

Hawaiian Hospital Communicates Through Outreach Programs

BY RHODA WEISS

At a time when other healthcare facilities are cutting services to the disadvantaged, St. Francis Medical Center, Honolulu, is increasing such programs. Challenged by its mission to respond to the needs of and to be advocates for the poor and disadvantaged, the St. Francis community services teams (i.e., social workers, nurses, and therapists) identify gaps in care. Under the direction of Sr. Agnelle Ching, OSF, the medical center's vice president, mission effectiveness teams that include physicians, board members, and volunteers identify these gaps as well. St. Francis responds to the community's needs and communicates with the community through its own programs or in collaboration with other providers.

HELP FOR CHEMICAL-DEPENDENT WOMEN

In 1971, when alcoholism was generally regarded as a men's problem, few public or private treatment centers specialized in the needs of alcoholic women, and no centers existed in Hawaii. St. Francis Medical Center therefore established a halfway house to serve this special population, which was not getting help because cultural and social stigmas created barriers to care. In 1979 the program expanded to include women addicted to any substance, and St. Francis established a residential treatment center.

Today, the St. Francis Women's Addiction Treatment Center of Hawaii (WATCH) provides a full continuum of care that includes outreach services, interim services to pregnant women, women's residential and day treatment, and outpatient services for men and women. An important component, WISH—Women in Search of Help—is an outreach program that helps pregnant women get treatment.

Marie Ferrin-Hughes, WATCH program director, notes that WATCH's goal is to help these women begin their recovery process. Between July 1, 1993, and June 30, 1994, the program logged 4,016 patient encounters. "These women, many of whom are poor, come



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from all walks of life," says Ferrin-Hughes. "The individual woman, her children, extended families, and communities all benefit from a successful recovery." The women who have overcome substance abuse have given birth to drug-free babies, gone back to college, mended failing relationships, and even gone on to help others overcome addictions.

Treatment focuses on developing attitudes, motivation, knowledge, and skills that support the prevention of child abuse and self-harm, abstinence, and changes in self-image and lifestyle. WATCH also provides services that address each woman's specific physical, psychological, social, and spiritual needs. Once a woman leaves the facility, a structured six-month, after-care program helps maintain her recovery effort.

"Model Cities," a program sponsored by the city and county of Honolulu, gave St. Francis \$10,000 to launch WATCH. This money was supplemented by donations of furniture, appliances, office equipment, and hospital charity funds. WATCH now receives funds from several sources: 52 percent through government contracts, 33 percent from insurance or self-paying patients, and 15 percent from hospital-sponsored funds and charity.

WATCH staff continually communicate client needs to legislators and insurers. They lobby insurers and regulators to increase reimbursement for residential care and for all substances abused. And although other chemical dependency programs are closing for financial and other reasons, WATCH will be expanding its residential services, continuing its advocacy efforts, and incorporating treatment programs into managed care contracts.

ADDITIONAL PROGRAMS

Renal Dialysis and Kidney Transplantation In 1966 St. Francis opened the Renal Institute of the Pacific, which serves the Hawaiian Islands, as well as others such as Palau, Saipan, Guam, and Samoa. Today the Renal Institute is the largest hospital-

based renal dialysis program in the world. By meeting a need in remote areas, St. Francis builds links with many people. Without St. Francis's kidney transplantation services, more persons living in and near the Hawaiian Islands would have to travel to the mainland to attain such services. Although providing renal services is costly, "we know that they are critical to the health and well-being of Hawaiians," says Sr. Beatrice Tom, OSF, president and chief executive officer of St. Francis Medical Center and St. Francis Health System of Hawaii.

Hospice The medical center sponsors a freestanding hospice (the only one in Hawaii). Its home care hospice serves more than 100 patients at a time. St. Francis plans to build a second hospice facility.

Care for Frail Elderly St. Francis is expanding a 32-year-old program that assists the frail elderly and their family care givers by providing free bathing, nursing, monitoring, education, and support services—services not reimbursed under home care insurance coverage or Medicare. Persons ineligible for home healthcare coverage also receive these services from St. Francis. Between July 1, 1993, and June 30, 1994, care givers made more than 22,000 visits to the elderly enrolled in this program; this year, that number is expected to double.

Nurses develop individualized care plans, teach clients how to remain healthy, evaluate and monitor clients' conditions, and refer clients to physicians and community and professional support services. Bath attendants develop individualized service plans and personally assist with bathing.

Dental Care The 60-year-old Dental Center, primarily for the poor, helps the medically compromised (e.g., those with severe renal and cardiac disease, AIDS, and severe allergies) and the physically challenged. The Dental Center's inpatient program brings dentists and hygienists to the patient's bedside in the intensive care and transplant units, skilled nursing facility, and other areas. Total patient encounters last year numbered 1,897.

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Family Assistance Northern Koolau Community Health Education (NKCHE), a joint venture with the Hawaii Department of Health, provides education, screenings, and support to community groups, schools, and other organizations in an area that is 60 percent Pacific Islander (45 percent of whom are native Hawaiian) and 12 percent Asian. Almost 50 percent of the population are in households headed by women with children, with 14 percent of households making incomes below the poverty level.

An advisory board, representing people from various community segments, helps NKCHE work collaboratively with schools, community associations, and the local parks and recreation department. Some of the programs include a youth wellness support group at the local high school, a Neighborhood Youth Leadership Grant, youth mental health counseling, women's aerobics classes, health screenings, and educational sessions.

When St. Francis learned some families had difficulty accessing the Hawaii Department of Human Resources, NKCHE became a satellite to assist families with application forms for Medicaid. NKCHE provided 7,238 individual services between July 1, 1993, and June 30, 1994.

SOCIAL ACCOUNTABILITY

To document these efforts St. Francis issues a social accountability report to the community. "This report allows us to critically examine ourselves," says Sr. Tom.

She adds, "The social accountability process helps us clarify what we are trying to do and how well we are doing it. The effect is a better understanding of mission and improved responsiveness to all those who entrust themselves to St. Francis Medical Center."

The social accountability report not only serves an internal purpose. It allows St. Francis to make its community aware of all the programs the medical center offers as well. □