



**Shriners Hospitals
for Children®**
Love to the rescue.™

2015 SHC Community Health Needs Assessment Report

Shriners Hospitals for Children® — Shreveport

Prepared by: SHC — Shreveport Assessment Advisory Committee

Mission and Vision

Mission

- Provide the highest quality care to children with neuromusculoskeletal conditions, burn injuries and other special healthcare needs within a compassionate, family-centered and collaborative care environment.¹
- Provide for the education of physicians and other healthcare professionals.¹
- Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families.¹

***This mission is carried out without regard to race, color, creed, sex or sect, disability, national origin or ability of a patient or family to pay.¹

Vision

- Become the best at transforming children’s lives by providing exceptional healthcare through innovative research, in a patient and family centered environment.¹

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Statement of Approval

The 2015 Community Health Needs Assessment (CHNA) Report for Shriners Hospitals for Children — Shreveport satisfies Section 501(r) which was added to the Internal Revenue Code by the Patient Protection and Affordable Care Act, Public Law 111-148 (124 STAT. 119).⁶ This Act was enacted on March 23, 2010, and imposed additional requirements for charitable hospital organizations.⁶ This 2015 Community Health Needs Assessment and Implementation Plan were both reviewed and approved per IRS Notice 2011-52, section 3.09, by the SHC — Shreveport Board of Governors during their June 9, 2016 meeting.

Our Commitment to the Community

History and Relationship to Community

Shriners Hospitals for Shreveport – Shreveport was founded in 1922 as the first hospital of the Shriners International Fraternity. After World War I, members of the fraternity sought to institute a program for the betterment of humanity. By 1921, planning was underway to establish a hospital dedicated to caring for children affected by polio, congenital orthopedic conditions and injuries such as those incurred on farms. As plans for a hospital dedicated to caring for children developed, the local El Karubah Shriners began campaigning to bring the hospital to Shreveport. Chartered in 1914, the fledgling El Karubah Shriners were led by Shreveport businessman James Horace Rowland who was a prominent Mason and Shriner and the first Potentate of El Karubah. Under Rowland's direction, the group purchased an option on land at the outskirts of town, arranged for an orthopedic surgeon through the Shreveport Medical Society and developed local fundraising efforts. Those efforts were successful. In September of 1921, Rowland and Shreveport Mayor L.E. Thomas traveled to Atlanta, Georgia to present their proposal to the official hospital committee. Following the meeting, Louisiana Shriners were given approval to proceed. On May 12, 1922 the cornerstone for Shriners Hospital for Crippled Children was laid.



Commitment to the Community

The Shreveport hospital was the first of what was to become a network of twenty Shrine hospitals across the United States and two hospitals in Montreal and Mexico City, respectively. Over the last 90 years Shriners Hospitals for Children in Shreveport has been providing orthopedic care to over 72,000 children. The orthopedic care has included, but is not limited to, treatment for: Amniotic Band Syndrome, Arthrogyrosis, Blount's disease, Brachial Plexus Palsy, Cerebral Palsy, Clubfoot, Charcot-Marie-Tooth Disease, Dwarfism, Flat Feet, Fracture Complications, Friedreich's Ataxia, Developmental Dysplasia of the Hip, In-Toeing, Juvenile Rheumatoid Arthritis, Kyphosis, Legg-Calve-Perthes Disease, Limb Deficiencies/Deformities/Length Discrepancies, Lordosis, Muscular Dystrophy, Neurofibromatosis, Osgood-Schlatter Disease, Osteogenesis Imperfecta, Osteomyelitis, Pectus Carinatum, Pectus Excavatum, Rickets, Scoliosis and Other Spine Conditions, Slipped Capital Femoral Epiphysis, Spina Bifida, Spinal Muscular Atrophy, Spondylolysis/Spondylolisthesis and, most recently, Cleft Lip/Palate.

For the first eighty-eight years, the hospital provided care and treatment supported solely through the Shrine fraternity and donations from the public. No family was charged for services; no insurance payments were taken; and no government reimbursement was accepted. Our hospital was the only "free hospital" in the state of Louisiana. However, in 2009 the national Shrine organization realized in order for its hospitals to survive and to continue our commitment in providing world-class care to children, other sources of revenue must be pursued. In February of 2011, the Shriners hospital in Shreveport began its revenue cycle after 88 years of providing "free care" to the children of a six-state region (Louisiana, Texas, Oklahoma, Mississippi, Arkansas, and Alabama) and to children from Panama, Honduras, Mexico, et. al.) with the majority of patients being from Louisiana.



Our commitment to this community of children continues today as our mission is perfectly aligned to aid in this pediatric population's health care needs. The top ten diagnoses treated in 2015 included:

1. Other Orthopedic Aftercare
2. Scoliosis [and Kyphoscoliosis], Idiopathic
3. Talipes Equinovarus, Congenital
4. Diplegic Infantile Cerebral Palsy
5. Other Congenital Deformity of Hip (Joint)
6. Encountering for Other Specified Aftercare Following Surgery
7. Quadriplegic Infantile Cerebral Palsy
8. Flat Foot
9. Aftercare Following Surgery of the Musculoskeletal System, NEC
10. Hemiplegic Infantile Cerebral Palsy

Additionally, the top ten procedures performed in 2015 included:

1. Dorsal and Dorsolumbar Fusion of the Posterior Column
2. Wedge Osteotomy of Femur
3. Chemodeneration of one extremity; 1-4 muscle(s)
4. Removal of implant; deep
5. Application of clubfoot cast with molding or manipulation, long or short leg.
6. Removal of sutures under anesthesia (other than local)
7. Other Division of Femur
8. Application, cast; elbow to finger (short arm)
9. Correction of Cleft Palate
10. Internal Fixation of Femur without Fracture Reduction

It is through our commitment to our pediatric community that we have the privilege of serving the specific health needs of this frequently underserved population.

Economic and Social Impact on the Community

Shriners Hospitals for Children – Shreveport employees approximately 219 fulltime and part time staff with approximately 36% (79) being minorities. Employees represent the educational spectrum from no high school diploma in some facility support areas to highly educated physicians who hold board-certifications in orthopedics and anesthesiology. It is estimated that Shriners Hospitals for Children – Shreveport contributed more than \$50 million of revenue into the area and state economy. Personnel cost is the main budget cost center with a payroll amount of more than \$8.3 million in 2015.

Approximately 15,500 children were seen in outpatient clinics in 2015. These included clinics for general orthopedics, scoliosis, myelodysplasia, juvenile rheumatoid arthritis, cleft lip/palate, hand, genetics, and cerebral palsy. Outreach clinics in Oklahoma are held annually with telemedicine clinics held monthly. From 2013-2015, these clinics evaluated/treated over 290 patients. Additionally, 635 operations were performed at our hospital in 2015 including 1768 surgical procedures. The hospital is an active teaching facility, hosting students from over fifteen educational institutions including LSU Health Sciences Center – Shreveport, Northwestern Louisiana University, Louisiana Tech University, Bossier Parish Community College, Centenary College, Grambling State University, University of Louisiana – Monroe, Southern University, Louisiana Technical College, University of Arkansas, Kilgore College - Texas, and Panola College – Carthage, Texas. The affiliation agreements with these institutions allow our hospital to contribute expertise and resources to the ongoing education and training of tomorrow’s physicians, nurses and allied health professionals, the majority of whom continue to work in Louisiana once they have graduated.

Economic Impact of Operation of Hospitals in Louisiana by DHH Region, 2013 (Estimated Hospital Expenditures of \$14.1 billion, derived from 2014 Hospital Survey)

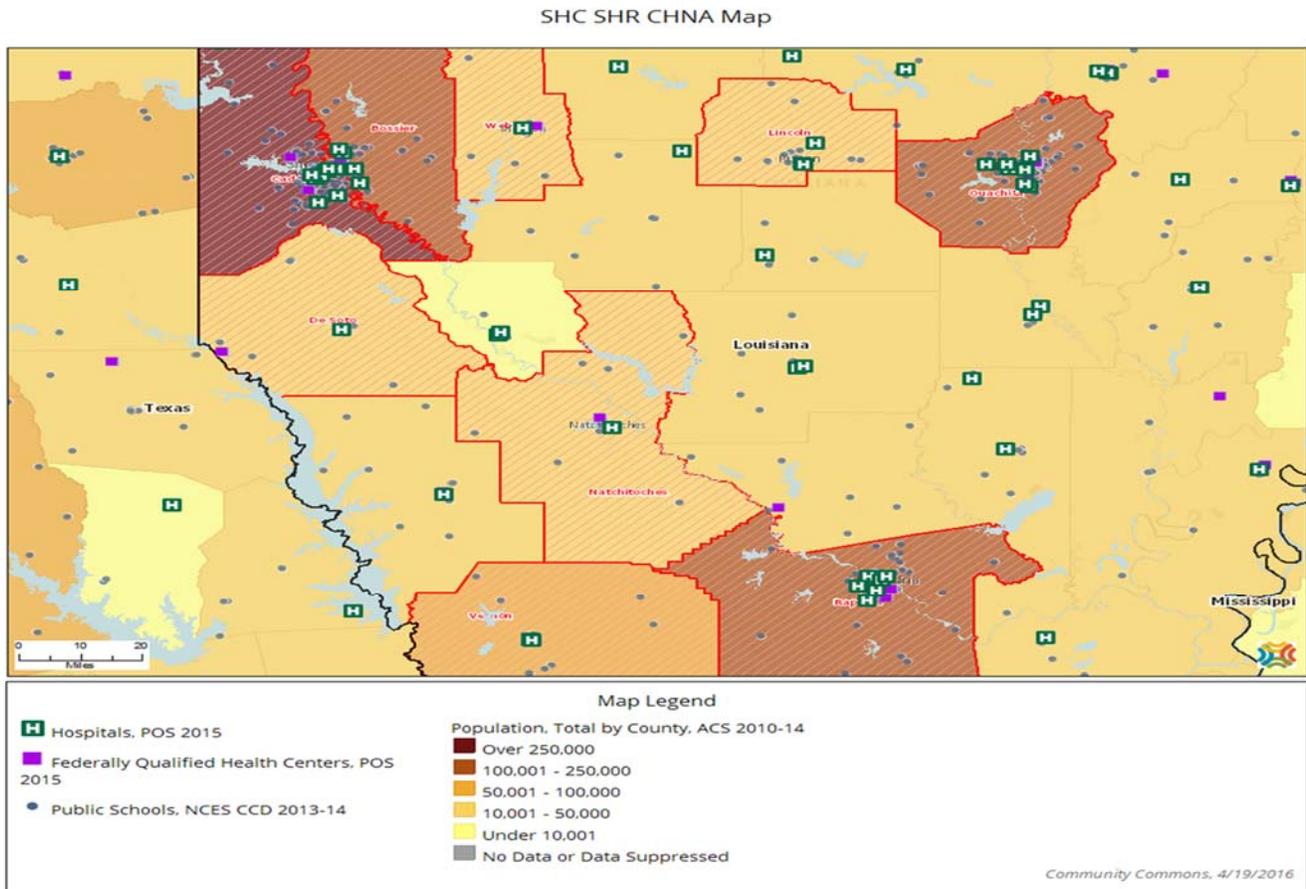
DHH Region	Business Sales (\$ millions)	Personal Earnings (\$ millions)	Jobs Supported and Created	Local Taxes (\$ millions)
New Orleans	5,399.9	2,141	53,019	128.5
Baton Rouge	4,499.9	1,784	44,182	107.0
Houma-Thibodaux	2,699.9	1,070	26,509	64.2
Lafayette	3,899.9	1,546	38,291	92.8
Lake Charles	1,800.0	714	17,673	42.8
Alexandria	2,100.0	833	20,618	50.0
Shreveport-Bossier	3,599.9	1,427	35,346	85.6
Monroe	2,399.9	951	23,564	57.1
Northshore	3,599.9	1,427	35,346	85.6
State (\$14.1 billion)	29,999.3	11,893.7	294,548	714.0

Source: LHA Report: Hospitals and the Louisiana Economy, 2014

SHC-Shreveport’s Community Defined

In 2015, the Shreveport hospital treated a total of 7,490 patients with 5,026 of those patients coming from Louisiana (67%). There were a total of 15,552 patient visits in 2015 with 10,875 (73%) of those visits coming from Louisiana, primarily from nine Louisiana parishes. These include Caddo, Bossier, DeSoto, Natchitoches, Webster, Ouachita, Vernon, Lincoln, and Rapides. Additionally, of the total patients seen in 2015, 612 (8.2%) came from Texas; 589 (7.9%) from Oklahoma; 259 (3.5%) from

Mississippi; 185 (2.5%) from Arkansas; and 67 (0.9%) from Alabama. Thus, the primary community served is defined as the pediatric population residing in the state of Louisiana with the secondary community consisting of the pediatric population in Northeast Texas.



Source: Community Commons, www.communitycommons.org, April 19, 2016.

Process and Methods

The Shriners Hospitals for Children - Shreveport Community Health Needs Assessment Steering Committee commissioned a health needs assessment study. The health assessment covers all parishes in the state representing the core service area for Shriners Hospitals for Children – Shreveport. The resulting report is based on information garnered from surveys of Shriners Hospitals for Children-Shreveport board members, state public health officials, and community health care providers. In addition, local government and health systems data was reviewed and utilized to prepare this report. The assessment included two distinct phases: review of published/secondary data and primary data collection which was intended to define behavioral, attitudinal and social determinants of health status of the community's pediatric population from the perspective of the community's primary care physicians, public health officials, board members and patients/families. Methods of data collection included both random sampling of health care providers and participants selected through community outreach targeting primary care physicians currently serving Shriners Hospitals for Children – Shreveport patients. Both paper and on-line surveys were utilized. Additionally, primary data collection included data mined from patient/family satisfaction surveys and responses from focus group members.

The Steering Committee identified 3 key indicators that became the focus of the assessment, based upon their prevalence and relevance to the pediatric health status in this region. They were:

- Availability of specialty care
- Quality and availability of satellite, screening, and/or telemedicine clinics
- Availability of and need for outpatient rehab services and inpatient rehab beds

The primary goals of the community outreach strategy were to:

- Reach underserved and under-represented pediatric populations with orthopedic needs;
- Reach a cross-section of primary care providers;
- Initiate and strengthen relationships with community leaders, primary care physicians and organizations;
- Set the stage for greater collaboration and collective action at all levels of the community in improving the health status of the pediatric communities we serve.

Key Findings

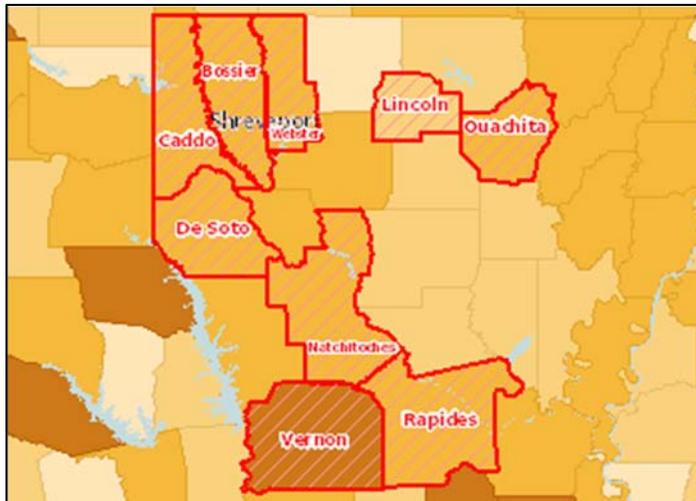
Published/Secondary Data Findings

Regional Demographics and Economic Statistics

Residents of Shreveport, Bossier City and the entire state of Louisiana benefit both directly and indirectly from the medical expertise of Shriners Hospital for Children – Shreveport. The facility primarily serves a nine-parish region in the northwest corner of the state – Caddo, Bossier, DeSoto, Lincoln, Natchitoches, Ouachita, Rapides, Vernon, and Webster. The total population for this nine-parish region was estimated for the years 2010-2014 at approximately 872,235 according to the U.S. Census Bureau American Community Survey 2010-2014. The pediatric population (ages 0-17) was estimated for this same region to be about 216,923 (24.87% of the total population).

Report Area	Total Population	Population Age 0-17	Percent Population Age 0-17
Report Area	872,235	216,923	24.87%
Bossier Parish, LA	121,918	30,996	25.42%
Caddo Parish, LA	255,529	62,491	24.46%
De Soto Parish, LA	26,968	6,604	24.49%
Lincoln Parish, LA	47,243	9,589	20.3%
Natchitoches Parish, LA	39,359	9,464	24.05%
Ouachita Parish, LA	155,285	40,194	25.88%
Rapides Parish, LA	132,199	33,658	25.46%
Vernon Parish, LA	52,844	14,384	27.22%
Webster Parish, LA	40,890	9,543	23.34%
Louisiana	4,601,049	1,115,611	24.25%
United States	314,107,072	73,777,656	23.49%

Data Source: US Census Bureau, American Community Survey. 2010-2014. Source geography: Tract



Population Age 0-17, Percent by County, ACS 2010-2014

- Over 26.0%
- 23.1 - 26.0%
- 20.1 - 23.0%
- Under 20.1%
- No Data or Data Suppressed
- Report Area

Data Source: US Census Bureau, American Community Survey. 2010-14. Source geography: Tract

According to 2015 Truven Health Analytics, the total population of the entire 6-state catchment area was approximately 25,181,885 with a pediatric population (ages 0-17) of 6,453,116 (25.6%). Of this total population, 52.2% were white Non-Hispanic; 18.5% were black Non-Hispanic; 22.6% were Hispanic; 4.1% were Asian and Pacific Island Non-Hispanic, and 2.5% all others. The household income distribution for 24.6% of the population is \$25-50K with 13.5% being below \$15K. According to the data, 28.3% of the total population has only a high school diploma, and another 28.9% also have some college/associate degree.

Population Distribution of SHC-Shreveport Catchment Area by Age

Age Group	Age Distribution				USA 2015 % of Total
	2015	% of Total	2020	% of Total	
0-14	5,372,677	21.3%	5,459,218	20.6%	19.1%
15-17	1,080,439	4.3%	1,155,163	4.4%	4.0%
18-24	2,517,387	10.0%	2,663,652	10.1%	9.9%
25-34	3,461,843	13.7%	3,468,213	13.1%	13.3%
35-54	6,628,586	26.3%	6,725,305	25.4%	26.3%
55-64	2,957,449	11.7%	3,193,826	12.1%	12.7%
65+	3,163,504	12.6%	3,826,042	14.4%	14.7%
Total	25,181,885	100.0%	26,491,419	100.0%	100.0%

Source: 2015 Truven Health Analytics, Inc.

Race/Ethnicity Distribution of SHC-Shreveport Catchment Area

Race/Ethnicity	Race/Ethnicity Distribution		
	2015 Pop	% of Total	USA % of Total
White Non-Hispanic	13,151,172	52.2%	61.8%
Black Non-Hispanic	4,660,081	18.5%	12.3%
Hispanic	5,687,181	22.6%	17.6%
Asian & Pacific Is. Non-Hispanic	1,045,014	4.1%	5.3%
All Others	638,437	2.5%	3.1%
Total	25,181,885	100.0%	100.0%

Source: 2015 Truven Health Analytics, Inc.

Household Income Distribution of SHC-Shreveport Catchment Area

2015 Household Income	Income Distribution		
	HH Count	% of Total	USA % of Total
<\$15K	1,241,370	13.5%	12.7%
\$15-25K	1,049,606	11.4%	10.8%
\$25-50K	2,272,890	24.6%	23.9%
\$50-75K	1,608,409	17.4%	17.8%
\$75-100K	1,052,558	11.4%	12.0%
Over \$100K	1,996,702	21.7%	22.8%
Total	9,221,535	100.0%	100.0%

Source: 2015 Truven Health Analytics, Inc.

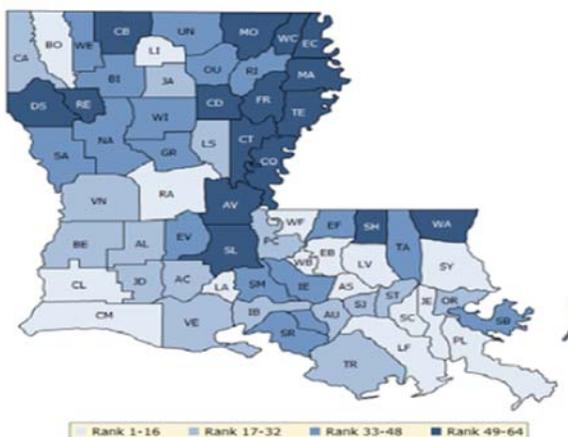
Education Level Distribution of SHC-Shreveport Catchment Area

EDUCATION LEVEL	Education Level Distribution		
	Pop Age 25+	% of Total	USA % of Total
2015 Adult Education Level			
Less than High School	1,244,869	7.7%	5.9%
Some High School	1,585,426	9.8%	8.0%
High School Degree	4,588,311	28.3%	28.1%
Some College/Assoc. Degree	4,683,351	28.9%	29.1%
Bachelor's Degree or Greater	4,109,425	25.3%	28.9%
Total	16,211,382	100.0%	100.0%

Source: 2015 Truven Health Analytics, Inc.

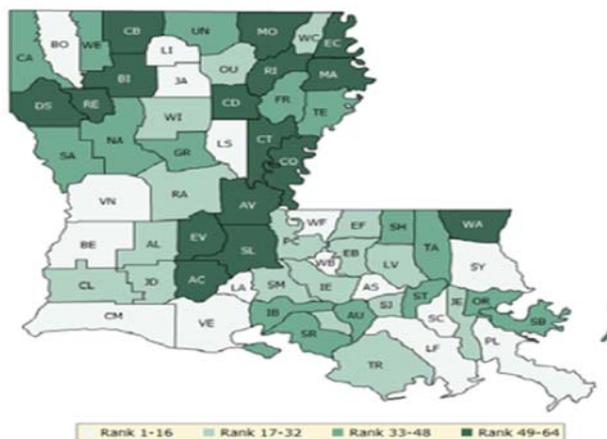
According to the 2015 Louisiana County Health Rankings summary report of parish health factors which are based on weighted scores measures for health behaviors, clinical care, social and economic factors, and the physical environment, the northwest Louisiana parishes ranked as follows out of 64 parishes:

- Caddo – 24th
- Bossier – 9th
- DeSoto – 51st
- Lincoln – 14th
- Natchitoches – 44th
- Ouachita – 33rd
- Rapides – 15th
- Vernon – 32nd
- Webster – 40th



According to the 2015 Louisiana County Health Rankings summary report of parish health outcomes which are based on an equal weighting of length and quality of life, the northwest Louisiana parishes ranked as follows out of 64 parishes:

- Caddo – 43rd
- Bossier – 9th
- DeSoto – 61st
- Lincoln – 7th
- Natchitoches – 40th
- Ouachita – 31st
- Rapides – 29th
- Vernon – 13th
- Webster – 39th

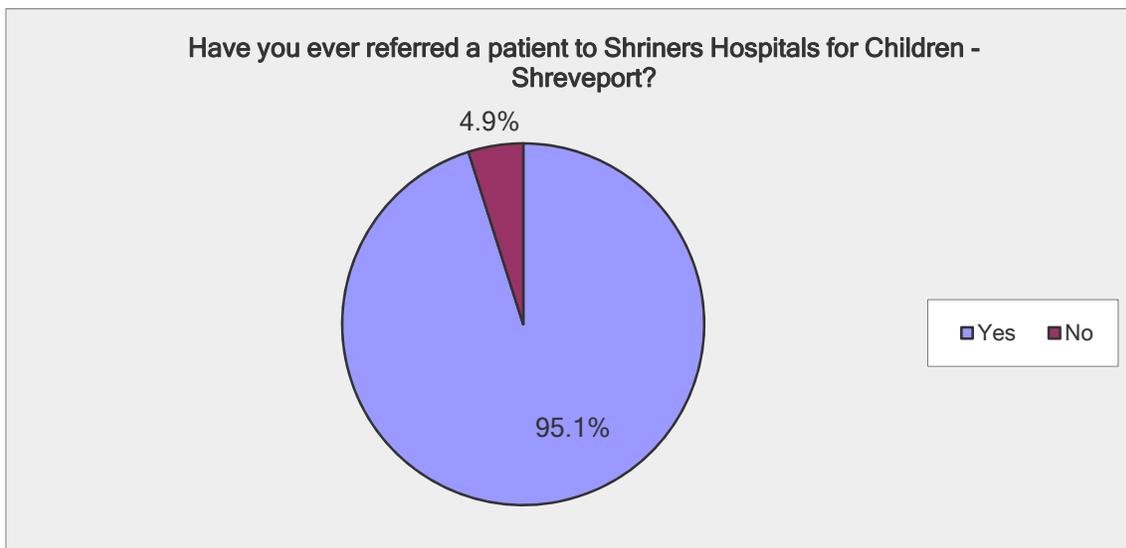


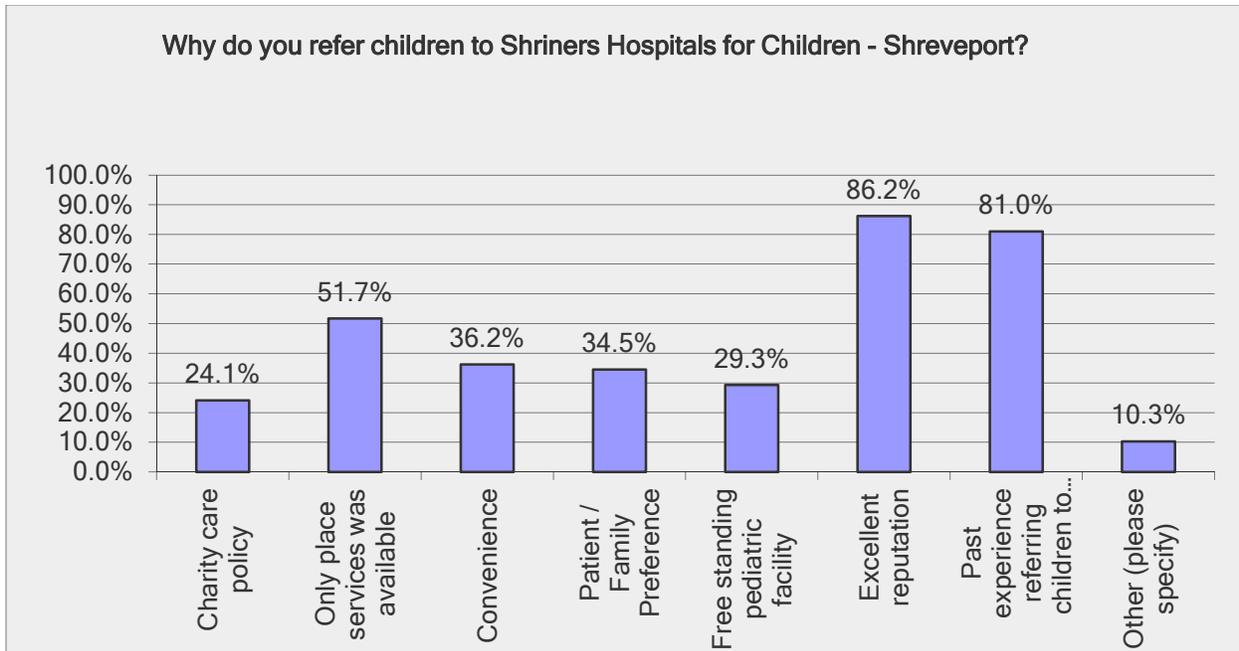
Considering these rankings, our hospital has the opportunity to positively impact the health outcomes of not only this 9-parish region but also the entire pediatric population of Louisiana through the expertise and resources our local hospital offers as well as through screening clinics, satellite clinics, and telemedicine technology reaching urban, suburban and rural areas in Louisiana and throughout our six state catchment area.

Primary Data Findings

Top 5 Key Survey Findings

1. On-line and paper primary care physician (PCP) survey respondents indicated that 95.1% had referred patients to Shriners Hospitals for Children – Shreveport (SHC-S). Of that number, 86.2% did so because of the hospital's excellent reputation and 81% because of their past experiences with the hospital. In addition, 51.7% reported they referred to SHC-S because it was the only place where services were available, 36.2% reported convenience as a determinant, and 34.5% cited patient / family preference.





2. Seventy-eight percent of the physician survey respondents and sixty-nine percent of the therapist survey respondents provided input regarding availability of pediatric services and made specific recommendations of what services should be added to existing services. The physician group identified adding Satellite Clinics (50%) and expanding Outpatient Rehab Services (41.7%) as priority considerations. The therapist group identified expanding Outpatient Rehab Services (59.5%) and adding Satellite Clinics (43.2%) as priority considerations. The following lists the recommendations of both groups:

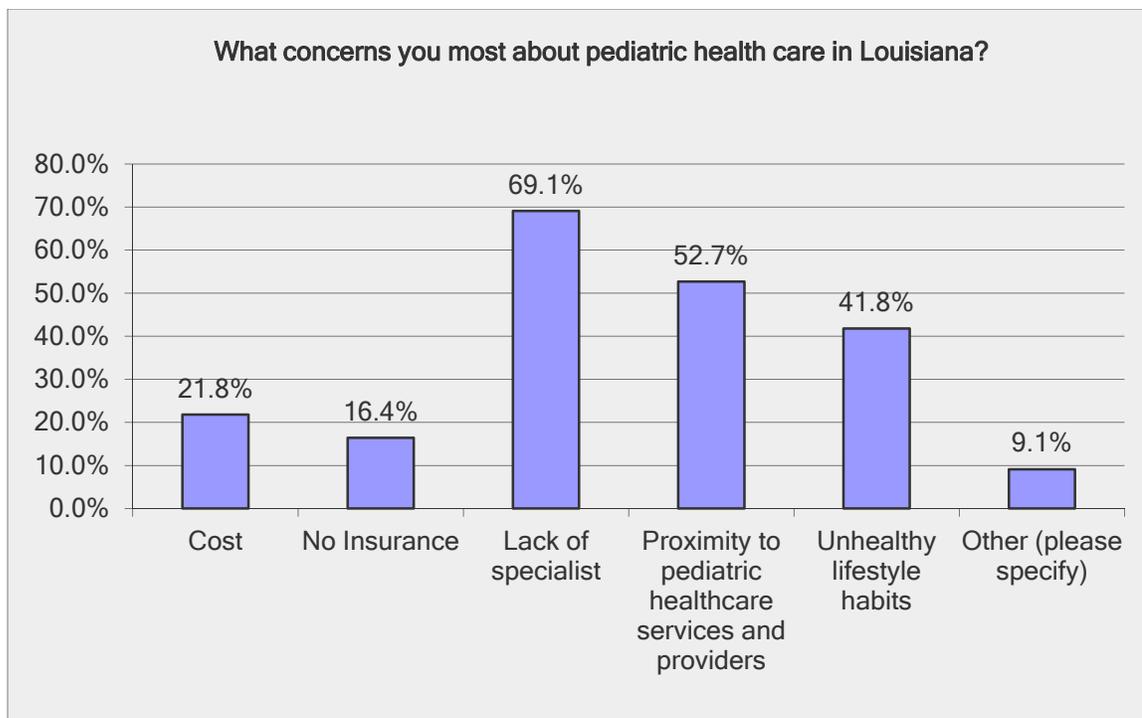
Physician Community Health Needs Assessment

Are there pediatric health care services you would like Shriners Hospitals for Children - Shreveport to offer or expand?		
Answer Options	Response Percent	Response Count
Outpatient rehab services	41.7%	20
Inpatient rehab services	10.4%	5
Telemedicine	6.3%	3
Satellite Clinics	50.0%	24
Screening Clinics	35.4%	17
Scoliosis Clinic	41.7%	20
Other (please specify)	10.4%	5
answered question		48
skipped question		13

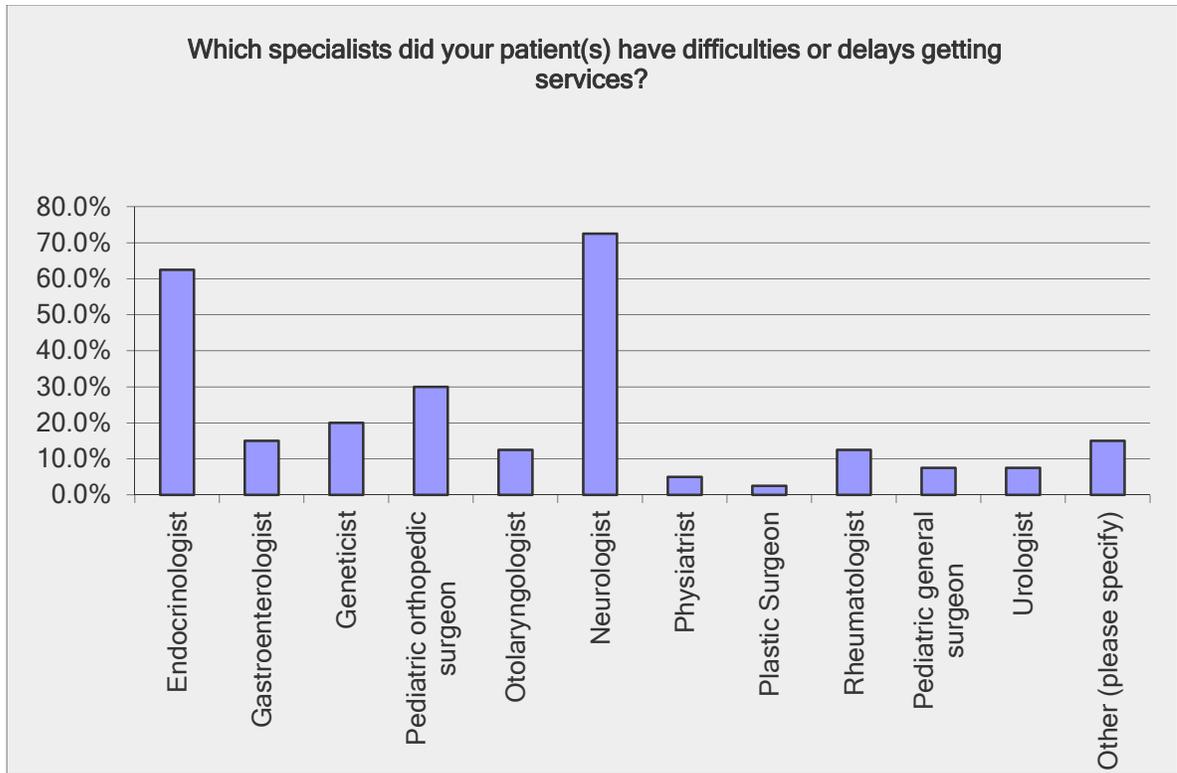
Therapist Community Health Needs Assessment

Are there pediatric health care services you would like Shriners Hospitals for Children - Shreveport to offer or expand?		
Answer Options	Response Percent	Response Count
Outpatient rehab services	59.5%	22
Inpatient rehab services	10.8%	4
Telemedicine	2.7%	1
Satellite Clinics	43.2%	16
Screening Clinics	27.0%	10
Scoliosis Clinic	8.1%	3
Other (please specify)	10.8%	4
	<i>answered question</i>	37
	<i>skipped question</i>	17

3. When asked “what concerns you most about pediatric health care in Louisiana”, 52.7% of the physicians surveyed identified proximity to pediatric healthcare services and providers as a concern. As identified above, only 36% of the physicians surveyed cited convenience as a determinant in referral to SHC-S, possibly indicating that distance from the hospital is a concern. This concern was also voiced above in the recommendations for the addition of satellite clinics, screening clinics, and increased use of telemedicine technology to increase numbers of patients seen and to decrease travel time and expense for temples providing transportation and lodging costs. Additionally, the burden on patients and families would be lessened. As one physician respondent reported when asked what our hospital can do to improve the health and quality of life in your community: “Satellite clinic so patients who don’t have funds don’t have to travel as far. Some are unwilling to travel to Shreveport because they have other children in school here so the patient doesn’t receive the care needed.” Cynthia Griffin, Office of Public Health Region VI Nurse Manager, identified that the “lack of transportation to specialists outside our area” as a concern regarding pediatric health care in Louisiana.



4. As seen above, 69% of the physician survey respondents cited “lack of specialist” as what concerns them most about pediatric health care in Louisiana. Physician recruitment has been a major concern for this group since the community of pediatric orthopedic specialists is limited nationwide. Other specialists identified as a concern in the community included neurologists and endocrinologists, which are employed by other hospitals and medical centers in the community. When asked what concerned her most about pediatric health care in Louisiana, Dr. Martha Whyte, Louisiana Department of Health and Hospitals Region 7 Medical Director, responded “lack of pediatricians taking Medicaid.” Although we do not offer general pediatric services, our hospital offers orthopaedic and cleft lip palate services to pediatric patients with Medicaid. Analysis of Shriners Hospitals for Children – Shreveport utilization data for 2015 revealed a payer mix of 54.3% Medicaid Managed Care / Medicaid, 33.4% Private Insurance / Other, and 12.3% Uninsured/Charity. Here again, accepting and acting upon the opportunity to reach this underserved pediatric population is a priority goal and our mission.



5. Board Member, Therapist, and Public Health Official survey respondents expressed the importance of community education and research in providing the needed specialty services for our pediatric patient population. Cynthia Griffin, Office of Public Health Region VI Nurse Manager, expressed that there are many barriers to children on Medicaid health plans receiving care from specialists, including a lack of parental understanding on how to navigate the system. When asked what Shriners Hospitals for Children-Shreveport can do to improve health and quality of life in your community, Ms. Griffin responded: “Continue to provide the services you provide and help remove the barriers that parents encounter as they navigate the system.” The Office of Public Health Supervisors from Desoto and Webster parishes recommended increased community education on our services and how to access care at SHC-S.

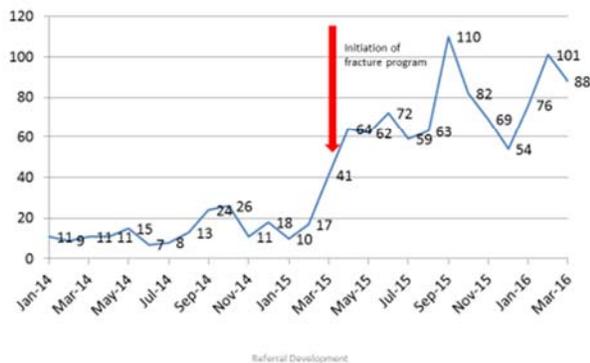
Action Plan

Access to Care

Goal 1 – Continue to improve access to care by providing treatment for acute orthopedic conditions and by offering orthopedic day camps.

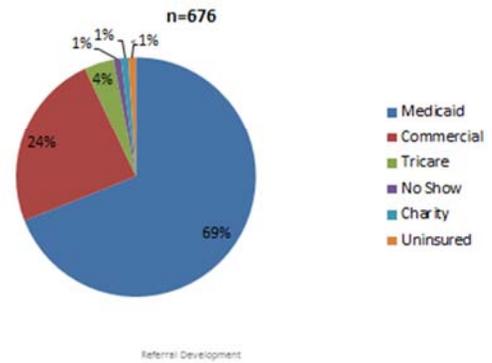
Research of pediatric population needs revealed a significant need in the treatment of acute fractures. It was noted from a national survey conducted in 2006 that “92% of orthopedic offices agreed to see children with private insurance, but only 38% would take a child on Medicaid”. The survey went on to say that those numbers have dropped to 82% and 24% respectively which means that a staggering number of children on Medicaid will not be seen by orthopedic offices. So access to care for these children is a huge issue. SHC – Shreveport initiated a fracture management program in 2015. The addition of fracture care further demonstrates the commitment of our hospital to the pediatric community of Louisiana. Within the first two months of the program in the spring of 2015, SHC-S realized an increase in fracture referrals from 17 to 64 (276% increase). Analysis of the Payer Mix for the patients with fractures from March 2015 – December 2015 revealed that 69% had Medicaid and 24% commercial insurance. Less than one year into the program, SHC-S saw 110 patients with fractures in one month demonstrating a 547% increase from the baseline of 17. The drastic growth of the program in such a short amount of time confirms that acute fracture management was an unmet need in our community. Although great progress was made with meeting this need of our community, we feel there is still room for improvement. Our CHNA Physician Survey revealed that only 49.2% of the respondents were aware of our fracture management services; therefore, SHC-S plans to continue this as a goal for the next five years.

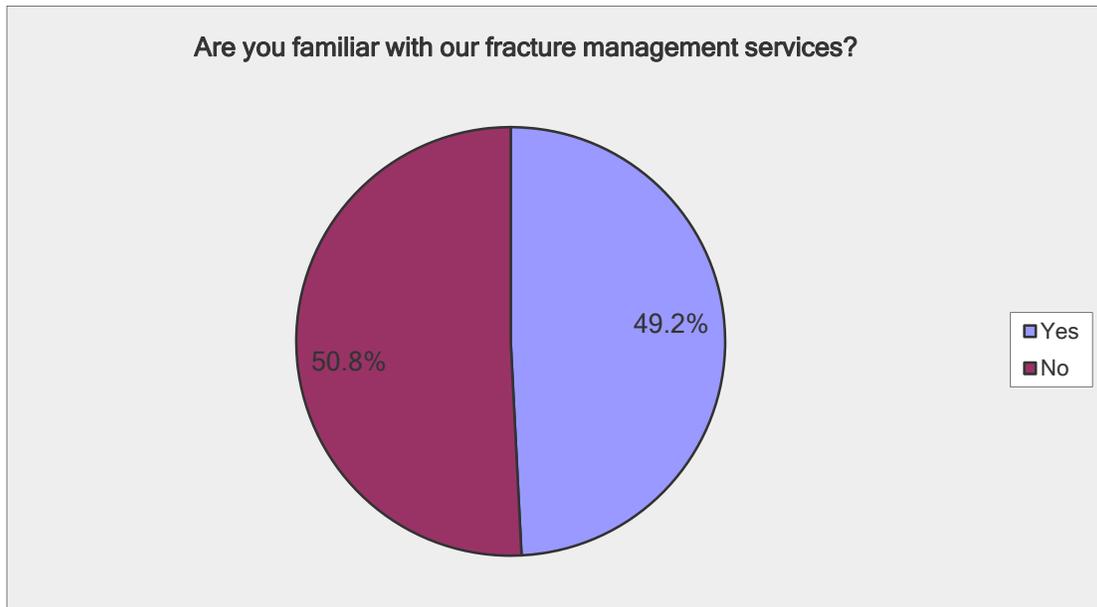
Fracture Referral Trend



Fracture Payer Mix

March-December 2015





Another recommendation related to access to care in 2012 was the holding of orthopedic day camps. We held our first Spinability Camp in June 2013. This is a camp for patients with spina bifida. We continued this program in 2014, 2015, and the Spinability Camp is already planned and budgeted for in 2016. We will continue to pursue opportunities to bring this type of outreach to children not only in Louisiana but throughout our six-state catchment area.

Access to Care

Goal 2 – Improve access to care by adding specialists and services to existing personnel and services.

One of the recommendations related to access to care is the addition of specialists through physician recruitment and the addition of other service lines. In order to truly have an impact on the pediatric population of our community, we must grow our services and thus increase the number of specialists and surgeons who will be able to address the health needs of our children. In 2012, we had two full time surgeons and one part time surgeon on staff. As a result of continued growth and to meet the needs of the community, we added two full-time pediatric orthopaedic surgeons. We recently hired an additional anesthesiologist to meet the current demands in Surgery and allow for continued expansion of services. In 2014, we expanded our Sports Medicine program which filled a need within our pediatric

community in light of the fact that sports injuries are on the rise. The American Academy of Pediatrics estimates that more than 3.5 million children ages fourteen and under get hurt annually playing sports or participating in recreational activities. Additionally, sports and recreational activities contribute to approximately 21 percent of all traumatic brain injuries among American children with some of those injuries resulting in cerebral palsy, one of the primary conditions treated by SHC – Shreveport. Specialists in the fields of neurology, rheumatology, genetics, urology, cerebral palsy, scoliosis, hand abnormalities and cleft lip/palate will continue to provide needed specialty care. The cleft lip/palate service line was initiated at Shriners Hospitals for Children- Shreveport in late 2012. Sixty-seven cleft lip/palate surgeries were performed in 2014 and eighty-nine were performed in 2015, demonstrating growth of 33% in one year

For the next five years, we plan to continue to improve access to care by researching the licensure of inpatient rehab beds to further meet the needs of this special pediatric population. The licensure of inpatient rehab beds has been on our radar for the last few years since inpatient pediatric rehab beds are limited with only one hospital in Louisiana, Children’s Hospital in New Orleans, offering this service. We also plan to investigate the feasibility of expanding our outpatient therapy services secondary to expressed concerns on patient satisfaction surveys and physician and therapist surveys regarding long wait times, inability to get appointments with therapists, and facilities not accepting child’s insurance.

Physician Community Health Needs Assessment

If they did not receive all the therapy services they needed, what were the reasons? (Check all that apply.)

Answer Options	Response Percent	Response Count
Cost was too much	55.3%	26
No insurance	36.2%	17
Health Plan Problem	51.1%	24
Didn't accept child's insurance	46.8%	22
Transportation Problems	36.2%	17
Could not get appointment	23.4%	11
Therapist did not know how to treat	2.1%	1
Dissatisfaction with therapist	6.4%	3
Did not know where to go	2.1%	1
Child refused to go	6.4%	3
Not available in area	14.9%	7
Lack of resources at school	25.5%	12
Forgot appointment	17.0%	8
Other (please specify)	6.4%	3
	<i>answered question</i>	47
	<i>skipped question</i>	14

Number	Response Date	Other (please specify)	Categories
1	Mar 17, 2016 3:36 PM	Insurance denied.	
2	Mar 17, 2016 3:25 PM	Long wait lists.	
3	Mar 16, 2016 7:09 PM	Long wait time for speech therapy	

Therapist Community Health Needs Assessment

If they did not receive all the therapy services they needed, what were the reasons? (Check all that apply.)

Answer Options	Response Percent	Response Count
Cost was too much	30.8%	12
No insurance	25.6%	10
Health Plan Problem	7.7%	3
Didn't accept child's insurance	23.1%	9
Transportation Problems	35.9%	14
Could not get appointment	28.2%	11
Therapist did not know how to treat	0.0%	0
Dissatisfaction with therapist	0.0%	0
Did not know where to go	20.5%	8
Child refused to go	0.0%	0
Not available in area	12.8%	5
Lack of resources at school	0.0%	0
Forgot appointment	12.8%	5
Other (please specify)	38.5%	15
<i>answered question</i>		39
<i>skipped question</i>		15

Access to Care

Goal 3 – Improve access to care by adding satellite clinics and increasing the number of screening clinics and telemedicine locations.

The goal is to increase access points by adding new satellite clinics and increasing the number of screening clinics and telemedicine locations throughout Louisiana and the other five states from which we currently draw patients. We currently hold one clinic in Oklahoma, perform telemedicine services for patients in Oklahoma, and are in the process of contracting for a satellite clinic in Monroe, Louisiana. To address this finding, the first step is to perform a collaborative inventory of communities in Louisiana

which are currently underserved. At this time there are only two hospitals which specialize in pediatric orthopedics, Children’s Hospital in New Orleans and SHC-Shreveport. Two physician survey respondents recommended a satellite clinic in the central Louisiana community of Alexandria. Another respondent recommended a satellite clinic in the northwest Louisiana community of West Monroe / Monroe. A strategic planning group will be commissioned to address this recommendation and to plan for opening other strategically-located telemedicine locations, screening clinics, and satellite clinics in Louisiana and in the other five states from which we currently draw patients. This group will assess resources needed, costs, timeline for implementation, and be tasked with contacting and determining the feasibility of such an undertaking.

Education and Research

Goal 4 – Continue to seek education and research opportunities to improve the health status of our pediatric orthopedic population by actively pursuing alternative funding sources.

As stated in the introduction to this assessment, our mission includes “conducting research to discover new knowledge that improves the quality of care and quality of life of children and families”. It is through this commitment to education and research that we have been able to positively impact the lives of so many children with orthopedic conditions. Since it is our mission we will continue our pursuit of research opportunities as we have done for the past 90 years. Evidence of this commitment is demonstrated by the following current studies:

- **Multi-site Assessment of the Effectiveness of the Early Knee Prosthetic Prescription Protocol for Young Children. (STUDY00000274: Gerber Early Knee).**

Principal Investigator: Claire Beimesch, MD

The purpose of this study is to compare children in the Early Knee protocol to children at similar ages in the traditional protocol. The objective of the proposed research is to compare the biomechanical and developmental impact of the two protocols. Study was submitted to the IRB in March 2015 and approved June 2015. This is a collaborative study with Georgia State University, funded by the Gerber Foundation.

- **Clinical and Radiological Outcomes in Spinal Deformity Surgeries: A Retrospective Analysis of an Institutional Experience.**

Principal Investigator: Anthony Sin, MD.

The primary objective of this study is to evaluate the clinical and radiological outcomes of the surgical correction in spinal deformities. Clinical and radiological outcomes in spinal deformity surgery (short term and long term) data will be evaluated, along with the patterns and treatment

of complications. This evaluation will help to develop treatment plans for future patients to achieve better outcomes with fewer complications. Study was submitted to the IRB in June 2014 and approved in July 2014.

- **Proximal Femur Remodeling Following Threaded Cannulated Screw Fixation in Slipped Capital Femoral Epiphysis.**

Principal Investigator: Janay McKie, MD

This is a retrospective chart review designed to assess proximal femoral remodeling following in situ fixation of SCFE with partial and fully threaded cannulated screws 1 year following surgery and at the time of physeal closing. Study was submitted to IRB in September 2015 and was approved in October 2015. This is a collaborative study with Shriners Hospitals for Children in Lexington and Shriners Hospitals for Children in Sacramento.

Action Plan Summary

Achievement of Goals 1-4 will take place over a 5-year time line. The Community Health Needs Assessment Steering Committee will oversee the progress of the strategic planning group in the implementation of improvement strategies and measurement of progress towards the efforts taken. An annual report of progress with periodic updates will be provided to the Joint Conference Committee and the Board of Governors. Allocation of resources and funding of special projects within the course of implementation will be the responsibility of the Board of Governors.

Conclusion

This community health needs assessment provides a framework to help our hospital better serve the pediatric patients of our community. It is a significant step towards mobilizing our hospital and our stakeholders to address barriers to improving the health and well-being of the children of our community. It also serves as a tool to collect data and measure progress in efforts taken to improve health outcomes over time. As a result of the outreach process during the primary data collection phase of the project, a group of primary care physicians and community leaders are now a part of a collaborative group whose primary purpose is to improve the health of this special pediatric population.

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