Outreach Efforts Expand Hospital’s Community Service

BY RHODA WEISS

Early last year, after returning from a meeting convened to discuss and assess the healthcare needs of area communities, Holy Spirit Hospital President Sr. Romaine Niemeyer, SCC, thought about Mother Pauline von Mallinckrodt, who founded the Sisters of Christian Charity, which sponsors the Camp Hill, PA, hospital.

“I was reminded of the wonderful balance of spirituality and practicality this woman possessed,” said Sr. Niemeyer. “I realized this is the type of vision we need as we continue to care for God’s people and respond to the community’s needs,” she added.

This realization resulted in the creation of Holy Spirit’s Community Outreach Design Team. Its 14 members assess the hospital’s community outreach efforts, review studies conducted to determine the healthcare needs of central Pennsylvania residents, and prioritize and design needed services that will be delivered away from the hospital campus. The team also decides whether Holy Spirit should solely provide specific outreach programs and where and when it should network with other community organizations.

“Our work reaffirms our mission as a community hospital, accelerates our response to community needs, and allows us to partner with others engaged in assessing and responding to community needs,” said Michael Ciccocioppo, the hospital’s vice president of quality.

“This isn’t a team designed to bring more business into the hospital; it’s designed to bring more services out from the hospital into the community,” added Richard LaVanture, vice president of corporate affairs.

COMMUNITY ASSESSMENT

To help accomplish this, Sr. Niemeyer became active in the Capital Region Health Futures Project, a volunteer council of area healthcare leaders enlisted to answer the single question: What kind of regional community healthcare system should be created for the rest of the decade and into the twenty-first century? Although it delivers some grim realities about the region’s healthcare status, the group’s needs assessment serves as a baseline against which progress can be measured.

To ensure broad community involvement, Holy Spirit’s Outreach Design Team also invited representatives of such diverse groups as drug and alcohol treatment facilities, family care agencies, health departments, cities, organizations that assist the aging, health centers, and school districts to tell the team about community health needs from their perspectives.

The team identified the following major categories of need through the assessments and various community groups:

• Services for persons with human immunodeficiency virus and AIDS
• Prenatal, children’s, family, and elderly healthcare
• Drug, alcohol, and mental health treatment
• Services for the poor
• Medical outreach services

The team has also identified four priority initiatives for community outreach:

• Health services for preschools
• Health services for Perry County, a county with limited health resources
• Health services for the underserved population in Harrisburg City
• Dental services for the underserved population

Resulting work groups now meet to develop action plans for initiatives to meet these priority needs.

CHILD AND ADOLESCENT HEALTH

Both the needs assessment and community interaction proved that children’s health commanded top priority. “We know that the healthy child goes to the head of the class more often than the one who struggles with physical and emotional problems. If students are not healthy, their learning capacity is reduced,” asserted Holy Spirit
Public Relations Director Tamara Reisinger. “Educators have long recognized this, but schools commonly lack funding or resources to cooperatively tackle these problems.”

As school districts across the nation turn to healthcare providers and community resources to cooperatively address children’s health problems, Holy Spirit is taking the lead to help several school districts with healthy initiatives for students, families, and school personnel. The goal is to directly provide services or link schools to the community resources they need. Recognizing each school has unique needs, Holy Spirit tailors programs to address the school’s specific issues and promote healthy living.

Holy Spirit provides East Pennboro School District assistance in several ways, including student and faculty health assessments, behavioral health services such as school-based counseling, occupational health services for staff, and health education materials. “We look to Holy Spirit Hospital primarily to provide us with up-to-date health information,” stated Glenn Zehner, school superintendent and a member of Holy Spirit’s Board of Directors’ Community Affairs Committee. “Plus Holy Spirit’s Teenline has been a part of our student services for years,” added Zehner.

Begun in 1986, Teenline offers assistance to area youth who are having problems coping with pressures at home or school and in relationships. Teenline offers a range of preventive services to students, faculty, and parents, such as workshops on self-esteem, stress management, eating disorders, problem-solving and coping skills, teen depression, suicide awareness, and parenting skills. In addition to free 24-hour telephone counseling service, staff also provides on-site evaluations of students, referrals, cofacilitation of support groups for teens at risk, and assistance to area communities and schools following an attempted or completed suicide.

In the Susquenita School District, the greatest needs identified have been for low-income families with children. Holy Spirit offers a number of programs such as preventive health services for children who receive medical assistance, wellness assessments, AIDS education, teen pregnancy programs, prescription drug services, and school-based counseling.

Through the hospital’s Volunteer Department, the “I’m in Charge” program was presented—at no cost to the school districts—in more than 100 area classrooms last year, reaching nearly 3,000 third graders. “The program uses soft-sculpture dolls, songs, and exercise to promote the values of good nutrition, safety, drug and alcohol avoidance, and exercise benefits,” explains Reisinger. Every student is given a coloring book and an “I’m in Charge” pin.

The hospital has also organized a field trip to introduce school children to the hospital in non-threatening ways so they are at ease if they need to visit under more serious circumstances.

**EYE CARE**

Through a grant from Hershey Foods and the Pennsylvania Association for the Blind, a self-contained, mobile eye clinic and laboratory—MORR-SIGHT™—periodically visits the hospital and other community sites to provide a computer-aided examination that automatically determines a prescription for each patient. Custom lenses assembled from standardized components produce a finished lens without the grinding and cutting required in traditional lens manufacturing. The result: finished eye glasses delivered to the patients within 20 minutes. Holy Spirit staff promote the visit, collect personal history forms, schedule appointments for those meeting the income guidelines, and coordinate patients on-site during the event.

**PRENATAL CARE**

To address alcohol and drug abuse by pregnant women, the Maternal Assistance Program, created through the combined efforts of Holy Spirit Hospital and nearby Polyclinic Medical Center,

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What follows next is a diatribe about the use of third parties in problem resolution and planning—lawyers and consultants. Acid in tone, this chapter missed the mark in my opinion. It is up to boards of directors and health executives to control the use and role of surrogates; it is too much to ask fee-for-service planning consultants and lawyers to control themselves. After a criticism of the costs of consultants, the author discusses cost drivers such as executive compensation and drug detailing. Thompson then introduces a new spin on iatrogenic complications—disappointed physicians. I found that this perspective helps administrators better understand physicians’ frustrations.

I did not find the comments on the characteristics of the sought-after physician future oriented. Although Thompson described many avenues for provider collaboration, he did not expect short-term results from these opportunities. I advocate that including a spirit of collaboration among the characteristics of the sought-after physician from this point forward could produce better results.

The author wraps up his contribution with useful but less-developed comments on the effect of total quality management and continuous quality improvement, medical education, Joint Commission on Accreditation of Healthcare Organizations, workers’ compensation, and some other facets of healthcare—all of importance to the physician executive.

Health Care Reform as Social Change is replete with references and questions at the end of each chapter. These help the reader delve deep into healthcare reform issues. Unfortunately, the binding does not allow for frequent use.

This sincere work is generally well thought out and an excellent text for new physician executives.

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Holy Spirit’s “HealthWorkS” project offers health screenings at a local mall.

and partially funded through a grant from the Pennsylvania Masonic Foundation, provides a comprehensive array of prenatal, after-care, child development, intervention, and treatment services to substance-abusing women and their children. The program works to build the mother’s self-esteem and to ensure the prenatal care vital to a child’s health and well-being. The program also teaches effective parenting skills, provides prenatal and postpartum support groups, and assists with baby-sitting and transportation needs.

Health Information Library
To help build a healthy, knowledgeable community, the Holy Spirit Hospital Referral Center’s computerized Health Information Library offers more than 850 health and medical topics. Callers who want information on a certain problem can request a computerized printout on the condition and, if they wish, a referral to a physician.

AT THE MALL
The entire community can take advantage of a new service that opened last fall at a local shopping mall. Holy Spirit’s “HealthWorkS” information center, a joint service project of the hospital and the mall, offers health screenings, health education and information, nutrition counseling, a video library with semiprivate viewing areas, a health-risk appraisal computer program, access to the hospital's referral center and medical library through telephone and fax, seminars, demonstrations, comprehensive information, and educational displays from organizations such as the American Cancer Society, American Heart Association, Arthritis Foundation, and American Red Cross. During its first three months of operation, “HealthWorkS” had 5,027 contacts.

Additional Outreach
Outreach is not a new concept for Holy Spirit. Ciccocioppo notes that in the late 1970s the first two Holy Spirit Family Health Centers opened in response to community leaders’ concerns about the need for accessible, affordable healthcare in their communities. There are now family health centers in three other communities.

Holy Spirit also sponsors a number of other outreach efforts, according to Reisinger. These include monthly health screenings, provided free or at a nominal cost; publication of health education materials, such as the monthly HealthSmart insert in the Harrisburg, PA, Patriot News; free health promotion lectures; and the coordination of numerous health fairs.

For additional information on Holy Spirit Hospital’s outreach efforts, call Tamara Reisinger, 717-763-2777.