Silver Cross Hospital

Community Benefit Implementation Plan

2024-2026



1900 Silver Cross Boulevard
New Lenox, 60451

Silver Cross Hospital Implementation Plan

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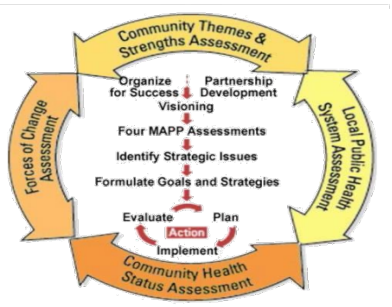
Executive Summary

With the March 2010 passage of the Patient Protection and Affordable Care Act, all not-for-profit hospitals (recognized as 501(c)(3) organizations) are required to complete a Community Health Needs Assessment (CHNA). A CHNA is designed to identify, prioritize, and address health issues in a hospital's primary service area and must be completed at least once every three years for tax years beginning after March 2012. The IRS has provided guidelines on CHNA expectations, including but not limited to, a definition of community, reporting of health outcomes in the region, completion of community input, prioritization of health issues and adoption of an implementation strategy authorized by the governing body of the hospital organization.

As a not-for-profit healthcare provider and community leader for over 127 years, we take our responsibility to positively impact and help meet the needs of Will County and Southwest suburbs very seriously. To that end, Silver Cross Hospital contributes $10,000 annually to the Will County Collaborative to develop a broad-based community needs assessment. The *Will County Mobilizing for Action through Partnerships and Planning (MAPP)* process, coordinated by the Will County Health Department, as well as other area hospitals, healthcare providers, and community leaders conducted a comprehensive CHNA. These groups analyzed data, surveys and other local and national research to prioritize the social, environmental and healthcare needs of our community.

As a result of this collaboration, the 2022 *Will County Community Health Needs Assessment* was created. The CHNA includes the following four assessments which are the Community Themes & Strengths Assessment, the Local Public Health System Assessment, the Forces of Change, and the Community Health Status Assessment as shown on the right. The CHNA provides methodology and major findings, along with an implementation plan specifying the necessary programs that need to be developed to meet the local communities' needs that will improve the quality of life of Will County residents. This report is the basis of Silver Cross Hospital's 2024 -2026 Community Benefit Implementation Plan.



The Report is available at:
https://www.silvercross.org/about/caring-community/

Silver Cross Hospital executives and clinical staff continue to be active members of the Will County MAPP Project Steering Committee. We have taken leadership roles on several committees to ensure Silver Cross Hospital is thoroughly engaged in implementing these vital community programs. Also, Silver Cross staff helps support the MAPP process by providing information that was developed to gather all the services that are occurring throughout Will County to address the local community's needs. In consideration of the top health priorities identified through the CHNA process — and considering organizational resources and overall alignment with the mission, goals, and strategic priorities, the 2022-2024 *Will County Community Health Needs Assessment Report* will serve as Silver Cross Hospital's three-year Community Benefit Plan for our annual Community Benefit Report.

Introduction:

A Tradition of Caring for the Community

Our History

Silver Cross has a long-standing tradition of caring for the community and meeting the needs of our patients by treating them the way they ***should*** be treated. At Silver Cross, we recognize each of our patients as individuals with their own sets of wants and concerns. And, we have made it our goal to address them all. It's what we call the Silver Cross Experience.

At Silver Cross, we pride ourselves on delivering unrivaled care to every patient, every time. As a result, our focus on safety, quality and patient experience has earned us numerous national awards over the years.

We first achieved national prominence when we were recognized as one of the nation's 100 Top Hospitals in 2004—an accomplishment that we've repeat 11 times—most recently in 2023. What's more, we've been acknowledged as one of the nation's safest hospitals by earning Straight A's for patient safety from the Leapfrog Group. And in 2023, we earned a 5-Star Rating by the Centers for Medicare and Medicaid Services.

Mission
Our mission is to improve the health of those we serve and advance wellness in our community.

Vision
We, the Silver Cross Family, are known for our culture of excellence and will deliver an unrivaled healthcare experience for patients, their families and the communities we serve.

Core Values
We, as members of the Silver Cross Hospital team, are dedicated to meeting the needs of the people we serve by living our **Core Values of:**

Safety — do no harm
Inclusiveness — work collaboratively and transparently
Leadership — take initiative, demonstrate professionalism and be accountable
Virtue — demonstrate integrity and ethical behaviors
Excellence — achieve distinction for high reliability in quality and service
Respect — honor the feelings, traditions, and rights of others.

Standards of Conduct
1. Promote quality health care and ethical behavior
2. Ensure compliance with the law
3. Demonstrate respect, fairness, and courtesy in the workplace
4. Understand, avoid and disclose conflicts of interest
5. Maintain confidentiality of information
6. Ensure safety and security

Seven Behaviors
1. Speak up for patient safety
2. Always introduce yourself
3. Wear your name badge appropriately
4. Always give explanation of processes
5. Escort patients and visitors
6. Keep the environment clean and safe
7. Always greet patients, visitors, physicians and colleagues

SAFEty Habits
1. Support Each Other
2. Ask Questions
3. Focus on the Details
4. Explain Clearly

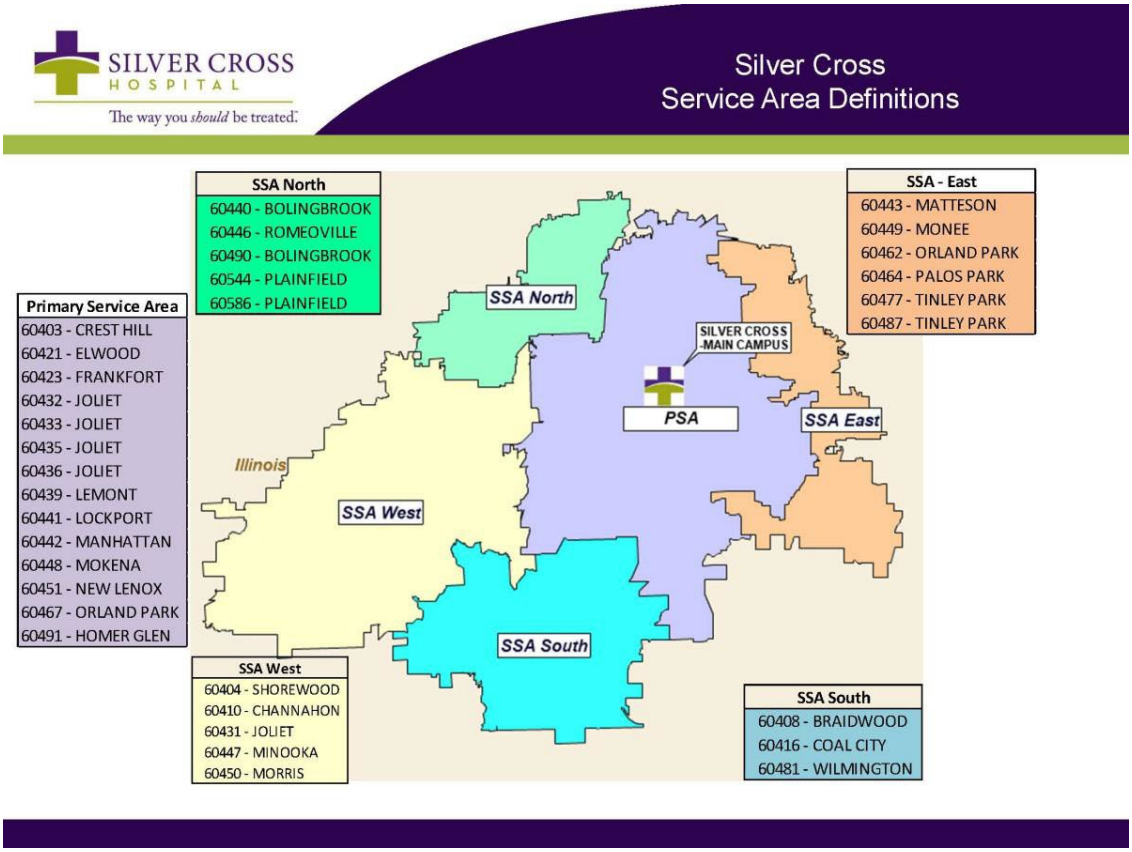
Defining Who We Serve

Community Definition and Population Served

Silver Cross Hospital's Primary Service Area (PSA), as defined for the purposes of the Community Health Needs Assessment, is defined as the following residential ZIP Codes in portions of Will and southwestern Cook counties, Illinois: 60403; 60421; 60423; 60432; 60433; 60435; 60436; 60439; 60441; 60442; 60448; 60451; 60467; and 60491.

Silver Cross' Secondary Service Area (SSA) includes 60440; 60446; 60490; 60544; 60586; 60404; 60410; 60431; 60447; 60450; 60408; 60416; 60481; 60487, 60443; 60449; 60462; 60464; and 60477.

Our service area is composed of widely diverse cross-sections of the population. Large sections of our community are more established suburban areas and are rapidly growing. Some segments are becoming more racially and ethnically diverse and are more densely populated. Median incomes range broadly throughout the community – with distinct pockets that have very low incomes, and with other areas that are significantly more affluent. Other sections of the community could be considered more rural and are much smaller in terms of population size but growing and are less ethnically and racially diverse. A geographic description is illustrated in the following map.



FY2024-2026
Goals

Silver Cross has a long-standing tradition of caring for the community and meeting the needs of our patients by treating them the way they *should* be treated. To do so, we must understand the needs of our community and establish strategic programs to address those needs.

When assessing the health needs of the country, there are conditions in the places where people live, learn, work and play that affect a wide range of health risks and are considered Social Determinants of Health. Social Determinants of Health recognized by the CDC are as follows:

- Health Care Access and Quality
- Education Access and Quality
- Economic Stability
- Neighborhood and Build Environment
- Social and Community Context

Every three years, the Community Health Needs Assessment (CHNA) is conducted.
In acknowledging the wide range of priority health issues and opportunities to improve the health of the community that emerged from the CHNA process, Silver Cross decided to focus on those considered most pressing, most under-addressed, and most within the Hospital's ability to influence.

Priority Need #1:	**Access to Care**
Priority Need #2:	**Stabilizing a Built Environment**
Priority Need #3:	**Access to Food and Nutrition**
Priority Need #4:	**Behavior Health and Substance Use**

Silver Cross Hospital will strive diligently to address these needs over the next three years through a health equity framework. Silver Cross Hospital's Community Benefit Implementation Plan will directly focus on the key areas listed above.

Priority #1: - Increase Access to Care

Midwest Institute for Heart Care

Advanced Heart Failure Clinic

Cardiovascular disease continues to be a major health concern. Silver Cross treats approximately 1,000 patients annually of which an estimated 82% are Medicare. Many patients do not take their prescribed medication or do not take it according to the doctor's direction because they are not able to afford it. Often patients do not return for follow-up care because of lack of transportation. Providing the necessary medications, education and transportation will prevent hospital readmissions and a reduction of costs to the patient, the hospital and the Medicare program.

Goal:

Provide necessary medications, education and transportation to patients in need participating in the heart failure program.

Actions:

- **Continue to implement the Bundled Care Pharmacy and Transportation Program** to provide Medicare patients living in (60432,60433,60436 and Fairmont area 60441) being discharged from the hospital with initially needed medications, supplies and transportation.
- **Medication and supplies management for the program.**
- **Management of transportation services.**

Resources and Community Collaborators:

- Program coordinators
- Transportation services.
- Medications
- Needed Medical Supplies

Anticipated Impact:

- Patients enrolling in the program will demonstrate a reduced no-show rate for follow-up clinic appointments.
- Patients enrolling in the program will demonstrate reduced ED utilization.
- Reduce mortality and reduced readmissions.
- Prescribed key medications that have been shown to improve quality of life.

Measure Results:

- Track the number of patients who show up for follow-up appointments that utilize the Transportation Program.
- Track and monitor the number of hospital readmissions and ED visits of persons participating in the program.

Midwest Institute for Lung Care

Lung Cancer

According to the Will County Community Health Status Assessment, cancer closely followed by heart disease is the leading cause of death. Lung cancer is the most common cause of cancer death among both females and males.

Goal:

To promote early detection of lung cancer by increasing the volume of patients receiving lung screenings.

Actions:

- Distributing educational information relating to risks, symptoms, and treatment of lung cancer to persons in high-risk communities.
- Offering annual continuing education programs for physicians, nurses, and allied health professionals on advancements in cancer prevention, diagnosis, and treatments.
- Providing patients with convenient access to cancer specialists at the University of Chicago Medicine Comprehensive Cancer Center at Silver Cross Hospital and the latest chemotherapy and radiation therapy, as well as access to more clinical trials in Will County.
- Continue to facilitate weekly multidisciplinary Tumor Boards that focus on breast, lung, and gastrointestinal cancers identifying the best course of treatment for the patient.
- Access to affordable lung cancer screening.

Resources and Community Collaborators:

- Will County Mobilizing for Action through Partnerships and Planning (MAPP)
- Will County Health Department
- Faith-based Institutions
- Physicians and clinical staff members
- Federally Qualified Health Centers

Anticipated Impact:

- Patients receiving screenings and/or educational information will have improved outcomes.

Measure Results:

- Number of referrals for screenings.
- Number of cancer patients screened.
- Number of cancer screenings performed.

Women and Infant Services

Maternal and Baby Health

Every year there are over 3,000 babies delivered at Silver Cross Hospital. Nearly 50 babies require highly specialized care that was only available at a Level III nursery or NICU. In addition, that number does not account for the number of patients who leave the area and choose to deliver at a hospital that has a NICU for a higher level of care.

Access to the Amy, Matthew & Jay Vana NICU ensures babies with special needs can receive all the care they need under one roof, and families can stay together close to home.

Goal:

To ensure women and expectant mothers have access to specialty care and regular preventative health services.

Actions:

- Partner with Will County Health Clinic, Aunt Martha's, National Hook-Up of Black Women, Spanish Community Center, MAPP and other agencies to ensure women and expectant mothers have access to specialty care and regular preventative health services including family planning, prenatal and postpartum care, in particular those who are Medicaid-eligible.
- Utilize the resources provided by the Illinois Perinatal Quality Collaborative to help address health disparities, promote health equity and improve maternal and baby health.
- Craft targeted messages to improve health literacy in areas of need.
- Partner with OB/GYN and provide community lectures and address issues of maternal and baby health.

Resources and Community Collaborators:

- Will County Health Clinic
- Aunt Martha's
- National Hook-Up of Black Women
- Spanish Community Center
- Will County Mobilizing for Action through Partnerships and Planning (MAPP)

Anticipated Impact:

- The number of women who receive medical services and educational information will have improved outcomes.

Measure Results:

- Number of people given educational materials
- Number of community lectures given
- Number of people attending community lectures

Health Education and Screenings

Silver Cross Hospital & BCBSIL

Silver Cross Hospital will partner with BCBSIL along with other agencies to provide screening and educational events to the community to increase access to health care and be a link to other community resources.

Goal:

Increase community health education and utilization of health screenings through community programming.

Actions:

- Partner with the Healthy Community Commission Board, Blue Cross Blue Shield and other agencies to promote Silver Cross Hospital's health initiatives.
- Provide screenings and health care information to the community.
- Identify insured and uninsured patients and community members that need health care services.

Resources and Community Collaborators:

- Silver Cross Hospital Clinical staff
- Blue Cross and Blue Shield CareVan
- Silver Cross Healthy Community Commission Board Members
- Faith-based Institutions

Anticipated Impact:

- The number of people who receive screenings and educational information will have improved outcomes.

Measure Results:

- Number of persons screened for diabetes and heart disease.
- Number of persons screened for breast cancer.
- Number of patients referred for other wrap-around services.

Primary Care

Medical Home

There is a shortage of primary care physicians in our service area, specifically on the East Side of Joliet as indicated by the Health Resources and Services Administration (HRSA). Having available primary care physicians can open access to needed care, reduce health disparities, decrease hospitalization and emergency department visits and improve outcomes.

Goal:

Address the physician shortage by increasing the number of primary physicians in our service area.

Actions:

- Continue to recruit more primary care physicians.
- Increase access to primary and preventative care for patients with the use of technology to locate physician locations and scheduling.
- Offer information about affordable health plans and available resources.
- Refresh the "Know Where to Go" campaign promoting the necessity for a medical home.
- Work with the *Will County Mobilizing for Action through Partnerships and Planning (MAPP)* to address the shortage of primary care physicians.

Resources and Community Collaborators:

- Silver Cross Hospital
- Will County Mobilizing for Action through Partnerships and Planning (MAPP)

Anticipated Impact:

- The number of people who have access to primary care will increase.

Measure Results:

- Number of new physicians recruited for primary care.
- Number of new patients at primary care locations.
- Number of patients reached through technology.

Priority #2: Stabilizing a Built Environment

Educational Scholarships and Career Opportunities

Per the latest Community Health Status Assessment, certain areas of Will County are negatively affected by socioeconomic factors such as income, education and employment.

Goal:

Increase the number of underserved individuals linked to career events, training, educational scholarships, and employment opportunities.

Actions:

- Increase the Healthy Community Commission's presence at local high schools, colleges and universities while promoting the HCC Healthcare Scholarship Program.
- Increase the number of career events attended by the Silver Cross Human Resources Department and/or hospital representatives.
- Establish a new Job Shadowing program for organizations serving students living in underserved or at-risk areas.
- Continue to promote the Nursing Student Loan Repayment Program that was made available through the Old National Bank, Silver Cross and Lewis University for Lewis graduates who pursue a nursing career at Silver Cross after graduation.

Resources and Community Collaborators:

- Healthy Community Commission Board Members
- Silver Cross Hospital
- Local high school counselors (Joliet Township, Lockport)
- Colleges and Universities (Joliet Junior College, Lewis University)

Anticipated Impact:

- The number of people who receive scholarships and or career information will have an improved quality of life through education and career opportunities.

Measure Results:

- Number of persons receiving HCC Healthcare Scholarships.
- Number of persons attending career events.
- Number of applicants hired from the career events.
- Number of students that enroll in the Nursing Student Loan Repayment Program.

Prioritized Need #3: Access to Food and Nutrition

Care Connect

Screen and Intervene Program

Silver Cross Hospital Care Connect program has partnered with the Northern IL Food Bank to drive improved health outcomes for patients experiencing food insecurity through their Screen and Intervene Program. Food insecurity is a major factor in managing chronic disease, and although having healthy food choices on its own will not relieve adults of their illness, it could help with the management of chronic diseases along with improving a patient's health and well-being.

Goal:

To help with the management of chronic disease patients by providing healthy food options and support from the Care Connect Team.

Actions:

- Screen patients for food and financial insecurity in both the hospital and clinic settings.
- Refer all eligible persons who identify as food insecure to the food resources provided by the NIFB.
- Extend the program to the diabetes center, nurse case managers and emergency intake coordinator.
- Continue to use technology to connect people to health services and community resources through the Care Team.
- Expand community education programs to include the importance of healthy eating and active living to combat chronic disease.
- Continue screening and monitoring a cohort of 50+ patients.

Resources and Community Collaborators:

- Northern IL Food Bank
- Care Connect Chronic Care Management Team
- Silver Cross Caseworkers, Diabetes Center, Intake Coordinators

Anticipated Impact:

- All patients identified as food insecure will have access to food.
- Care Team's weekly support and encouragement to patients will increase patient participation.
    - Annual Wellness Visits
    - Depression Screenings
    - Colorectal Screenings
    - Mammograms
    - Medication management
- Decrease in BMI, Blood Glucose and Blood pressure readings.
- Behavior changes (selection of healthier food choices, less processed food).

Measured Results:

- Number of patients enrolled in the Care Connect program.
- Number of patients connected to the Screen and Intervene program.
- Number of regular participants in the Screen and Intervene cohort group.
- Number of patients with lower BMI, blood glucose and blood pressure readings.

Priority #4: Behavior Health and Substance Use

Thriveworks

Access to affordable, high-quality mental health services continues to be an area of concern. Through the hospital's partnership with the City of Joliet and Thriveworks, Silver Cross is helping to make affordable mental healthcare more accessible for underinsured and uninsured, low-income, and homeless residents.

Uninsured residents have access to Thriveworks mental health services through a voucher dispatched by the City of Fire Department.

Goal:
Provide access to affordable mental healthcare for underinsured and uninsured, low-income and homeless residents.

Actions:

- Continue to support the mental health initiative that will provide services for underinsured, uninsured and underserved residents of Joliet.
- Bring awareness to the community, along with community and faith-based organizations.

Resources and Community Collaborators:

- City of Joliet
- Community-based organizations
- Faith-based Institutions

Anticipated Impact:

- The number of people who have access to mental/behavior health resources will increase.

Measure Results:

- Number of patients served.

SANE (Sexual Assault Nurse Examiner)

A SANE is a registered nurse who completed additional education and training to provide comprehensive health care to survivors of sexual assault. Sexual Assault Nurse Examiners are crucial in ensuring that sexual assault patients receive more compassionate care.

Goal:

Provide the number of trained Sexual Assault Nurse Examiners needed at Silver Cross Hospital.

Actions:

- Train required (number of nurses) at Silver Cross Hospital to be Sexual Assault Nurse Examiners.
- Continue to provide sexual assault training and education to medical providers.

Resources and Community Collaborators:

- Silver Cross Hospital
  - Triage Staff
  - Nurse Coordinator
  - Social Workers
  - Emergency Physicians
  - Silver Cross Emergency Department
  - Mental Health crisis workers
  - Billing/Medical records

Anticipated Impact:

- Meet the State of Illinois requirements for staffing.
- Reduce re-traumatization of patients.
- Improve the quality of forensic evidence collection, which in turn increases prosecution rates of offenders.

Measure Results:

- Number of trained Sexual Assault Nurse Examiners at Silver Cross Hospital

Other Community Health Programs

Silver Cross Hospital offers other community health programs. The programs below reflect the hospital's mission and its commitment to improving the health and well-being of our community.

Programs	Outcomes Tracked
Classes (AHA, Breastfeeding, Childbirth, Smoking Cessation)	Persons Served
Cab Expenses for Patients	Persons Served
Community Lectures/Programs	Persons Served
EMS Training	Persons Served
Health Screenings	Persons Served
Internships	Persons Served
Nutrition Services Outpatient Consultants	Persons Served
Physician Lectures	Persons Served
Senior Programs	Persons Served
Speakers Bureau	Persons Served
Language Interpretation Services	Persons Served
Support Group (Baby Bereavement, Stroke)	Persons Served
Shuttle Services	Persons Served
Valet Service	Persons Served

Significant Health Needs Not Being Directly Addressed

Throughout the CHNA process, the following needs arose as a community concern.

- **Assisted and Affordable Housing**
- **Homeless Population**
- **Illicit Drug**
- **Transportation**

While the concerns above are not listed as a priority in this Implementation Plan, the concerns are addressed through our partnership and existing work with the Will County Mobilizing for Action through Planning and Partnerships (MAPP). The hospital is committed to working with MAPP and continues supporting the efforts and bringing awareness of the current issues.

Conclusion

Silver Cross Hospital is committed to addressing the needs of the community even outside of the hospital walls.

For over 127 years, Silver Cross has proven to be a vital and active member of New Lenox, Joliet, Will County, and the southwest suburbs with the mission of meeting the population's healthcare needs. As outlined in the CHNA Implementation Plan, we have thoughtfully crafted strategies and initiatives to improve the quality of life for the communities we serve.

This plan reflects a unique and comprehensive approach to community benefit that extends beyond the hospital and addresses the socio-economic needs of the community through a health equity lens.

This Implementation Plan has been reviewed and approved by the Silver Cross Hospital's Board of Directors on February 7, 2024.