

2019-2022 CHNA Implementation Plan Accomplishments by McLaren Flint Hospital

NOTE: Along with the initiatives outlined in this document, McLaren Flint also participates in collaborative initiatives with other health partners through the Greater Flint Health Coalition, including Hurley Medical Center, Ascension Genesys Hospital and the Genesee County Health Department, to collectively address community health needs identified in the 2019 Community Health Needs Assessment Report for Flint and Genesee County. These initiatives are outlined in a shared Community Health Improvement Plan, with the goal of aligning implementation plan activities where possible to leverage existing programs, avoid duplication, build economies of scale, and maximize available resources through combined community benefit investment.

Priority Health Need: Social Determinants of Health (SDOH)

Initiative: Increase public safety and community engagement and reduce blight in neighborhoods in the University Corridor and College Cultural Neighborhood in Flint.

- Recognizing the need to maintain safe, clean, blight-free and engaged neighborhoods for residents of Flint, McLaren Flint provided resources to maintain the Flint Urban Safety Corps initiative in the University Corridor and College and Cultural Neighborhood in Flint.
- McLaren Flint donated \$48,000 over the three-year period to support the University Corridor program.
- With McLaren Flint's support, 14 full and part-time AmeriCorps members worked in the University Corridor neighborhood to build capacity of community watch groups, radio patrol groups, bike watch groups, and to organize and implement board-ups of blighted buildings.
- Outcomes realized to reduce blight, decrease crime and increase community engagement include:
 - 2 Community watch groups formed.
 - 54 community patrol shifts performed.
 - 5 block clubs supported.
 - 14 homes boarded up.
 - 7 lots cleaned.
 - 18 canvassing events held.
 - 21 safety education events held.
 - 108 volunteers recruited.
 - 6,000 informational brochures distributed to residents.

Priority Health Need: Social Determinants of Health (SDOH)

Initiative: Provide vulnerable individuals with food insecurity in Genesee County access to healthy food resources and linkages to additional programs that can address related needs.

- On a weekly basis, McLaren Flint donated over-produced food that was prepared in the hospital nutritional services department to the Genesee County Food Rescue Program for distribution to people in need through their soup kitchen and food pantry at the New Life Center.
- 33,442 lbs. of food was donated to the Genesee County Food Rescue Program to increase its capacity to provide healthy food and meals for people with food insecurity who are served through the New Life Center.
- The value of this donation (estimated \$1 per pound) is \$33,442.

- McLaren Flint donated 700 lbs. of unperishable food to the Food Bank of Eastern Michigan through the annual Harvest Gathering Food Drive in 2019 and 2020. Employees provided food donations which the hospital collected and then coordinated with the Food Bank of Eastern Michigan for pick-up and distribution to those in need. The 2021 food drive was an online donation program due to Covid restrictions.

Priority Health Need: Social Determinants of Health

Initiative: To identify and address SDOH barriers that impact medical care and recovery for patients discharged to Skilled Nursing Facilities (SNIF) with goal of resource provision and reduction in hospital readmissions.

- McLaren Flint Case Management met with all patients being discharged to Skilled Nursing Facilities (SNF) and screened them for Social Determinants of Health using a SDOH screening tool. Screening results were shared with the appropriate SNF to promote continuum of care in addressing patient needs, connecting patients to resources and reducing hospital readmission. From 2019-2021, case management screened 3,240 patients.
- McLaren Case Management further provided a daily list of patients whose physicians are part of McLaren Physician Partners (MPP) to MPP case managers, with SDOH screening results. These case managers utilized these results for additional follow-up with the appropriate SNF for each patient. From 2019-2021, 342 patients were referred to MPP to support improved care and resource connection for patients discharged to Skilled Nursing Facilities.
- Reduction in hospital readmission for patients referred to SNF will be measured moving forward through McLaren's newly implemented Cerner software application.

Priority Health Need: Child Health & Development

Initiative: Provide medical and psychosocial examinations to children who are suspected victims of child sexual abuse with the goal of gaining forensic evidence to bring perpetrators to justice as well as providing children and their families with supportive services.

- McLaren Flint operates the Child Evaluation Clinic in coordination with the Voices for Children Advocacy Center in Flint, providing medical examinations of children who are suspected victims of sexual abuse. McLaren funds a specially-trained, dedicated physician and trained nursing staff to support the Clinic along with specialized equipment for a value of approximately \$42,000 per year.
- 58 children who were suspected victims of sexual abuse received specialized medical services from physicians and nurses trained to provide these forensic medical examinations.
- Physical evidence gained through these exams resulted in successful prosecution of 25 perpetrators, with others awaiting trial.

Priority Health Need: Mental Health

Initiative: To provide improved access and expanded services to serve a growing demand for mental health services for adolescent and adult residents of Genesee County.

- McLaren Flint recruited and hired two additional psychiatrists in 2019 to increase the total number of employed board-certified psychiatrists to four. A board-certified psychiatric nurse practitioner joined the staff in 2021, thus further expanding specialist capacity to serve patients in need of behavioral health services.

- McLaren Flint added 2 new beds to its 36-bed inpatient adult psychiatric unit in 2019 to increase operational capacity in behavioral health services and received CON approval in 2021 for new 12-bed Geriatric Psychiatry Unit designed to serve the needs of the older adult population.
- McLaren Flint contracted with Reliable Transportation in 2019 and 2020 and with the Flint Mass Transportation Authority in 2021 to provide free transportation to the Partial Hospitalization Program for 1,325 patients to remove transportation as a barrier to receiving service. The cost of these contracts was \$150,000.
- McLaren Flint operates the area's only Partial Hospitalization Program (PHP) for Adolescents age 12-18, recording 7,320 adolescent visits from 2019-2021. To provide an academic resource for patients, McLaren arranged for a teacher from GISD to work daily with adolescent patients.
- Along with the adolescent PHP volumes, McLaren Flint served 3,255 people in the adult inpatient unit; recorded 13,909 adult PHP visits and 8,858 outpatient visits from 2019-2021.

Initiative: To provide integrated behavioral health services to primary care and cancer patients to address behavioral health issues with early intervention and treatment and improve the care continuum.

- During patient visits to the McLaren Family Practice or Internal Medicine Residency Group practice programs, if the medical provider determined the patient would benefit from a behavioral health assessment, the psychologist/psychology fellow was contacted and provided an immediate same-day assessment with the patient to determine a behavioral health intervention and treatment plan (coping skills, stress mgt., sleep strategy, etc.) This service was offered at no charge to patients. During 2019-2021, 842 patients were referred for behavioral health assessments. This number was impacted by Covid interference as well as clinics having reduced hours due to Covid.
- A similar program was offered to patients at the McLaren's Cancer Center in 2019, and 109 patients received services.

Initiative: Suicide prevention

- McLaren Flint participates in the Emergency Department Suicide Risk Screening Program utilizing the Columbia Suicide Severity Rating Scale, screening all patients 10 and older. From 2019-2021, 165,092 patients were screened in McLaren Emergency Departments at the Flint hospital and in the Fenton Emergency Center to promote early intervention to address suicidal behaviors or thoughts with appropriate treatment and follow-up. If identified as potentially suicidal, patients were referred to a McLaren clinical psychologist or for a psychiatric consult as appropriate.

Priority Health Need: Obesity & Health Behaviors

Initiative: To provide programs to address obesity and healthy behaviors for Genesee County residents.

- The McLaren Bariatric and Metabolic Institute offers a comprehensive/ multidisciplinary surgical weight loss program, including 2 surgical options, and a behavioral health and nutrition component. From 2019-2021, 469 patients underwent bariatric surgery to address obesity issues and reduce co-morbidities.
- Sixty percent of those undergoing bariatric surgery attended post-surgical telehealth follow-up for one year for support in maintaining and managing their health.
- 360 patients participated in bariatric support groups facilitated by the program's clinical psychologist.

- A dedicated Facebook page was established for bariatric patients which was facilitated by the bariatric nurse and dietitian with the goal of providing information and support in helping patients manage and address any health concerns as well as provide information regarding additional resources.
- Twenty-one patients from the McLaren Bariatric Program annually were funded by McLaren to participate in the Crim Fitness Program Training Program through a dedicated group led by a member of the McLaren Bariatric Program staff. McLaren invested \$2,730 per year (\$8,190) to support this program and provide opportunities for patients to remain active and sustain a healthy lifestyle.
- McLaren also maintains a clinically monitored fitness center for bariatric patients to provide a safe environment for post-surgical exercise in the maintenance of weight and lifestyle changes.

Priority Health Need: Health Behaviors

Initiative: To provide Flint residents access to health information and resources that address health behaviors.

- McLaren Family Practice residents (18) and the Medical Director of Behavioral Services met twice per month at Eisenhower School in Flint with school staff, parent liaison, Genesee Health Plan and Crim Youth Program to assess needs and plan programming at the school to address those needs.
- McLaren Flint residents staffed an “Ask the Doctor” monthly series at Eisenhower to discuss various health topics and resources for parents and public. 144 families at Eisenhower participated in the “Ask The Doctor” series to gain access to timely health information and resources through medical professionals.
- Approximately 360 students were impacted through the Eisenhower School program.
- McLaren Flint expanded this program in late 2021 to include families and mentors of the Boys and Girls Club of Genesee County.
- McLaren Flint provided a grant of \$6,000 for the purchase of laptop, projector and connection chords to support the Ask-A-Doctor virtual program and other virtual learning opportunities at Eisenhower.
- Physician residents from McLaren’s Family Practice Program donated \$450 and 42 items including toiletries, gloves, socks, hand/foot warmers, to support student needs.

Priority Health Need: Healthcare Access

Initiative: To increase access to medical services for uninsured adults (ages 18 through 65) who are eligible residents of Genesee County and to assist with transition to sustaining programs of healthcare.

- McLaren Flint internal medicine residents and faculty physicians staff the Genesee Free Medical Clinic three days per week, and provide medical care and services to uninsured clients, at no charge to patients. During 2019-2021, 9,700 people were served by physicians at the Clinic, with 1,200 referrals to physician specialists, diagnostic services, and other resources. The value of these services provided by McLaren physicians was approximately \$175,000 per year or \$525,000 over the three-year period.
- McLaren Flint Laboratory Services receives lab specimens from the Free Medical Clinic and performs testing services/results at no charge. The value of these free tests was almost \$200,000 per year, or \$600,000 over the three-year period.

- McLaren Family Medicine program physicians staffed free monthly Women’s Health Clinic to support maternal and child health needs in 2019 and part of 2020 but was discontinued due to covid restrictions.
- McLaren Flint Psychologists and psychology fellows held free monthly Lifestyle Clinics for patients at the Free Medical Clinic in 2019 and into 2020 but the program was suspended after participation stopped due to the impact of Covid.

Priority Health Need: Healthcare Access

Initiative: To provide transportation to and from healthcare services for patients unable to drive themselves, seek other means of transportation or afford transportation costs.

- Through the Patient Care Fund at McLaren Flint, the hospital funded \$217,420 in cab fares, bus fares, and other means of transportation for patients to be safely transported to their home or appropriate setting after discharge from the hospital.

Priority Health Need: Healthcare Access

Initiative: To provide access to health screenings, information and resources for Genesee County residents.

- McLaren Family Practice Residency Center provided physician coverage and health screenings for participants at the Our Lady of Guadalupe Church Health Fair in Flint to enhance access to health information and resources for the Flint Latino American Community. A total of 319 individuals participated in free health screenings in diabetes, hypertension, obesity and mood disorder, along with an “Ask the Doctor” booth for health information. The Health Fair was cancelled in 2021 and 2021 due to Covid-19 restrictions.

Initiative: To connect residents of Genesee County with resources available in the community to address health needs and related issues.

- McLaren Case Management coordinated with community agencies to facilitate their participation in the Community Resource Day, held each October in McLaren Flint Auditorium. The goal is to provide community residents with awareness and opportunities to connect with resources to serve a variety of health-related needs. A total of 256 community residents attended the Community Resource Days in 2019 and 2021, while more than 250 people participated in a virtual Community Resource Day in 2020 (due to Covid).
- Twenty-five agencies participated in the annual Community Resources Day, including: McLaren Health Mgt. Group; MedStar Ambulance; McLaren Advance Care Planning; Disability Network; VAAA; Genesee Co. Health Dept.; Genesee Health System; McLaren Outpatient Coumadin; Wound and Diabetic Education Clinics; Alternative Elder Care; The Lodges of Durand; Dept. of Veteran’s Services; United Way; Legal Services of Eastern MI; Visiting Physicians Assoc.; Families Against Narcotics; Building Stronger Women; Caretel Inns of Linden; Greater Flint Health Coalition; Home Town Heroes; Hamilton Community Health Network; Durand Senior Care and Visiting Physicians Association.

Priority Health Need: Healthcare Access

Initiative: To provide medications for individuals who are being discharged from the hospital and cannot afford to pay for their prescriptions.

- Through the Patient Care Fund at McLaren Flint, \$77,076 in medications was provided to allow patients who could not afford prescription costs to have access to needed medications to support treatment and recovery.

McLaren employees made donations to the fund through a special campaign entitled “Every Little Change Makes A Big Difference”.

- The process for patients to qualify for the fund involves an initial screening evaluation through which case management staff identified patients in financial need. Case managers sent patient prescriptions to Walgreen’s for a cost estimate of the patient portion of their prescription. The Case manager then met with the patient to assess if the patient could meet the financial obligation. If not, the case manager worked with the physician to determine if there was a less expensive but effective prescription. If no other alternative was identified, patient medications were funded through Patient Care Fund, and the patient was connected with community resources for further support.

Priority Health Need: Chronic Disease Burden

Initiative: To provide resources that assist people with Chronic Health conditions in managing their condition, preventing complications and improving health outcomes.

- To assist patients with resources to better manage their diabetes and improve health outcomes, McLaren Flint provided an Outpatient Diabetes Education Program involving weekly one-on-one and group sessions for patients with diabetes. A team including a dietitian, nurse, pharmacist and physician provide education to patients. The program was open to the public, with a physician referral.
 - 853 patients participated in the Outpatient Diabetes Management Program from 2019-2021 to better manage their diabetes and improve health outcomes.
 - The Outpatient Diabetes Management Program was successful in reducing patients’ HgbA1C hemoglobin by 1.5%, exceeding the national benchmark of .6%.
- McLaren Flint provided a Pulmonary Rehabilitation Program for patients with Chronic Obstructive Pulmonary Disease, featuring weekly classes and exercise. The program was open to the public with a physician referral. From 2019-2021, 175 patients participated in the program to manage their COPD.
 - Outcomes from the Pulmonary Rehabilitation Program include:
 - --Improvement in walking capacity from 981 ft. in 6 minutes to 1,242 ft. in 6 minutes.
 - --42% decrease in shortness of breath.
 - --25% decrease in oxygen use.
 - --33% increase in self-reported quality of life.
- High risk COPD inpatients received a free assessment with a Respiratory Therapist for lifestyle and health behaviors, with recommendations and resource referral.

Priority Health Need: Effective Care Delivery for an Aging Population

Initiative: Provide Medicare patients with resources to prevent hospital readmissions, ensure continuum of care and meet basic needs.

- McLaren Flint Case Management participated in a collaborative program with the Valley Area Agency on Aging Care Transition Program, identifying Medicare patients who were at potential high risk for re-admission. Case managers worked with these patients’ physicians to coordinate a referral to the VAAA program. The patient was seen at home the day after discharge by a nurse practitioner through VAAA who could identify/treat medical issues and connect the patient to resources. McLaren Flint referred an average of 21 patients per week to the VAAA program. This program was more limited during the pandemic as VAAA suspended “in-home” services for a period of time but continued to call patients and provide resources.

Priority Health Need: Effective Care for an Aging Population

Initiative: To provide information and resources in support of Advance Care Planning for Genesee County residents.

- McLaren Flint's Advance Care Planning Educator provided 1,174 people with information and assistance in completing Advanced Care Directives through one-on-one sessions, community presentations and community outreach events.

Priority Health Need: Infant and Maternal Health

Initiative: To improve breastfeeding initiation and duration rates among Women, Infants and Children (WIC) participants and WIC-eligible mothers.

- McLaren Flint implemented a Memorandum of Understanding (MOU) with the Genesee County Health Dept. and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) to make the services of the WIC Breastfeeding Peer Counselor available to WIC eligible mothers who deliver infants at McLaren Flint for breastfeeding education, resources and support.
- During 2019-early 2020, 98 new mothers participated in the program, with the goal of improved infant health. During Covid, the WIC counselor did not visit mothers in the hospital, and hospital nursing staff provided breastfeeding support.

Priority Health Need: Infant and Maternal Health

Initiative: Identify and address variation in obstetric care in the State of Michigan and utilize best practices in support of quality outcomes.

- McLaren Flint participated in the Obstetrics Initiative (OBI) Funded by Blue Cross Blue Shield of Michigan/Blue Care Network, which included 74 hospitals statewide.
 - OB Nursing Staff participated in a Skills Fair class (30 staff members; 1 hour class) each year.
 - OB/GYN physician, midwives, OB educator, OB nursing manager, OB data abstractor participated in conferences and workgroups with colleagues across the state.
- McLaren Flint realized the following reductions in C-section rates:
 - Primary C-section rate decreased from 23.1% in 2019 to 11.8% in 2021.
 - C-section after induction rate decreased from 33.3% in 2019 to 15.7% in 2021.

Initiative: Increase access to childbirth education and resources for women in the Genesee County community.

- McLaren Flint Family Birthplace offered free childbirth classes to expectant mothers and their support persons as well as free breastfeeding counseling. Classes included: Natural Comfort Techniques, Childbirth Preparation, Baby Care, and Breastfeeding.
- 1,319 new mothers received access to breastfeeding counseling.

- 102 families participated in childbirth classes in 2019-April 2020. On-site classes were not held during the Covid pandemic.

Priority Health Need: Substance Use

Initiative: Implement a comprehensive strategy to provide access to substance use treatment, prevention, and education regarding opioid misuse throughout Genesee County.

NOTE: McLaren Flint participates with the Greater Flint Health Coalition, Hurley Medical Center, Genesys Health System and other partners in a collaborative community –wide Task Force to address the Opioid Epidemic (see detailed strategy, actions and input in the collaborative section of the report.)