, four cohorts of the Out of the Fog MAAT (Memory and Attention Adaptation Training) program were held with 21 participants. This eight-session class is taught by a speech language pathologist and an oncology social worker and offers quarterly reunion classes for graduates. All participants shared glowing feedback on the experience and degree of support they received. This continuum of care is the first

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
	impairment, more commonly known as chemo brain.			of its type in the country. In June, two oncology social workers presented on the program at the 2023 Association of Oncology Social Work 39th Annual Conference held in New Orleans, Louisiana.
	d. Continue to share relevant cancer information through various community news outlets.	Ongoing	Various	**FY 2023 Activities:** • Throughout year, SGH helped raise community awareness of cancer through television interviews on various local news stations ○ Hospital physicians from a variety of specialties shared cancer information through these outlets • Shared numerous articles through sharp.com, Sharp Health News (Sharp's online news center) and SGH's monthly e-newsletters **Background**: Social media, including Facebook, was utilized to educate the community on cancer, offered services and the SGH cancer team.
	e. In collaboration with the Cancer Centers of Sharp, participate in a systemwide initiative to improve community cancer screenings to pre-pandemic (COVID-19) levels.	Ongoing	VP Oncology Service Line	**FY 2023 Activities:** Screening initiatives were focused on lung cancer, with a goal to improve the lung cancer screening rate by 10%. Please refer to line item 3f below for details **Background:** The Cancer Centers of Sharp were selected to participate in a national American College of Surgeons (ACS) Commission on Cancer (CoC) research study with a goal of returning to screenings. This systemwide initiative for the Cancer Centers of Sharp engaged major medical groups, marketing and screening services to achieve breast and colorectal cancer screenings.
	f. Continue with annual, systemwide Integrated Network Cancer Program community event for	Ongoing (Annual Calendar Year Event)	VP Oncology Service Line	**FY 2023 Activities:** As part of its CoC Quality Improvement project, Sharp partnered with the American Cancer Society for a lung cancer screening improvement initiative project aimed to increase lung cancer screening. The project includes offering physicians' education regarding lung cancer screening eligibility, the

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
	prevention, including provision of education and screenings.	In planning stages for Calendar Year 2025 – 2028 events		relatively low nationwide use of it, and several initiatives to improve Sharp's lung cancer screening rates by collaborating with physician partners (pulmonologists) at each Sharp entity. Before the project, Sharp data indicated that roughly 4% of patients who met lung cancer screening eligibility were completing lung cancer screening, consistent with the rate in the state of California. In FY 2023, Sharp reached its goal to increase the lung cancer screening rate by 10%. Beginning in FY 2022, Sharp participated in a Plan-Do-Study-Act (PDSA) clinical study with the CoC addressing smoking cessation as a means to improve patient cancer risk and treatment outcomes. This study reviewed whether all newly diagnosed cancer patients are being asked about their smoking status and offered cessation resources as appropriate. The initial data collection suggested that Sharp providers are consistently asking this question during consultation appointments (99% of the time), but smoking cessation resources offered to patients varied and were inconsistent across the system. Sharp improved its process by creating a new, Sharp-branded patient resource to be shared with all cancer treatment providers. The resource provides patients with information on the impact that smoking cessation has in improving their treatment outcomes, even after a cancer diagnosis, to emphasize that is it never too late to quit. **Results**: Sharp increased the percentage of patients being asked about their smoking status to 100% of newly diagnosed patients, decreased the number of patients currently smoking to 11%, and provided 98% of patients currently smoking with cessation resources.
	g. Increase access to appropriate cancer screenings for high-risk community members through expansion of the Sharp Cancer Genetics Program.	Ongoing (evaluated annually)	VP Oncology Service Line	**FY 2024 and 2023 Activities:** • The Sharp Cancer Genetics Program provides patients referred to program with individualized assessment and information on their risk of hereditary cancer and its potential impact on cancer treatment options, as well as prevention strategies

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				○ The genetic counselor reviews the information with the patient to confirm assessment results, and if testing requirements are met, testing is completed to confirm the presence of a pathogenic mutation ○ Based upon the results, the genetics counselor provides a comprehensive care plan to identify appropriate screening modalities and frequencies and risk prevention strategies • In FY 2023, Sharp Cancer Genetics Program provided physicians and patients with the most up-to-date research and recommendations on genetic testing, which helps patients — and relatives — make decisions about their own care • Sharp genetic counselors participated in system cancer conferences and meetings to provide education and ensure Sharp patients receive the best care **Results**: From 2022 to 2023, the program's referral base increased by 343% and the number of patients receiving genetic counseling increased by 86%.
4. Increase support and ongoing education for cancer survivors.	a. Develop a survivorship program in concert with INCP accreditation standards that meets the ongoing needs of cancer survivors and supports family members as well.	Ongoing (evaluated annually)	Survivorship Program Coordinator Program Manager for Cancer Quality and Outcomes	**FY 2025 Plan:** • The Sharp Survivorship program plans to host the annual Survivorship conference in November 2024 • Host the 5th annual Survivorship Webinar in November 2024 ○ Topics include the benefits of cancer genetic counseling and testing, benefits of diets and exercise, and chemo brain and tips and tricks **FY 2024 Activities:** • In 2024, the Sharp Survivorship program hosted the second annual Cancer Survivors Day celebration at a Sharp system office ○ More than 200 community members attended the event

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				○ Providing patient and physician education regarding the signs of lymphedema and exercise prevention as well as rehab access to lymphedema ○ Webpage development, including exercise resources for cancer patients **FY 2023 Activities:** • In June, the Cancer Centers of Sharp offered free events to celebrate community members who have experienced cancer, inspire those recently diagnosed and provide support for family members through its Cancer Survivors Day celebrations ○ The events were held simultaneously for three hours at each hospital ○ Sharp shared "Look Good, Feel Better" fashion and makeup tips, as well as information on lung cancer awareness and cancer prevention, screening, nutrition, holistic therapies and available support services ○ Hundreds of community members attended the events • Launched a breast cancer resource page on sharp.com for newly diagnosed cancer patients, as there was no single location or resource for these patients to prepare for the treatment journey. ○ **Result**: This was completed in 2022 (FY 2023) • Provided Survivorship Webinar for oncology patients and family members in November 2022 ○ **Result**: This was completed in 2022. A survey was shared prior to the event to approximately 2,000 patients via e-mails, a social media platform and patient flyers to determine the top four topics of interest to be addressed in the seminar. A total of 72 community members registered for the event, and 53 community members attended the event. • Provided a new Sharp HealthCare Cancer Patient Community Group on Facebook for cancer patients and their loved ones to create a sense of community and connection, provide

Identified Community Health Need – Cancer				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				reliable information, thoughtful content, live discussions, and current program and service updates ○ **Result**: In 2023, more than 200 community members participated in the online group. To join, prospective members must complete a few screening questions prior to being admitted to the private group. **Background:** In 2020, Sharp implemented a Survivorship planning committee to develop a survivorship program. The goal of this programming is to grow resources for cancer survivors. Each year, the Cancer Centers of Sharp outline and evaluate at least three services within the program and provide a report at years end.

Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
Fiscal Years 2025 – 2028

Identified Community Health Need – Cardiovascular Disease				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
1. Empower community members living with cardiovascular and cerebrovascular disease through education, screening and support; promote accountability and behavioral change through education on chronic disease self-management.	a. Continue to provide free congestive heart failure education classes and support groups.	Ongoing	Lead, SGH Cardiac Rehabilitation SGH Heart Failure Senior Specialist Manager, Noninvasive Director, SGH Cardiac/ Vascular Services Director, SGH Marketing and Communication	**FY 2024-2025 Plan:** SGH's Cardiac Rehabilitation Department plans to continue to offer the monthly congestive heart failure class and support group virtually in FY 2024 **FY 2023 Activities:** Educational programs were offered virtually in FY 2023. • Provided education and support to patients and community members impacted by congestive heart failure • SGH's free, virtual congestive heart failure class and support group was offered monthly ○ Provided an average of five to 10 individuals per session with a supportive environment to discuss various topics about living well with congestive heart failure **Evaluation:** SGH educational programs are evaluated by participants through survey for live presentations.
	b. Provide educational sessions focused on heart disease and cardiovascular health for the east region communities.	Ongoing (evaluated annually)	Manager, SGH 5 West, Cardiac Rehabilitation Director, SGH Cardiac/ Vascular Services	**FY 2024-2025 Plan:** • Provide an in-person cardiac health lecture for community members in collaboration with SGH's Community Resource Center during National Heart Month • As opportunities arise, the Cardiac Rehabilitation Department plans to participate in a health fair in 2025 **FY 2024 and 2023 Activities:** • Continued to participate in a variety of community events

Identified Community Health Need – Cardiovascular Disease				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
			Director, SGH Marketing and Communication	• Provided an in-person class for seniors in collaboration with the SGH Senior Resource Center during 2023 National Heart Month ○ Approximately 20 seniors attended the event and received education on maintaining a healthy heart through exercise • Sharp-affiliated cardiac electrophysiologist hosted three webinars on atrial fibrillation in FY 2023
	c. Continue to provide educational resources on cardiac health. virtually and at community events throughout San Diego.	Ongoing (evaluated annually)	Director, SGH Cardiac/ Vascular Services	**FY 2024-2025 Plan:** In FY 2025 and 2024, the Cardiac Rehabilitation Department plans to participate in in-person community events, including health fairs, as opportunities arise
	d. Continue to provide preventative cardiovascular screenings to community members in San Diego's east region.	Ongoing (evaluated annually)	Manager, SGH Community Relations Director, SGH Cardiac/ Vascular Services Manager, Noninvasive Director, SGH Marketing and Communications	**FY 2024 and 2023 Activities:** • Preventive cardiovascular screenings (fee-based) are comprehensive, include ultrasound, lab tests, and calcium scoring as well as assessing and educating the patient on their risk of a heart attack or stroke • SGH has screened more than 1,200 individuals since 2008

Identified Community Health Need – Cardiovascular Disease				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**

	e. Continue to provide stroke education and screening for SDC's east region; education events to include events targeting seniors and high-risk adults as well as individuals with identified risk factors.	Ongoing	VP, Sharp Ortho/Neuro Service Line
			
			Director, Sharp Neuroscience Service Line
			
			Director, SGH Acute Care Nursing
			
			Administration Program Coordinator, Sharp Senior Resource Center
				FY 2024-2025 Plan:
				• SGH plans to participate in the annual Sharp Women's Conference in 2025 to provide community members with health education and screenings on a variety of health topics, including heart health and stroke
				• Sharp's systemwide stroke program plans to continue sharing stroke education through social media
				• Provide a community presentation on stroke education and prevention featuring a Sharp-affiliated physician
				
				FY 2024 and 2023 Activities:
				• In FY 2024, SGH staff participated in the Sharp Women's Health Conference, serving 750 community members
				  ○ SGH's Stroke Center and the Progressive Care Unit for Acute Stroke provided attendees with stroke education, screening of personal risk factors, risk modification strategies, and information about the signs and symptoms of stroke
				  ○ SGH also provided conference attendees with blood pressure and pulse checks
				• SGH Stroke Center provided stroke education and screenings to more than 550 community members at four community events in FY 2023 focused on heart and brain health in SDC's east region
				  ○ Events included: Spring into Healthy Living senior health fair at McGrath Family YMCA, the annual La Mesa Safety Fair hosted by the La Mesa Police Department and Heartland Fire and Rescue Department, the Fall Prevention and Balance Screening event hosted by the GHD and the annual Lakeside Firefighters Open House and Health Fair
				  ○ The SGH Stroke Center performed blood pressure screenings at all community events

Identified Community Health Need – Cardiovascular Disease				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				• Sharp's systemwide stroke program developed educational newsletters and social media content to educate the community on identifying stroke risks and symptoms using BE-FAST in 2023
	f. Continue to collaborate with community organizations to provide free support groups for community members impacted by stroke and their families.	Ongoing	Director, Sharp Neuroscience Service Line Director, SGH Acute Care Nursing Administration	**FY 2024-2025 Plan:** • In FY 2024, the SGH Stroke Center plans to offer a stroke support group in conjunction with the hospital's Outpatient Rehabilitation Department. This need is also addressed by pre-existing support groups at Sharp, including YESS (Young Enthusiastic Stroke Survivors) and the Community Re-Entry Program.
2. Collaborate with other health care organizations in San Diego on stroke education and prevention efforts.	a. Continue participation in San Diego County Stroke Consortium — a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC.	Ongoing	VP, Sharp Ortho/Neuro Service Line Director, Sharp Neuroscience Service Line Director, SGH Acute Care Nursing Administration	**FY 2024-2025 Plan:** • In FY 2024, consortium education goals include a focus on Large Vessel Occlusion, or blockages of the proximal intracranial anterior and posterior circulation, identification in the field • In collaboration with the San Diego County Stroke Consortium, educate and train Emergency Medical Services (EMS) and fire department professionals **FY 2024 and 2023 Activities:** • SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC • The San Diego County Stroke Consortium, including Sharp, provided stroke awareness at the Padres vs. the Rockies baseball game at Petco Park in 2023 ○ Sharp offered education about the warning signs of stroke and how to respond using BE-FAST to approximately 150 community members

Identified Community Health Need – Cardiovascular Disease				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				○ Stroke education was displayed on the Jumbotron to the entire stadium of nearly 42,000 community members **Background**: SGH continued its 18-year collaboration with the County of San Diego EMS to provide data for the SDC stroke registry, where data is tracked to identify gaps and determine trends. SGH also continued to actively participate in the quarterly San Diego County Stroke Consortium, a collaborative effort with other SDC hospitals to improve stroke care and discuss issues impacting stroke care in SDC. **Evaluation:** Sharp's systemwide stroke program participated in submitting data on stroke codes to SDC on a monthly basis. As a result, data is tracked to determine trends and gap identification in the County of San Diego EMS/hospital arena.
	b. Continue to provide data to the County of San Diego Emergency Medical Services for STEMI.	Ongoing	VP, Sharp Ortho/Neuro Service Line Director, Sharp Neuroscience Service Line Director, SGH Acute Care Nursing Administration	**FY 2024 and 2023 Activities:** • SGH continued to participate in programs to improve the care and outcomes of individuals with heart and vascular disease • To assist acutely ill patients in SDC, SGH participated in the quarterly County of San Diego Cardiac Advisory Committee for STEMI (ST-elevation myocardial infarction or acute heart attack) **Background**: To assist acutely ill patients in SDC, SGH provided data on STEMI to the County of San Diego EMS.

Identified Community Health Need – Cardiovascular Disease				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
3. Provide heart health education to health care professionals in the community.	a. Provide expert speakers on heart disease, heart failure and stroke at professional conferences and events.	Ongoing	Various	**FY 2024-2025 Plan:** • Sharp's systemwide stroke program, including SGH, will continue to participate at professional conferences and events as opportunities arise • Offer lectures to health care professionals from educational speakers on performance improvements in congestive heart failure and acute myocardial infarction, and cardiovascular treatment options **FY 2024 and 2023 Activities:** • SGH provided health education at conferences and events throughout the year • Sharp's systemwide stroke program managers provided training to EMS and fire departments throughout San Diego County ○ Training included BE-FAST for large vessel recognition, risk factors, protocol updates and stroke code prehospital training • Sharp's systemwide stroke program managers attended the virtual International Stroke Conference to learn new advances for stroke care and implement those current advances into the care delivery process in their respective entities

Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
Fiscal Years 2025 – 2028

Identified Community Health Need – Diabetes				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
1. Increase education of signs and symptoms of diabetes in San Diego's east region.	a. Provide education and participate in health fairs and events in San Diego's east region.	Ongoing (evaluated annually)	Sharp Diabetes Leadership Team	**FY 2024-2025 Plans:** • Provide fundraising and team participation for the 2024 San Diego Heart & Stroke Walk in September • Offer diabetes education and support at the 2025 annual Sharp Women's Health Conference **FY 2024 and 2023 Activities:** • Offered diabetes education and support to approximately 750 attendees at the 2024 and 2023 annual Sharp Women's Health Conference • Provided a presentation about diabetes and making healthy food choices to seven community members at the Herrick Community Health Library in FY 2023 • Provided a presentation titled Diabetes: Making Healthy Food Choices to more than 10 attendees at the La Mesa Adult Enrichment Center in FY 2023 • Provided fundraising and team participation for the 2023 San Diego Heart & Stroke Walk through the Sharp Diabetes Education Program **Evaluation**: Feedback is collected from community members on educational courses provided, in order to improve and refine educational resources for community member needs. In addition, the Sharp Diabetes Leadership Team meets annually to evaluate the programs over the previous year.
	b. Explore internal and external opportunities to provide additional resources and education to patients in need.	Ongoing (evaluated annually)	Sharp Diabetes Leadership Team	The Sharp Diabetes Education Program continues to explore opportunities with new community groups in FY 2024. **FY 2024 and 2023 Activities:**

Identified Community Health Need – Diabetes				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				• Provided support for regional community health fairs with a focus is on the comorbidities of diabetes and heart disease • Continued to serve as an insulin pump training center • In-person diabetes education continued through community events **Background**: Since FY 2020, the Sharp Diabetes Education Program has served as an insulin pump training center to support endocrinologists and primary care physician groups throughout SDC. Through this effort, the Sharp Diabetes Education Program trains community providers to use diabetes technology, including insulin pumps, continuous blood glucose monitors and blood glucose meters, to improve patient care and health outcomes. In FY 2021, the Sharp Diabetes Education Program implemented an enhanced electronic medical record system to improve care coordination with more than 300 community endocrinologists and primary care physician groups. This partnership has allowed for higher quality patient care and health outcomes. In FY 2024, the systemwide transition to the Epic electronic health record system will allow for the Sharp Diabetes Education Program and other Sharp programs and services to enhance communication with community providers.
	c. Continue to provide education to students in local high schools and colleges as well as health professionals.	Ongoing	Sharp Diabetes Leadership Team	**FY 2024-2025 Plan** • The Sharp Diabetes Education Program plans to continue to provide education to local students and health professionals in FY 2025 **FY 2024 and 2023 Activities:** • Sharp Diabetes Education Program director participated in a career panel for San Diego State University (SDSU) dietetics program, reaching 20 students in FY 2024 ○ At the event, the program director provided a presentation on diabetes care career opportunities as well as how to achieve related experience and education to assist in community health improvement

Identified Community Health Need – Diabetes				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				• Provided virtual diabetes education on different types of diabetes, diagnoses, current technology and medication, community resources for patients, and careers in diabetes to more than 20 dietetic students at SDSU • Mentored two dietetic interns from the SDSU Research Foundation's San Diego Women, Infants, and Children (WIC) Dietetic Internship program in 2024 and 2023 • Sharp Diabetes Education Program director served as a board member of the San Diego WIC Dietetic Internship program in FY 2024 and 2023 and provided a presentation on diabetes care, the role of the dietitian, the different types of diabetes, nutrition and meal planning, diabetes and technology and more to all six interns in the program **Evaluation**: Attendance taken at these events and provided in summary spreadsheet.
	d. Utilize findings in the Fiscal Year 2022 Community Health Needs Assessment to assess existing community resources and explore areas where additional diabetes education and resources may be needed in SDC's east region.	Ongoing (evaluated annually)	Sharp Manager, Community Benefit and Health Improvement Sharp Diabetes Leadership Team	**FY 2024 and 2023 Activities:** • Started using Rfoodx, a company that provides meals for those with diabetes and have Medi-Cal free of charge • Continued efforts focus on: ○ Clinic collaborations –– Exploring the possibility of a clinic collaboration is in process • Explored partnerships to address food insecurity as part of nutrition education and incorporating food insecurity screening into patient diabetes education and counseling
	e. Provide diabetes education to high-risk women with gestational diabetes, through collaboration with community clinics.	Ongoing (evaluated annually)	Sharp Diabetes Leadership Team	**FY 2024 and 2023 Activities:** • Continued to provide gestational services and resources to underserved pregnant women, both at the hospital and in collaboration with community clinics • Provided services and education to 1,025 underserved pregnant and breastfeeding women with diabetes at SGH in FY 2023

Identified Community Health Need – Diabetes				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				Background: The Sharp Diabetes Education Program is an affiliate of the California Diabetes and Pregnancy Program's Sweet Success Program, which provides comprehensive technical support and education to medical personnel and community liaisons to promote improved outcomes for high-risk pregnant women with diabetes. As an affiliate, the Sharp Diabetes Education Program educates underserved pregnant women and breastfeeding mothers with Type 1, Type 2 or gestational diabetes (diabetes developed during pregnancy) on how to manage their blood sugar levels. In collaboration with community clinics, the team provided these patients with a variety of education and resources. Clinic patients also received logbooks to track and manage their blood sugar levels. In addition, the Sharp Diabetes Education Program evaluated patients' management of their blood sugar levels and collaborated with community clinics' obstetrician/gynecologists to prevent complications. The Sharp Diabetes Education Program continues to provide gestational services and resources to underserved pregnant women, both at the hospital and in collaboration with community clinics.
2. Improve access to diabetes educational resources for underserved populations in SDC's east region.	a. Explore potential partnerships with community clinics in order to offer diabetes classes at clinic locations.	Ongoing (evaluated annually)	Sharp Diabetes Leadership Team	**FY 2024-2025 Plan:** • The Sharp Diabetes Education Program plans to provide discharged patients with resources to connect with a local physician upon discharge to promote care continuity **FY 2024 and 2023 Activities:** • Continued to explore potential partnerships with community clinics in FY 2024 • Continued to serve patients referred by community clinics, and provides consultation to providers at community clinics, such as FHCSD, as needed
	b. Create language-appropriate and culturally sensitive diabetes educational materials.	Ongoing (evaluated annually)	Sharp Diabetes Leadership Team	**FY 2024 and 2023 Activities:** • Continued to provide educational resources ○ Resources are provided in Arabic, Somali, Tagalog, Vietnamese and Spanish, and food diaries and logbooks are distributed for community members to track blood sugar levels

Identified Community Health Need – Diabetes				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				• Live interpreter services are available in more than 200 languages via the Stratus Video Interpreting iPad application Sharp team members receive education regarding the different cultural needs of diverse communities, including health equity.

Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
Fiscal Years 2025 – 2028

Identified Community Health Need – Obesity				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
1. Provide free education and screenings for community members that address risk factors for obesity.	a. Coordinate and provide various health screenings, including body mass index and blood pressure screenings at community events.	Ongoing	Manager, SGH Community Relations	**FY 2024 and 2023 Activities:** In FY 2024 and FY 2023, SGH participated in community events and provided education and health assessments for diabetes, nutrition, stroke and heart health; many of which address risk factors and interventions for obesity as well. Education and screenings include nutrition, and exercise education, as well as emphasis on maintaining a healthy weight and lifestyle. SGH also provides educational resources on risk factors for obesity and resulting chronic diseases. Please refer to Identified Community Health Need – Cardiovascular 1a-f and Identified Community Health Need – Diabetes 1a for details.
2. Provide care management in support of weight loss and healthy lifestyle choices for San Diego community members.	a. Not applicable (NA)	NA	NA	Free New Weigh Education Program classes are provided to community members through Sharp's medical group, Sharp Rees-Stealy. The free ten-week class emphasizes nutrition education and healthy lifestyle development. Classes offer access to a skilled health coach or registered dietitian for continued support and accountability and are offered at various locations around SDC as well as online. To create a semi-structured food plan, participants will have the choice of using either their own foods or meal replacements.

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Community Health Needs Assessment – Implementation Strategy
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Identified Community Health Need – Maternal and Prenatal Care, Including High-Risk Pregnancy				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**

1. Provide support and education for women on a variety of health topics, including prenatal care and parenting skills in order to improve health outcomes for new mothers, newborns and families in SDC's east region.	a. Provide education, resources and outreach to help meet the unique needs of women, mothers and newborns in SDC's east region.	Ongoing	Manager, SGH Obstetrics and Gynecology
			
			Manager, SGH Labor and Delivery
			
			Manager, SGH Neonatal Intensive Care Unit (NICU)
				FY 2024 and 2023 Activities:
				Offered a variety of health education classes and free support groups in person and virtually in FY 2024 and 2023
				• Participated in the Poway Chamber of Commerce 2023 Health & Wellness Expo
				  ○ Provided educational materials on women and infant health to 60 attendees
				  ○ Blood pressure screenings were also provided
				• Offered its free breastfeeding support group four times per week, including twice virtually and twice in person
				  ○ Served more than 550 attendees in FY 2023
				  ○ In addition, SGHWN provided breastfeeding support via telephone calls throughout FY 2023
				• Initiated a weekly in-person new parent support group titled Baby and Me Time in FY 2023, which served over 25 attendees
				• Supported 60 mothers and offered psychoeducation through a weekly virtual postpartum, perinatal mood and anxiety disorder support group
				• Held virtual and in-person classes for breastfeeding; Baby Care Basics including infant care, safety, and health and nutrition; labor comfort measures and relaxation skills; and preparation from the hospital to home with a baby (FY 2023)
				  ○ Lactation education consults during labor were an added service during FY 2023, demonstrating positive trends in exclusive breastfeeding rates among the well newborn population
				• Hosted four virtual Planning for Pregnancy events in FY 2023, where more than 210 attendees received education on preparing the body for pregnancy, having a baby later in life, reproductive planning, fertility schedules and challenges, and more

Identified Community Health Need – Maternal and Prenatal Care, Including High-Risk Pregnancy				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				• Offered women's health resources to 750 attendees during the 2023 Sharp Women's Health Conference at the Sheraton San Diego Hotel & Marina • Participated in the 2024 Sharp Women's Health Conference • Began distributing First 5 California's Kit for New Parents, a bag filled with useful resources and information in both English and Spanish for parents and their babies **Evaluation:** SGHWN continues to evaluate its offered services/events.
2. Demonstrate best practices in breastfeeding and maternity care and provide education and support to new mothers on the importance of breastfeeding in order to improve outcomes for mothers and newborns.	a. Implement process improvements to increase breastfeeding rates among new mothers. Explore and participate in opportunities to share these best practices with the broader health care community.	Ongoing (evaluated annually)	Manager, SGH Obstetrics and Gynecology Lead Clinical Nurse, SGH Lactation	**FY 2024 and 2023 Activities:** As a result of various quality strategies to promote exclusive breastfeeding, SGHWN increased the exclusive newborn breastfeeding rate at discharge from 49% in 2011 to 56.1% in 2023. In April 2023, SGHWN expanded lactation consult services to include education consults during labor to further increase exclusive breastfeeding rates. **Background**: Following the implementation of the 10 Steps to Successful Breastfeeding initiative in 2012, the SGHWN has pursued various quality strategies to promote exclusive breastfeeding and exclusive breast milk. In addition, educational resources provided at community clinics and in the hospital's childbirth education classes have been updated to reflect best practices in breastfeeding for mothers and their families. Neonatal Intensive Care Unit (NICU) and postpartum nurses also continue to encourage mothers to use a pump log to document and increase accountability of their 24-hour breastmilk volumes. Early intervention strategies were incorporated to promote the establishment of breastmilk at two weeks postpartum. The SGHWN also continues to track mothers of premature infants 28 to 34 weeks who had established breastmilk supply at two weeks. Additionally, nurses and lactation specialists assist

Identified Community Health Need – Maternal and Prenatal Care, Including High-Risk Pregnancy				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				families with term and late preterm infants in the NICU to work on breastfeeding and pumping throughout their NICU stay.

3. Collaborate with community organizations to raise awareness of women's health issues and services; provide low-income and underserved women in SDC's east region with critical prenatal services.	a. Support low-income and underserved women in the community through collaboration with community organizations.	Ongoing (evaluated annually)	Perinatal Advanced Practitioner, SGH Perinatal Services
			
			Manager, SGH Obstetrics and Gynecology
				FY 2024 and 2023 Activities:
				• Throughout FY 2023, the SGH Prenatal Clinic midwives provided in-kind help at Neighborhood Healthcare in El Cajon to support the underserved population in SDC's east region
				  ○ This included more than 1,000 hours of care for pregnant women, with midwife coverage five days per week
				• The SGH Prenatal Clinic continued to participate in the California Department of Public Health Comprehensive Perinatal Services Program to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits
				  ○ Midwives and nurse practitioners provide prenatal care, with perinatologist and OBGYN consultations immediately available as needed
				  ○ Services included health education, nutritional guidance, psychosocial support, language translation services, Medi-Cal enrollment services and childbirth classes
				  ○ Women with a current diabetes diagnosis were referred to the SGH Diabetes Education Program, while women with nutrition concerns were referred to an SGH registered dietitian or the SGH Diabetes Education Program
				  ▪ Women with elevated body mass received education and glucometers to measure their blood sugar levels and prevent the development of gestational diabetes
				• SGHWN continued its partnership with Vista Hill ParentCare to assist women with substance use or psychosocial issues during pregnancy
				• The SGH Prenatal Clinic screened women for mood disorders, domestic violence, homelessness, trauma, legal problems, substance use, sexual abuse and challenges with acculturation for refugees and immigrants

Identified Community Health Need – Maternal and Prenatal Care, Including High-Risk Pregnancy				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				○ If concerns were identified, a treatment plan was developed including follow-up from an SGH Prenatal Clinic social worker for the remainder of the pregnancy and up to 10 weeks postpartum ○ These approaches have been shown to reduce both low birth weight rates and health care costs for women and infants • SGHWN also provided women with referrals to a variety of community resources, including, but not limited to 211, San Diego WIC and the County of San Diego Public Health Nursing **Background:** SGHWN includes the SGH Prenatal Clinic, which provides services and resources specifically to the hospital's underinsured patients. The SGH Prenatal Clinic offers comprehensive obstetric services, postpartum assessments and individualized care plans to determine and address patients' strengths, risks, needs and goals.
	b. Continue to participate in and partner with several community organizations and advisory boards for maternal and child health.	Ongoing	Manager, SGH Obstetrics and Gynecology Manager, SGH Labor and Delivery Manager, SGH NICU	**FY 2024 and 2023 Activities:** Community organizations SGHWN has partnered with include: East County Pregnancy Clinic, San Diego Adolescent Pregnancy and Parenting Program, California School-Age Families Education, WIC, 211, Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, Beacon Council's Patient Safety Collaborative, ACNL, Perinatal Care Network, the local chapter of Association of Women's Health, Obstetric and Neonatal Nurses, California Maternal Quality Care Collaborative, California Perinatal Quality Care Collaborative, American Association of Critical-Care Nurses – Clinical Scene Investigator Academy, and the County of San Diego Public Health Nursing Advisory Board

Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
Fiscal Years 2025 – 2028

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
1. Increase coverage for patients seen in the emergency department by providing assistance to secure health coverage for all individuals entitled to the benefit; also provide payment options for individuals that chose not to secure coverage or are not currently eligible for health benefits. Secure benefit concurrent with stay when Medi-Cal Presumptive Eligibility rules apply.	a. Continue to provide services to help every unfunded patient received in the ED find coverage options.	Ongoing (evaluated annually)	Supervisor, Patient Assistance Navigators	**FY 2023 Activities:** • Sharp secured Presumptive Eligibility for 5,670 unfunded patients in the ED • Used PointCare to assist more than 8,200 self-pay patients **Evaluation:** Continued unknowns in understanding the efficacy of efforts include the increase in the patient out of pocket responsibility resulting from health plan coverage purchased off the exchange; and the transition of qualified unfunded patients directly to Medi-Cal. Sharp has initiated a process of trending straight self-pay collections separate from balance after insurance collections to closely monitor these two distinct populations. Sharp will continue to monitor results. **Background**: At Sharp, patients use PointCare's simple online questionnaire to generate personalized coverage options that are filed in their account for future reference and accessibility. The results of the questionnaire enable Sharp staff to have an informed and supportive discussion with the patient about health care coverage and empower them with options. The PointCare program continues to collect metrics on a number of individuals served and cost savings. From October 2015 to September 2023, Sharp helped more than 94,000 self-pay patients through PointCare, while maintaining each patient's dignity throughout the process.

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Fiscal Years 2025 – 2028

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
2. Provide payment options, education and support to vulnerable, uninsured, underinsured, and patients admitted to hospital facilities with an inability to pay their financial responsibility after health insurance.	a. Provide the Maximum Out of Pocket Program to patients who express an inability to pay their financial responsibility after health insurance.	Ongoing	All Revenue Cycle Staff	**FY 2023 Activities:** • Maximum Out of Pocket Program provided more than $406,000 in adjustments to patient bills **Background**: Sharp assists underinsured and vulnerable individuals unable to meet their financial responsibility after health insurance. Through the program, team members meet with patients at all Sharp hospitals to help them better understand their health insurance benefits, payment options and how to access care during their hospital stay.
	b. Provide Certified Application Counselors to assist both patients and community members with Covered California assistance.	Ongoing	Patient Financial Services (system-level) Certified Application Counselors	**FY 2023 Activities:** • In support of Covered California's annual open-enrollment period, Sharp's registration staff included 20 Certified Application Counselors to better assist both patients and the general community with navigating the Covered California website and plan enrollment
	c. The Patient Assistance Team will continue to assist patients in need of assistance gain access to free or low-cost medications.	Ongoing	Manager of Pharmacy Finance & Regulatory Compliance Supervisor, Patient Assistance Navigators	**FY 2023 Activities:** • Patient Assistance Program helped under- and uninsured patients access medications worth a total of $14.5 million **Evaluation:** • Cost savings for replacement drugs is monitored through the pharmacy. The patient accounting staff remove the charges from the patient's statement, as needed. • Sharp also tracks each individual that has applied for financial assistance. The patient account is noted with the findings, and a specific adjustment code is used to track the

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				dollars associated with these reviews. **Background:** Patients are referred by population health teams, physicians, pharmacists, case managers, social workers, nurses and at times, other patients. Team members research all available options for these patients, including programs offered by drug manufacturers, grant-based programs offered by foundations, co-pay assistance and other low-cost alternatives. Eligible patients receive assistance that may help reduce readmissions and the need for frequent medical services resulting from the lack of access to medications.
	d. Continue to participate in the 340B Drug Pricing Program.	Ongoing	Manager of Pharmacy Finance & Regulatory Compliance	**FY 2023 Activities:** • Sharp continued its participation in the 340B Drug Pricing Program and provided cost savings to help expand programs and medication access to Sharp's patients in need • Annual savings totaled more than $108.5 million to help expand programs and medication access to Sharp's patients in need Through participation in this federal program, three Sharp hospitals — SMH, SGH and Sharp Chula Vista Medical Center — are permitted to purchase outpatient drugs at reduced prices.
	e. Continue to offer ClearBalance — a specialized loan program for patients facing high medical bills.	Ongoing	Supervisor, Patient Assistance Navigators Manager Patient Access Services, Self-Pay Patients	**FY 2023 Activities:** • Since 2010, ClearBalance has assisted more than 9,100 Sharp patients • Through this collaboration with San Diego-based CSI Financial Services, both insured and uninsured patients can secure small bank loans to help pay off their medical bills in low monthly payments and prevent unpaid accounts from going to collections

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
	f. Continue to provide Project HELP funds for pharmaceuticals, transportation vouchers and other needs for economically disadvantaged patients.	Ongoing	SGH Chief Financial Officer	**FY 2023 Activities:** • In FY 2023, SGH provided over $185,000 in free medication, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted more than 10,900 individuals in FY 2023. From FY 2010 – FY 2020, Project HELP funds totaled more than $628,000 • Additionally, over $167,000 was provided to assist patients without insurance coverage for home health, transportation, durable medical equipment and portable oxygen Project HELP funds are tracked though an internal database.
3. Improve access to health and social services for vulnerable patients and community members, particularly San Diego's homeless population.	a. Explore and expand Sharp integrated delivery system access to post-acute recuperative care services.	Fiscal Year 2025	VP, Sharp Integrated Care Management (ICM)	**FY 2024 - 2025 Plan:** • Resolve gaps in care through community outreach efforts to identify opportunities as they become available **FY 2024 and 2023 Activities:** • Sharp Integrated Care Management (ICM) has created a System Social Work Educator role to advance Medical Social Work and build upon community partnerships • Sharp is seeking to identify short-term solutions for immediate needs as they occur, in addition to long-term, sustainable solutions. Each patient is independently considered for exact care need, likely term for the need, and various care setting options immediately available. Sharp continues to coordinate care efforts in partnership such as Whole Person Wellness, PATH (People Assisting the Homeless) and 211's Community Information Exchange (CIE). Likewise in support of Unhoused Discharge Plan Law (formerly California Senate Bill 1152), patients experiencing homelessness are screened for insurance and provided weather appropriate clothing, meal prior to discharge, prescriptions and community resources when needed.

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
4. Seek to provide health care funding options, education, and/or support to the vulnerable, uninsured/underinsured patients admitted to hospitals of the Sharp system.	a. Sharp Integrated Care Management and Patient Financial Services support education and access to: • Medi-Cal for CalFresh (Food Stamps) • Hospital Outstation Program (collaboration with the County of San Diego) • Enrollment of qualified patients in CalFresh • San Diego Community Information Exchange (CIE) / 211 San Diego (211) Collaboration	Ongoing (evaluated annually)	Manager, Patient Access Services VP, Sharp ICM	**FY 2024 - 2025 Plan:** • Expand Sharp ICM ability to leverage 211's CIE by enrolling individuals in the CIE program if not already completed in the community, allowing for hand-off to community organization and timely post-discharge care • Explore new electronic medical record features such as social determinants of health screening • Continue to seek and identify opportunities to engage payers through the CalAIM (California Advancing and Innovating Medi-Cal) program. **FY 2024 and 2023 Activities:** • Expanded efforts for patient education related to funding options/access to health care, as well as San Diego community resources. This largely occurred in concert with Unhoused Discharge Plan Law (Senate Bill 1152) • Continued to finetune and improve identification of individual's experiencing homelessness, especially for treat and release patients seen through Sharp EDs • Renewed efforts with their relationship and utilization of 211. In conjunction with the initial patient assessment, individuals are considered for benefit of a 211 referral (please refer to Identified Community Health Need – Access to Health Care 8a for details). ICM case managers make referrals as needed across all Sharp sites.
	b. Continued partnership and collaboration with recuperative care units.	Ongoing (evaluated annually)	Sharp Clinical Social Workers VP, Sharp ICM	**FY 2024 - 2025 Plan:** • Continue to seek and optimize opportunities with recuperative care units to serve the needs of patients experiencing homelessness
5. Continue to explore opportunities for collaboration with	a. Ongoing assessment of homeless data to identify interventions though analysis of trends and key	Ongoing	VP, Sharp ICM	**FY 2024 - 2025 Plan:** Continue to progress data collection to concurrently advance care opportunities. To that end, and in addition to current efforts, Sharp ICM anticipates:

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
community organizations to enhance access as appropriate for individuals experiencing homelessness to: • Medical care • Financial assistance • Psychiatric and social services	indicators. To guide assessment and planning for: • Allocation of internal resources • Possible expansion of existing external relationships • Identification of new opportunities for partnership and/or collaboration			• Exploring opportunities for introduction of a risk index via the incoming electronic medical record (Epic) that will include consideration of individuals experiencing homelessness to more quickly pair assessment with appropriate intervention • Introduce methods for considering/distinguishing homelessness as a comorbidity versus social determinants of health • Sharp has included a 211/CIE database in its new electronic medical record to improve the provision of person-centered care for patients experiencing homelessness as well as success of community referrals for housing and other social needs
	b. Continue to offer vulnerable SGH patients (Self-Pay, Medi-Cal, Medi-Cal Presumptive, with complex chronic health conditions and limited social support) health coaching and resources (through multiple community partnerships) upon discharge to help ensure safe transition from hospital to home and improve their quality of life; a Care Transitions Intervention (CTI) model pilot.	Ongoing (evaluated annually)	Director, SGH Case Management & Social Work SGH Medical Social Worker Manager, Community Benefit and Health Improvement	**FY 2023 Activities:** Year after year, the Care Transitions Intervention (CTI) program has demonstrated powerful metrics of improved patient health and well-being, as well as reduced unnecessary health care utilization. To date, the CTI team has successfully enrolled nearly 13,800 individuals in the program. Among its most impressive metrics, the CTI program has dramatically reduced readmission rates for participants. Since the inception of the program, the overall readmission rate for CTI patients is 8.2%. In FY 2023, the average readmission rate for CTI patients was 5.7%. These figures are a substantial decrease from the average readmission rate of 25-30% for those patients who qualify for CTI but who do not enroll in the program. The focus on both coordinated care management and health equity barriers contributes to the success of the CTI program. The CTI program data also reveals a significant reduction in cost between average length of stay for vulnerable patients, as well as average direct costs (per day) and average hospital day direct cost. **Evaluation:**

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				The ICM leadership continues to explore isolation of metrics to benchmark CTI value and successes. ICM will use information to assess opportunities for CTI across the Sharp system. This will be accompanied with evaluation of the CIE pilot partnership (see Identified Community Health Need – Access to Health Care 8a). **Background**: The CTI© program focuses on transitioning patient home safely by reviewing Medications, early recognition of symptoms, establishing a Medical Home, providing ACP choices and ensuring the patient has a plan for managing their care across the care continuum. Part of this is accomplished by connecting to patients to community resources (e.g., the San Diego Food Bank, 211, Feeding San Diego) that help them maintain their health and safety, including: food (directly), hunger relief organizations, transportation resources, access to a primary care physician for follow up care, medical equipment, and other social supports. With generous support from the Grossmont Hospital Foundation, the program has been able to support CTI patients with post-discharge social service navigation, food, blood pressure cuffs, diabetes kits, pulse oximeters and pill boxes. The program is also able to assist with co-pays for medications should the need arise.
	c. Explore partnership with Healthcare in Action to provide medically necessary outpatient care to unhoused individuals.	June 2025	VP, Sharp ICM	**FY 2024 - 2025 Plan:** • Explore a model that will provide these services if the patient does not have an in-network payer **FY 2023 Activities:** Leveraged Healthcare in Action for unhoused individuals and Molina Medi-Cal
6. Collaborate with organizations in San Diego to serve individuals experiencing homelessness.	a. Assist vulnerable patients and patients experiencing homelessness and refer them to	Ongoing	Director, SGH Case Management and Social Work	**FY 2023 Activities:** • Continued to facilitate post-acute care services for vulnerable patients, including individuals who experience homelessness or lack financial resources or insurance coverage

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
	local community organizations and resources.		SGH Lead Medical Social Worker	• Facilitated temporary stays in independent living facilities and referred individuals to community organizations to assist with food, safe shelter and transportation This strategy also addresses Identified Community Health Need – Economic Stability 1a. Please refer to that section for details.
7. Collaborate with local organizations to assist patients who live in rural, eastern San Diego areas.	a. Collaborate with the County of San Diego Public Health Services and San Diego County Fire to assist already discharged SGH patients with little to no access to health care services through the Rural Health Program.	Ongoing	Various	• New in FY 2023, GHD, County of San Diego Public Health Services and San Diego County Fire collaborated to assist SGH patients who live in the far eastern part of San Diego County through the Rural Health Program • These patients use SGH for care, but when they are discharged home, few health care services are accessible, especially for those trying to manage their chronic health care issues or needing simple follow up • The program includes a full-time public health nurse and a San Diego County Fire paramedic traveling on a CalFire vehicle to provide short visits to ensure the medical recovery of patients and support fire safety ○ The public health nurse reviews the discharge paperwork and the medication from the hospital physician and provides education on the diagnosis ○ The paramedic provides home and property safety checks as well as free smoke alarms. The paramedic assesses the property for fire prevention, the need for clearing brush and other fire hazards ○ The nurse and paramedic provide equipment as needed (walkers, crutches, canes, oximeters, etc.) and resources for the local food bank and other needs in the community • Patient visits are unlimited, and the goal of the program is to reduce readmissions to the hospital
8. Improve care management and clinical-community	a. Sharp will continue data sharing and collaboration with CIE/211 to	June 2025	VP, Sharp ICM	**FY 2024 – 2025 Plans:**

Identified Community Health Need – Access to Health Care				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**

linkages that address social determinants of health through implementation of a new technology platform that shares health and social services data across health care and social service sectors.	improve access to care and mitigate adverse outcomes related to social determinants of health.		Manager, Sharp Community Benefit and Health Improvement
			
			VP, Sharp HospiceCare
				• In FY 2024, Sharp ICM intends to expand their ability to leverage San Diego CIE/ 211 by enrolling individuals in the CIE program if not already completed in the community, allowing for hand-off to community organization and timely post-discharge care
				• Sharp is engaged with 211 leadership to explore opportunities to leverage data captured as a part of the CIE
				  ○ This data exploration includes consideration for integration of data as well as extraction of data identified as pertinent for activities managed through the ICM team
				
				FY 2023 Activities:
				• As of May 2023, there are 8,997 Sharp patients that have a matching client record in the CIE
				  ○ Of those patients, 3,404 are Sharp Health Plan members
				• Housing, utilities, and nutrition are the top three domains of need
				
				Background:
				Sharp HealthCare implemented data sharing and collaboration with the 211's CIE team to improve access to care and mitigate adverse outcomes related to social determinants of health, with pilot rollout and training beginning in 2019.

Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
Fiscal Years 2025 – 2028

Identified Community Health Need – Children and Youth Well-Being				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**

1. Increase education and awareness of high school students in SDC's east region around injury and violence prevention, and health care career readiness in these areas (e.g., rehabilitation).	a. Through the ThinkFirst/Sharp on Survival program, continue to collaborate with local organizations to increase unintentional injury, violence prevention and associated health career awareness.	Ongoing	Sharp Community Health Educator	**FY 2023 Activities:**
				• Sharp's ThinkFirst program offered numerous educational opportunities for 615 community students and residents
				  ○ More than 400 of these were students in grades nine through 12 who are part of the San Diego County Office of Education programs
				  ○ Through this partnership, Sharp's ThinkFirst program offered both virtual education and in-person presentations to east region schools
				• The programs consisted of one- to two-hour classes on various topics including the modes of injury; disability awareness; the anatomy and physiology of the brain and spinal cord; and career opportunities in physical rehabilitation
				  ○ Classes were enhanced by powerful testimonies from Sharp's VIPs (Voices for Injury Prevention)
				  ○ Virtual presentations included question-and-answer segments to enhance the feeling of connectedness between the students and the VIP speakers
				  ○ Even in a virtual format, students showed great engagement and participation in the presentations
				
				Background:
				Sharp's ThinkFirst/Sharp on Survival program is a chapter of the ThinkFirst National Injury Prevention Foundation, a nonprofit organization dedicated to preventing brain, spinal cord, and other traumatic injuries through education, research and advocacy.
				
				The San Diego County Office of Education's College and Career Readiness program connects school learning to the world of work. This is accomplished through project and work-based learning as well as developing career technical education programs designed to prepare students for careers in high-wage, high-growth industries.

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Identified Community Health Need – Children and Youth Well-Being				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
	b. Through the ThinkFirst/Sharp on Survival program, continue to provide education on safety and injury prevention to East County schools, from elementary students to college/university students.	Ongoing	Sharp Community Health Educator	**FY 2024 Plans:** • Continue to expand services and partnership with the San Diego County Office of Education's College and Career Readiness program to provide education within the east region communities. • Partner with San Diego County Office of Education's College and Career Readiness program to provide a summer learning camp focused on disability awareness • Explore opportunities to incorporate concussion education into school and community presentations • Increase community awareness of ThinkFirst through attendance and participation in community health fairs and events **FY 2023 Activities:** In FY 2023, ThinkFirst delivered an in-person assembly to 220 students at Avocado Elementary School focused on traumatic brain injury, spinal cord injury, disability awareness and the permanence of particular injuries. In addition, students received education about staying safe in the school parking lot and on the playground. Following the presentation, students engaged in hands-on learning and disability education through the exploration of a wheelchair accessible van.
2. Provide career pathway programs and early professional development for middle and high school students.	a. Continue to provide elementary, middle and high school students with opportunities to explore health care professions.	Ongoing	Varies – Preceptors throughout SGH Manager, SGH Community Relations	**FY 2024 - 2025 Plans:** • Continue to provide the Health Exploration Summer Institute (HESI) program • Continue to participate in the Health Sciences High Middle College (HSHMC) program • Continue to offer HealthCare Towne, an early outreach program for middle and junior high school students designed to build the health care workforce of tomorrow through a field trip to the SGH campus • Explore the reinstatement of the I Inspire program • SGH will continue to evaluate its offered services/events

Identified Community Health Need – Children and Youth Well-Being				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**

				FY 2023 Activities:
				• Continued to collaborate with the Grossmont Union High School District to offer the HESI program
				  ○ HESI provides high school students with opportunities for instruction, job shadowing, observations and select hands-on experiences
				  ○ In FY 2023, nearly 20 students were offered an in-person learning experience
				• Continued its participation in the HSHMC program
				  ○ Engaged with 70 10th to 12th grade HSHMC students on SGH's campus for 440 hours
				  ○ Students rotated through instructional pods in specialty areas
				• In FY 2023, SGH resumed Healthcare Towne
				  ○ This unique event encouraged students to connect what they learn in the classroom to real-life career opportunities in health care
				  ○ In September, more than 30 middle school students from Cajon Valley Middle School participated in HealthCare Towne
				
				Background:
				HSHMC: 71% of HSHMC students are economically disadvantaged, and the school's free and reduced-price meal eligibility rate is higher than the average for both SDC and California. Despite these challenges, HSHMC maintains a 90% attendance rate and excels in preparing students for high school graduation, college entrance and a future career. In June 2023, 90% of the HSHMC graduating class went on to attend two- or four-year colleges, while 68% of students said they wanted to pursue a career in health care. In addition, HSHMC has a 97.8% graduation rate, which is higher than the state of California's average of 87.4%.
				
				HealthCare Towne: This unique event encouraged students to connect what they learn in the classroom to real-life career opportunities in health care. Healthcare Towne empowers students to

Identified Community Health Need – Children and Youth Well-Being				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				develop self-awareness by exploring their strengths, interests and values. Students collaborate to diagnose a hypothetical patient before they arrive at the hospital and learn about clinical areas where the patient would receive care. Students then apply clues, lab results and what they learned throughout the day to help fully diagnose the patient. I Inspire program: To help address projected shortages in the health care workforce, SGH offers I Inspire, a weeklong program that encourages high school students from underrepresented backgrounds to consider careers in health care.

Sharp Grossmont Hospital
Community Health Needs Assessment – Implementation Strategy
Fiscal Years 2025 – 2028

Identified Community Health Need – Community Safety				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
1. Increase education and awareness of health care professionals and community members in San Diego around violence and trauma, including human trafficking.	a. Collaborate with community organizations and health care professionals to share best practices and provide education around human trafficking.	Ongoing	Sharp Memorial Hospital (SMH) Assistant Librarian Sharp Coronado Hospital and Healthcare Center Medical Social Worker Trauma-Informed Care team at Sharp Mesa Vista	**FY 2024 and 2023 Activities:** In FY24, Sharp joined the SoCal Safe Shelter Collaborative to help improve access to community resources and promote trauma-informed best practices. All Sharp hospitals were onboarded and trained to provide referrals through this system. As part of the Health Subcommittee for the San Diego Regional Human Trafficking and Commercial Sexual Exploitation of Children Advisory Council (Health Subcommittee), the SMH assistant librarian and Sharp Coronado Hospital and Healthcare Center medical social worker contributed to trainings and other events that helped equip community health care professionals and students with best practices to identify and support patients who have experienced human trafficking. This included: • Fourth year as Facilitator for the Health, Education, Advocacy, Linkage Trafficking Train the Trainer Academy to more than 40 public health professionals and health educators • Shared trauma-informed care continuing medical education series with 575 community healthcare professionals • Provided education on trauma-informed approaches to human trafficking to more than 120 physician assistant and nursing students from PLNU and National University • Reached community members through monthly Health Subcommittee meetings, which were also recorded and shared on YouTube, as appropriate. Overall, more than 600 community members received meeting details, best practices, and resources related to the variety of topics covered throughout the year • Updated the Welcome Packet: A Guide to Best Practices and Resources to support healthcare providers and systems in implementing best practices • Partnered with HT-RADAR (PLNU Center for Justice & Reconciliation) Healthcare and Human Trafficking Summit, where two Sharp team members shared information on a panel to 100 attendees in October

Identified Community Health Need – Community Safety				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				Background: In 2018, the SMH assistant librarian created the Health Subcommittee. This multidisciplinary group — including physicians, nurses, mental health professionals, social workers, executives and community stakeholders — was established to support health care systems in addressing human trafficking through best practice sharing, protocol development and education. To equip Sharp and community health systems with trauma-informed care skills, Sharp collaborated with the Health Subcommittee, Palomar Health and the Institute on Violence, Abuse and Trauma to create a trauma-informed care continuing medical education series for physicians, PAs, nurse practitioners, nurses, licensed marriage and family therapists, licensed clinical social workers, and other interested individuals within and outside the medical profession. Sharp's Continuing Medical Education Department has supported these efforts by providing numerous continuing medical education activities targeted to Sharp and non-Sharp community physicians and providers related to human trafficking and trauma-informed care. To date, the SMH assistant librarian has provided trauma-informed care trainings for Palomar Health's California Clinical Forensic Medical Training Center, Sharp Nursing Grand Rounds, Sharp Metropolitan Medical Campus's Rehabilitation department, Sharp's Social Work department, PLNU School of Nursing, PLNU's Physician Assistant Program, National University School of Nursing, and San Diego County public health nurses
	b. Collaborate with community organizations to improve data collection and assessments for non-fatal strangulation.	Ongoing	SMH Assistant Librarian	**FY 2023 Activities:** Currently, Sharp diagnoses and treats non-fatal strangulation to reduce the number of stroke and homicide events, which is prevalent in patients who have experienced domestic violence, sex

Identified Community Health Need – Community Safety				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				trafficking and prostitution. Sharp plans to train clinicians in this area to prioritize safety planning for these patients.
	c. Implement human trafficking and trauma-informed care trainings and protocols at Sharp.	Ongoing	SMH Assistant Librarian SMH Emergency Department Leadership Sharp's Continuing Medical Education Department	**Sharp FY 2024 - 2025 Plans:** In FY 2024 and FY 2025, Sharp's plans include: • Creating a corporate workgroup to establish trauma-informed care as "standard work" and protocols centered around best practices • Teaching trauma-informed care as an extension of person-centered care • Implementing completed protocols, which include replacing previously used screening tools with the PEARR Tool, teaching trauma-informed care as a universal precaution and hiring a survivor consultant to review protocols and make recommendations. • Lead the "clinical validation" of the PEARR Tool. • Speak at the "Nurse Appreciation Event" a continuing education event for San Diego County public health nurses. Follow up with resources to adopt best practices. Integrating best practices on human trafficking and trauma-informed care into new nurse orientations • Update the personal safety questions with the Epic customization **FY 2024 and 2023 Activities:** In FY 2024, Sharp plans to expand implementation of trauma-informed care protocols for Sharp Mesa Vista Hospital, Sharp Mary Birch Hospital for Women and Newborns, SGH, Sharp Chula Vista Medical Center, Sharp Rees-Stealy Medical Centers and Sharp Community Medical Group clinicians to support patients who have been trafficked or have experienced similar exploitation/abuse. SMH and Sharp Coronado Hospital and Healthcare Center EDs currently have protocols in place for clinicians identifying patients who have been trafficked. Sharp Coronado Hospital and Healthcare Center developed a protocol for identification of trafficked persons, responses within the healthcare system, and resources to provide to patients. Responsible

Identified Community Health Need – Community Safety				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				parties plan to create a mandatory staff training in the Sharp Coronado Hospital and Healthcare Center ED for domestic violence and human trafficking, which will take place in July 2024 and will be overseen by a survivor consultant.

Identified Community Health Need – Economic Stability				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**

1. Improve outcomes for vulnerable, underfunded patients and community members through facilitated referral and connection to social, practical and other services in the community.	a. Connect vulnerable, underfunded patients and community members to local resources and organizations for low-cost medical equipment, housing options and follow-up care.	Ongoing (evaluated annually)	Director, SGH Case Management & Social Work	**FY 2023 Activities:**
				• Continued to provide Project HELP funds for pharmaceuticals, transportation vouchers and other needs for economically disadvantaged patients
				  ○ Please refer to Identified Community Health Need – Access to Care 2f for details
				• Continued to facilitate post-acute care services for vulnerable patients, including individuals who experience homelessness or lack financial resources or insurance coverage
				  ○ SGH also facilitated temporary stays in independent living facilities and referred individuals to community organizations to assist with food, safe shelter and transportation
				  ○ Patients experiencing homelessness were referred to a shelter when appropriate
				• Provided more than $167,000 in home health services, medical transportation, temporary stays in independent living facilities and durable medical equipment such as blood pressure cuffs, portable oxygen, oximeters and scales to facilitate post-acute care services for vulnerable patients
				• Referred individuals to community organizations to assist with food and shelter.
				• Hosted a community drive-thru clothing drive that collected thousands of clothing items for the hospital's patients in need
				  ○ More than 7,800 articles of clothing and shoes were provided to units throughout the hospital
				• Beginning in FY 2022, SGH, along with all Sharp acute care hospitals, joined the California Bridge program
				  ○ The goal is to better identify patients in need of medications for addiction treatment (MAT) in Sharp EDs and bridge their connection to treatment in the community
				  ○ Sharp partnered with community organizations for prioritized access to treatment upon discharge from the ED

Identified Community Health Need – Economic Stability				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
				Background: In FY 2022, SGH, along with all Sharp acute care hospitals, joined the Bridge MATprogram, which serves ED patients with opioid use disorder and mental health concerns. The California Bridge Grant was awarded to SGH and SMH, and in April 2022, the program was extended throughout the system. The goal is to better identify patients in need of MAT in Sharp EDs and to bridge their connection to treatment in the community. This program involves collaboration among a variety of professionals, including social workers, clinical informatics, ED nurses and Sharp-affiliated emergency medicine physicians. Sharp established assessment and referral pathways for those with opioid use disorders, as well as screened patients for need and desire of MAT, with the ability to receive the first dose of suboxone in the ED, a prescription for up to 14 days, NARCAN®, and an appointment with a community clinic for ongoing MAT. Sharp partnered with Comprehensive Treatment Centers for prioritized access to treatment upon discharge from the ED. In addition, SGH's ED began distributing NARCAN®, free of charge, to any requesting community member. In addition, SGH Volunteer Services provides weather-appropriate clothing and shoes to patients in need, including those experiencing homelessness, patients transferring to skilled nursing facilities or patients who lack nearby friends or family upon discharge from the hospital. The majority of these supplies come from the hospital auxiliary's Thrift Korral, a resale boutique located in downtown La Mesa.
	b. Continue to offer vulnerable SGH patients (Self-Pay, Medi-Cal, Medi-Cal Presumptive, with complex chronic health conditions and limited social support) health coaching and	Ongoing (evaluated annually)	Sharp VP Case Management Director,	**FY 2024 and 2023 Activities:** This strategy also addresses Identified Community Health Need – Access to Health Care 5b. Please refer to that section for details.

Identified Community Health Need – Economic Stability				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
	resources (through multiple community partnerships) upon discharge to help ensure safe transition from hospital to home, and improve their quality of life; a CTI model pilot.		SGH Case Management & Social Work SGH Lead Medical Social Worker Manager, Community Benefit and Health Improvement	

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Identified Community Health Need – Workforce Development				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
1. Collaborate with local colleges and universities to promote interest in health care careers and provide professional development lectures.	a. Continue to provide college and university students with opportunities to explore health care professions.	Ongoing	Varies – Preceptors throughout SGH	**FY 2024 and 2023 Activities:** SGH collaborated with local, state and national schools, colleges and universities to provide hospital-based opportunities for students to explore and train for a variety of careers in health care. • In FY 2023, the David and Donna Long Cancer Center provided an internship to a SDSU medical physics resident (FY 2023) • SGH's Cardiac Rehabilitation Department collaborated with PLNU to provide 40 hours of internship and education to a PLNU Master of Science in Exercise Physiology student • In FY 2023, more than 670 nursing students spent over 90,200 hours at SGH, including time spent both in clinical rotations and individual preceptor training, while more than 170 ancillary (non-nursing) students spent more than 39,000 hours on the SGH campus • Nearly 10 midlevel practitioners spent over 1,000 hours on the SGH campus • In FY 2023, SGH's cardiac team spent more than 1,000 hours mentoring over 50 students from Azusa Pacific University, SDSU, University of California San Diego, Grossmont College and PLNU, including students interested in a career as a nurse, emergency medical technician or cardiovascular technologist • In FY 2023, SGH continued to partner with Midwestern University in Glendale, Arizona, to provide physician-led mentorship opportunities for medical students, serving 22 students • In FY 2023, SGH's Pharmacy Department provided more than 5,000 hours of supervision, training, lectures and support to 22 pharmacy students • The Pharmacy Department also provided over 4,000 hours of training to two post-graduate first-year Doctor of Pharmacy residents and graduated their first post-graduate second-year Critical Care Doctor of Pharmacy resident
2. Increase education and awareness of high school students in SDC's east region	a. Through the ThinkFirst/Sharp on Survival program, continue to collaborate with local	Ongoing	Sharp Community Health Educator	**FY 2023 Activities:** This strategy also addresses Identified Community Health Need – Children and Youth Well-being 1a. Please refer to that section for details.

Identified Community Health Need – Workforce Development				
Objectives/Anticipated Impact	**Strategy/Action Items**	**Target Completion Date**	**Responsible Party/ies**	**Evaluation Methods, Measurable Targets, and Other Comments**
around injury and violence prevention, and health care career readiness in these areas (e.g., rehabilitation).	organizations to increase unintentional injury, violence prevention and associated health career awareness.			
3. Provide career pathway programs and early professional development for middle and high school students.	a. Continue to provide elementary, middle and high school students with opportunities to explore health care professions.	Ongoing	Varies – Preceptors throughout SGH Manager, SGH Community Relations	**FY 2023 Activities:** This strategy also addresses Identified Community Health Need – Children and Youth Well-being 2a. Please refer to that section for details.