Community and Medical Staff Collaborate in Needs Assessment

BY SR. CHRISTINE BOWMAN, OSF

In 1990, using the Catholic Health Association's (CHA's) social accountability process, leaders at Saint Therese Medical Center (STMC), Waukegan, IL, made a commitment to document community benefits, to identify needed services STMC could provide, and to explore ways to provide those services.

The first challenge planners faced was how to begin. After studying the social accountability process and becoming familiar with its value for tracking and documenting community benefits, they began to educate employees, volunteers, and medical staff on how to implement it. Using the CHA guidelines, planners established schedules and delegated responsibilities to members of the management team.

During the past three years, we have refined our understanding of the process of tracking and reporting benefits to the poor and the broader community. And in doing so, our employees and medical staff have become more aware of the importance of the services we provide the community.

Faced with budget cutbacks and an increasingly competitive healthcare environment, STMC leaders have found this heightened awareness to be an invaluable resource. It has not only helped bolster morale in a difficult time; it has also given our managers, employees, and medical staff the energy to remain focused on community needs and to actively pursue projects to help the poor and the medically underserved.

Identifying Unmet Needs

In 1989, working with a model developed by the Catholic Health Alliance of Metropolitan Chicago for use with parishes not associated with a Catholic hospital, the STMC chief executive officer (CEO) visited local pastors to identify priorities. Before making his visits, the CEO reviewed short biographies of the pastors and descriptions of the parishes provided by the STMC director of pastoral care.

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The meetings between the CEO and pastors were a prelude for discussions between STMC and area pastoral councils regarding which community needs the medical center could help meet. On the basis of the material the CEO gathered from these meetings, the director of pastoral care and I established priorities for talks with individual pastoral councils.

Following the visits with the pastoral councils, we wrote a summary of each parish's needs and developed a primary action plan. A planning committee then reviewed the assessment with the aim of taking it beyond the parish level to encompass the concerns of the broader community. Civic, religious, and community leaders, along with STMC medical staff, were involved at this stage (see **Box**). With such a broad base, participants could successfully identify unmet needs affecting the entire community and the specific needs of special interest groups.

Taking Action

The assessment group concluded that STMC could do two things to help the local community: initiate a parish nurse program and guide the development of a clinic for the medically underserved, particularly undocumented immigrants.

Parish Nurse Program The parish nurse program, the first in Lake County, IL, was developed before clinic planning began. One parish was selected to initiate the program because of its readiness to accept the parish nurse. A parish health committee worked with STMC to set goals and determine the scope of the project. A separate selection committee—consisting of the pastor, a parish representative with nursing experience, the STMC director of pastoral care, and myself—interviewed candidates and established job descriptions. Because of budget cutbacks and a hiring freeze in the Chicago archdiocese, STMC assumed the full cost of the program.

Clinic Planning Early planning for the clinic grew out of the needs assessment and discussions between local parishes, the health department,

and STMC. As I contacted interested parties, I soon became aware that many others had already considered the idea of a free clinic—all they needed was a catalyst. The other major hospital in Waukegan, Victory Memorial Hospital, soon joined the discussion, and after a few months of informal meetings, the initial core group of planners expanded to include Catholic Charities, United Way of Lake County, Illinois Nurses Association, and area physicians.

The mayors of Waukegan and North Chicago selected representatives to serve on the committee. Because of its increased size and complexity, at this point the group adopted a more formal structure. Now a consortium, it reviewed possible sites and chose an appropriate location, then sought support from local, state, and county governments and area philanthropic and service organizations. Staff from the Will-Grundy Medical Clinic in Joliet, IL, provided invaluable assistance in planning the clinic. In less than eight months of formal planning, from September 1991 until the clinic's opening last May, they helped establish the formal structures that made the clinic a reality.

A planning committee took the social accountability process beyond the parish to the community.

Local Support Because the clinic's foremost goal is to provide alternative access to primary healthcare, initial support came from a number of local foundations, including Abbott Foundation and United Way of Lake County. Within six months, funds collected for or pledged to the clinic exceeded $120,000 and a renovated clinic site had been readied for occupancy.

A number of local agencies contributed to the clinic's progress. Abbott even assisted with clinic construction. As part of Abbott's executive management development program, executives participate in a community project to learn how to work together as a team. The company gathered 30 executives from around the world who renovated the clinic in two days.

After the Abbott executives completed their work, Baxter International sent in a design team and completely outfitted the clinic and refurbished furniture and equipment to match the interior space.

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GETTING PHYSICIANS INVOLVED

In addition to turning to a broad base of community agencies and organizations for help in identifying unmet needs, Saint Therese Medical Center (STMC) sought input from its medical staff.

Administrators decided early on that physicians should be an integral part of the social accountability process. To facilitate acceptance of the process, I introduced it first to the medical executive committee and then to the general medical staff. Two hundred physicians were surveyed regarding their thoughts on the social accountability budget and their participation in care of the poor and the broader community. Eighty-one physicians (41 percent) returned the survey.

Modified from a sample provided in the *Social Accountability Budget: A Process for Planning and Reporting Community Service in a Time of Fiscal Constraint* (Catholic Health Association, St. Louis, 1989), the survey asked physicians to explain how they viewed the center's ministry to the underserved. Ninety-four percent of the respondents thought the medical center was responding affirmatively to these patients' needs. In fact, the physicians were concerned that STMC was assuming a disproportionate share of the care for the medically underserved.

When asked to identify any barriers that hampered treatment of indigent patients, 93 percent of the responding physicians indicated no barriers existed. The remaining 7 percent cited several barriers, including the difficulty of finding adequate follow-up for indigent patients after discharge from the hospital.

Ninety percent of respondents were not aware of any significant unmet community needs the medical center could address. However, two important unmet needs emerged: the need for area hospitals to share in the care for indigent patients and the need to devise a mechanism to provide these patients adequate follow-up care.

The physicians' input was an important contribution to the STMC community needs assessment. It affirmed the effectiveness of STMC's response to community needs, and it refined the center's understanding of what these are. Finally, by participating in the survey, the physicians themselves became an essential part of the planning and implementation process for addressing those needs.

Physicians' requests for more information on the results of the community needs assessment led STMC to create an action plan to address their concerns. The plan stipulated that the medical center should document incidents where persons encountered barriers to treatment. It also directed that physicians hold discussions with the local health department regarding care of specific patients and that the center work with community health facilities to share responsibility for care of the medically indigent. As a result, other area hospitals are now contributing more to the care of the medically indigent.

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In these days of tight budgets, stewardship of resources available throughout the community is critical.

Mission The clinic's name, HealthReach, was decided on by the consortium late in the planning stages. The committee also approved the following mission statement: "HealthReach clinic for the medically underserved is a non-profit united volunteer community effort in Lake County, Illinois, that increases access to primary healthcare for the medically underserved through direct medical care and opportunities for education, information, and referral that result in improved health status in the community members most at risk."

In its first three months of operation, HealthReach saw more than 400 patients—50 percent Hispanic, 25 percent black, and 25 percent white. Diagnoses ranged from the common cold to acute liver failure.

Metpath (a division of Corning) and Damon Clinical Laboratories provided complimentary laboratory testing for HealthReach clients. When additional diagnostic and therapeutic services are needed, clients are referred alternately to STMC and Victory Memorial Hospital. Pharmaceutical companies donate medications. A generic-drug formulary developed through American International Hospital's donated pharmacy services helps prescribing physicians keep drug costs down. These prescription drugs are purchased at cost from a local retail pharmacy if they are not in stock.

Clinic volunteers have been enthusiastic. Nurses, translators, screeners, and receptionists form the volunteer pool. Some former patients have returned to volunteer time or to donate money.

At present the clinic is open to patients from 3 PM to 7 PM Mondays and Wednesdays and from 10 AM to 2 PM on Saturdays. To operate, the clinic needs at least one physician and nurse, as well as a translator, screener, and receptionist. On a given day, when the necessary personnel are not available, the clinic has had to be canceled.

An estimated 18,600 persons live below the poverty level in Lake County. The high number of people without health insurance has increased the number of those who may require access to the clinic. In these days of tight budgets, stewardship of resources available throughout the community is critical. Since HealthReach went into operation, the utilization of area emergency rooms for nonemergent care seems to have decreased noticeably.

A Crucial Contribution

STMC's social accountability process mandated an account of the medical center's response to the needs of the poor and of the broader community. As a result of the process, STMC was able to identify and address unmet community needs. Our publics now have a clearer idea of our mission and how we accomplish it.

Even more important, the process has shown our employees and medical staff what we can achieve by working together. The ability to quantify how much we provide in direct charity care, in-kind goods, and services to the broader community was revealing and energizing for those associated with the social accountability process. We are now in our fourth data collection phase, and despite dwindling resources, we know that STMC continues to make a crucial contribution to the health of our community. □

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