SHC Community Health Assessment Report

Shriners Hospitals for Children® — Los Angeles

Prepared by:
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Mission and Vision

Mission:
The Mission of Shriners Hospitals for Children® — Los Angeles is to:

• Provide the highest quality care to children with orthopaedic conditions, burn scars, cleft lip and palate, and other special health care needs within a compassionate, family-centered and collaborative environment

• Provide for the education of physicians and other health care professionals

• Conduct research to discover new knowledge that improves the quality of care and quality of life of children and families

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.

Vision:
Shriners Hospitals for Children® will be the unquestioned leader, nationally and internationally, in caring for children and advancing the field in its specialty areas.

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Our Commitment to the Community

Introduction

Our comprehensive, integrated Community Health Needs Assessment (CHNA) is designed to help Shriners Hospitals for Children® — Los Angeles (SHC — LA) understand the needs of the community and to provide special pediatric health care services that fulfill the immediate and future needs that are identified within the CHNA. SHC — LA has been committed to improving community health through focused and collaborative efforts designed to address the unfulfilled pediatric orthopedic and plastics health needs of those within the communities we serve. This assessment provides information on our community’s health outcomes and factors. From these findings, we were able to identify health-related needs and establish an action plan to better serve our community.

Background

SHC — LA is a 60-bed pediatric research and teaching hospital, providing comprehensive medical, surgical, and rehabilitative care to children with orthopaedic conditions, burn scars and cleft lip and palate. Our hospital treats children from all over the country and around the world, and has unique relationships with some of the top hospitals and universities.

Located on the outskirts of downtown Los Angeles, SHC — LA delivers the highest quality of care to children with a host of orthopaedic and neuromusculoskeletal disorders and diseases, as well as cleft lip and palate. Our inpatient and outpatient units are colorful, kid-friendly and designed to put patients and families at ease. With efforts to make the inpatient stay more comfortable, we also have a ‘Teen Lounge’ for patients who are age 13 and older. The ‘Teen Lounge’ is designed to entertain our patients and to assist them relieve stress during their stay at our facility. Every member of our staff, from surgeons to therapists, nurses
to orthotists, is focused on providing the highest quality care that puts the family at the center of the team.

**Family-Centered Care**

At SHC — LA, we believe in family-centered care. Our family-centered approach to care is designed to support the whole family during the acute and reconstructive phases of a child’s injury. We realize the parents’ presence during the hospital stay is very reassuring; therefore, we provide a single cot, bed linens and shower facilities for the parent staying. Every treatment we choose, every decision we make is geared toward giving a child the skills and abilities to live a healthy, productive life. At SHC — LA, the child and family are always at the heart of our medical team.

**Team Approach**

We employ a team approach to patient care, surrounding the child and family with a multidisciplinary group of professionals. We provide a comprehensive assessment and our experts work in consultation with each other to ensure the best possible outcomes for every child. Our outstanding medical team consists the following:

- Surgeons
- Physiatrist
- Pediatricians
- Laboratory
- Radiologists
- Nurses
- Prosthetists
- Pharmacists
- Social Workers
- Orthotists
- Care Coordinators
- Amputee Specialists
- Physical Therapists
- Occupational Therapists
- Child Recreation

**Conditions We Treat**

SHC — LA is skilled at treating disorders from the routine to the rare, from the simple to the complex.

**A partial list of the conditions we treat include:**

- Amniotic Band Syndrome
- Amputations
- Arthrogryposis
- Blount's Disease
- Brachial Plexus Palsy
- Burn Reconstruction/Scar Revision
- Cerebral Palsy
- Cleft Lip and Palate
- Clubfoot
- Cavus Foot
- Congenital Ear Deformity
- Congenital Hairy Nevus
- Congenital Hand Deformities
- Flat Feet
- Fracture Complications
- Hip Disorders
- In-Toeing
- Juvenile Rheumatoid Arthritis
- Kyphosis
- Legg-Calve-Perthes Disease
- Limb Deficiencies, Deformities and Length Discrepancies
- Lordosis
- Microtia
- Muscular Dystrophy
- Neurofibromatosis
- Orthopaedic Sports Injuries
- Osgood-Schlatter Disease
- Osteogenesis Imperfecta
- Osteomyelitis
- Rickets
- Scoliosis and Other Spine Conditions
- Skeletal Dysplasia
- Slipped Capital Femoral Epiphysis (SCFE)
- Spina Bifida
- Spondylolysis and Spondylolisthesis
- Vascular Malformations
Commitment to Our Patients

The physicians of SHC — LA are experts in their orthopaedic, plastics, and pediatric specialties. Committed to providing the best care to our patients in a professional and compassionate manner, our surgeons take a comprehensive approach, working in collaboration with other disciplines such as pediatrics, prosthetics, orthotics, radiology and rehabilitation. We treat thousands of children annually with wide-ranging conditions from the rare to the routine, from the complex to simple. At SHC — LA, whether we are treating bone deformities like clubfoot, neuromuscular conditions like cerebral palsy, or congenital deformity like cleft lip and palate; our goal is to help each child become as functional and healthy as possible. Patients and physicians from throughout the United States and the world seek their care and advice. Our attending physicians hold teaching appointments at area institutions, including UCLA and USC, and are members of many national and international medical organizations. Visiting physicians and surgeons are also available as needed to insure the finest, most up-to-date medical care is available to our patients.

Our Services

Pediatric Orthopaedics

Since the founding of our hospital in 1952, pediatric orthopaedics and treating pediatric orthopaedic conditions has been the foundation of SHC — LA. Though the diseases and disorders we treat are wide-ranging and diverse, our goal is always to help each child become as functional and healthy as possible. The medical staff at SHC — LA consists of physicians and surgeons prominent in their specialties. We treat routine and complex orthopaedic problems, utilizing the latest treatments and technology available in pediatric orthopaedics.

Our comprehensive team of pediatric musculoskeletal experts includes six surgeons, a physiatrist, physical and occupational therapists, and certified prosthetists
and orthotists. Collaborating across multiple disciplines allows us to treat each child with a customized approach based on their overall health and medical conditions.

**Burn Reconstruction & Plastics**
SHC — LA has a burn reconstruction program that provides patients with advanced care for burn-related scarring, along with physical rehabilitation and emotional support to help them cope with re-entering their school or community after their burn injuries.
In addition, our plastic surgeons are experts in hand surgery, wound healing, and congenital deformities such as microtia; they share a common goal to achieve maximal restoration of both form and function for the best interests of our patients.

**Cleft Lip & Palate**
At SHC — LA, patients with a cleft lip and/or palate are treated by a multidisciplinary group of experts who work together to improve the child’s appearance as well as his or her ability to eat, communicate, breathe, and even feel good about their looks.
We put smiles on our patients’ faces everyday not only by providing the medical and surgical services they need, but also giving them the rehabilitative, social, and educational training programs to assist them during the transition process.

**Prosthetics & Orthotics**
SHC — LA provides comprehensive care for children in need of prosthetic and orthotic devices. Our Child Amputee Prosthetics Project (CAPP) champions a multidisciplinary team approach to treating children with amputations or limb deficiencies. Our patients are given comprehensive evaluations by a physician, a prosthetist, an occupational or physical therapist, and a social worker. We work with the patient and family to build a treatment plan as a team, consulting with our orthopedic surgeons regarding surgical options as needed.
At SHC — LA, we have the unique ability to measure, manufacture, fit and assess prosthetic and orthotic devices in one place. Our certified Orthotists and Prosthetists have diverse educational backgrounds and innovative design capabilities. The O&P teams collaborate closely with our doctors and therapists to achieve the best possible outcome for children with limb differences. Our prosthetic designs are state of the art, and can be specialized to allow our patients to participate in various athletic and other physical activities.

**Process and Methods**

**Community Surveys**

The Department of Community Outreach at SHC — LA has visited 90+ community health clinics and physicians between 2011 and 2012. Based on the continued patient referrals from these community partners, we have determined that they would be the appropriate group for us to approach for our community health needs assessment project. By concentrating on this group, we are confident that the result we received would reveal relevant information and help us to better understand the community health needs in our immediate service areas.

We conducted qualitative research with this selected group to gauge their perceptions of the community health care needs; we sent out a one page survey that contains eight questions. For the purpose of this assessment, we focused our efforts on gathering the reasons and types of the specialty care service referrals in the survey. The data is collected by the mailed surveys with self-addressed stamped envelopes. Due to time constraints, we gave our community partners two weeks to respond by mail. This report utilizes the data and health information collected from the returned surveys; we created our ‘Key Findings’ and ‘Action Plan’ based on this assessment project; not only it helps us to identify the community health needs, but also assists us to prioritize our resources for the local community at SHC — LA.
Key Findings

Based on the data we collected from our community partners, we concluded the following findings:

- 6% of our partners often referred their pediatric patients to dermatologists
- 6% of our partners often referred their pediatric patients to psychiatrists
- 6% of our partners often referred their pediatric patients to child development specialists
- 6% of our partners often referred their pediatric patients to ophthalmologists
- 6% of our partners often referred their pediatric patients to neurosurgeons
- 12% of our partners often referred their pediatric patients to pulmonologists
- 12% of our partners often referred their pediatric patients to allergists/immunologists
- 12% of our partners often referred their pediatric patients to allergists/immunologists
- 18% of our partners often referred their pediatric patients to rheumatologists
- 24% of our partners often referred their pediatric patients to thoracic or pediatric surgeons
- 24% of our partners often referred their pediatric patients to physiatrists
- 35% of our partners often referred their pediatric patients to geneticists
- 47% of our partners often referred their pediatric patients to urologists
- 47% of our partners often referred their pediatric patients to gastroenterologists
- 53% of our partners often referred their pediatric patients to endocrinologists
- 59% of our partners often referred their pediatric patients to neurologists
- 71% of our partners often referred their pediatric patients to otolaryngologists
- 82% of our partners often referred their pediatric patients to orthopaedic surgeons
53% of our partners’ patients had difficulties (or delays) getting the medical services because there were waiting lists, backlogs, services unavailable, or other problems getting appointments.
- 35% of our partners routinely referred their pediatric patients to occupational therapy service providers
- 76% of our partners routinely referred their pediatric patients to speech therapy service providers
- 83% of our partners routinely referred their pediatric patients to physical therapy service providers
• 6% of our partners’ patients did not receive all the therapy services because of the dissatisfaction with the therapists
• 12% of our partners’ patients did not receive all the therapy services because the session cost was too much
• 12% of our partners’ patients did not receive all the therapy services because they did not know where to go
• 12% of our partners’ patients did not receive all the therapy services because of lack of resources at school
• 24% of our partners’ patients did not receive all the therapy services because the services were not available in the area
• 24% of our partners’ patients did not receive all the therapy services because they did not receive referral authorizations
• 29% of our partners’ patients did not receive all the therapy services because they did not have insurance
• 29% of our partners’ patients did not receive all the therapy services because they either forgot or did not go to the appointments
• 47% of our partners’ patients did not receive all the therapy services because of the transportation problems
• 71% of our partners’ patients did not receive all the therapy services because of the health plan problems
- 6% of our partners referred patients for prosthetics as part of durable medical equipment (DME) services
- 12% of our partners referred patients for the wheelchairs as part of DME services
- 29% of our partners referred patients for mobility aids as part of DME services
- 35% of our partners referred patients for orthotics as part of DME services
• 6% of our partners patients did not receive all the DME services because of the dissatisfaction with the therapists
• 6% of our partners patients did not receive all the DME services because they did not know where to go
• 12% of our partners patients did not receive all the DME services because of the transportation problems
• 18% of our partners patients did not receive all the DME services because they did not have referral authorizations
• 18% of our partners patients did not receive all the DME services because the cost was too high
• 24% of our partners patients did not receive all the DME services because they did not have insurance
• 24% of our partners patients did not receive all the DME services because of the health insurance problems
- 6% of our partners spent 51-75% of their time treating children who were uninsured
- 6% of our partners spent 76-100% of their time treating children who were uninsured
- 18% of our partners spent 26-50% of their time treating children who were uninsured
- 59% of our partners spent 1-25% of their time treating children who were uninsured
- 6% of our partners referred their pediatric patients to SHC — LA because we treat burn patients
- 12% of our partners referred their pediatric patients to SHC — LA because of the ongoing referral relationships
- 15% of our partners referred their pediatric patients to SHC — LA because of the faster appointment times
- 24% of our partners referred their pediatric patients to SHC — LA because of our personalized care
- 24% of our partners referred their pediatric patients to SHC — LA because SHC — LA was the only place provided the services that were needed
- 41% of our partners referred their pediatric patients to SHC — LA because of Medi-Cal
- 47% of our partners referred their pediatric patients to SHC — LA because of SHC — LA’s reputation
- 53% of our partners referred their pediatric patients to SHC — LA because they did not have insurance
**Action Plan**

We have formulated an action plan based on the information that we collected through the surveys. We hope this action plan will assist SHC — LA to make a significant impact on improving the health and well-being of our community. We also believe that it is essential to frame our priorities on the identified community health needs that fit within our scope of services provided at SHC — LA. The following tables address the prioritized community health needs, action plan, objectives, evaluation criterias, and timelines for implementation essential to improving the health of our local community.

<table>
<thead>
<tr>
<th>Goals</th>
<th>Objectives</th>
<th>Action Steps</th>
<th>Implementation Timeline</th>
<th>Evaluation Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase public awareness on SHC — LA's shorter turnaround time for providing medical services and/or appointments</td>
<td>Ensure all community partners are aware of our shorter turnaround time for services and/or appointments compared to other competitors</td>
<td>-work with PR Dep. to increase awareness in local community via Social Media platforms, design and produce marketing materials to promote this competitive advantage, rollout direct mail campaigns to community partners, other local physicians, and health centers -serve as a local pediatric health care resource through close partnerships with local regional centers, government agencies, and non-profit organizations</td>
<td>July 2013</td>
<td>-number of total 'tweets', 'likes', 'followers', 'clicks', 'comments', and conversion to web traffic -number of customized marketing materials -number of direct mail campaigns -feedbacks and responses from community partners regarding the promptness of our services -number of established partnerships</td>
</tr>
</tbody>
</table>

<p>| Increase public awareness on SHC — LA accepts patients with or w/o insurance, and regardless of the ability to pay | Ensure all community partners are aware of our shorter turnaround time for services and/or appointments compared to other competitors. Reach out to the public by providing educational lectures and screenings at schools. | -work with PR Dep. to increase awareness via Social Media platforms, design and produce marketing materials to promote our mission, rollout direct mail campaigns to community partners, other local physicians, and health centers -serve as a local pediatric health care resource through close partnerships with local regional centers, government agencies, and non-profit organizations -provide health lectures and screenings at schools and other appropriate venues | July 2013 | -number of total 'tweets', 'likes', 'followers', 'clicks', 'comments', and conversion to web traffic -number of customized marketing materials -number of direct mail campaigns -number of established partnerships -number of health lectures and screenings -number of new patients |</p>
<table>
<thead>
<tr>
<th>Increase public awareness on Child Amputee Prosthetics Project (CAPP), and the fact that we accept patients based on medical needs, regardless of patients’ ability to pay or insurance status</th>
<th>Utilize SHCIS and other tracking mechanisms to monitor new patient volume</th>
<th>August 2013</th>
<th>- number of total ‘tweets’, ‘likes’, ‘followers’, ‘clicks’, ‘comments’, and conversion to web traffic about CAPP - number of customized marketing materials - number of direct mail campaigns - number of new CAPP patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure all community partners are aware of CAPP.</td>
<td>-Work with PR Dep. to increase awareness of CAPP via Social Media platforms -Design and produce marketing materials to promote CAPP and our mission -Rollout direct mail campaigns to community partners, other local physicians, and health centers -Utilize SHCIS and other tracking mechanisms to monitor the new CAPP patient volume</td>
<td>September 2013</td>
<td>-Number of contracted specialist hired</td>
</tr>
<tr>
<td>Improve and fulfill community health needs by providing additional resources for our multidisciplinary practice</td>
<td>-Evaluate the possibilities of hiring contracted specialists -Submit proposal for approval -Hire appropriate specialists</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Improve name recognition and enhance public image/perception of SHC — LA</td>
<td>-Work with PR Dep. to increase awareness and enhance public image on Social Media -Design and produce marketing materials to promote SHC — LA as the premier provider of world-class pediatric specialty care -Rollout direct mail campaigns to community partners, other local physicians, and health centers -Utilize SHCIS and other tracking mechanisms to monitor the new patient volume</td>
<td>September 2013</td>
<td>- Number of total ‘tweets’, ‘likes’, ‘followers’, ‘clicks’, ‘comments’, and conversion to web traffic - Number of customized marketing materials - Number of direct mail campaigns - Number of new patients</td>
</tr>
</tbody>
</table>
**Acknowledgements**

Under the direction and guidance of the Shriners Hospitals for Children Corporate Headquarters, SHC — LA was able to complete this assessment with very limited manpower and resources within six weeks. We wish to thank the following community partners and staff for their support of this project.

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Marissa Cabral, MD - South Bay Family Healthcare Center

Venice Family Clinic

Karen Randel, MD - Comprehensive Community Health Center

URDC/Bill Moore Community Health Center

South Bay Family Healthcare Center

Barbara Rodriguez, MD - El Proyecto del Barrio Health Care Clinic

Sheila Phillips, MD

Edward Malphus, MD

Rene Lim, MD

Sandy Koh, MD

Anna Miller, SHC — LA Community Outreach Coordinator
Exhibits

Community Health Assessment Survey

Shriners Hospitals for Children — Los Angeles wants to identify the concerns of pediatric health care providers in our community. As a valued partner, please complete this brief 8-question survey. Your answers will help us to identify the immediate needs in our community. Thank you in advance for your response.

Please return this survey in the enclosed postage-paid envelope by June 5, 2013.

1. For which specialty care services do you most often refer your pediatric patients to other providers? (Check all that apply.)

- [ ] Endocrinologist
- [ ] Gastroenterologist
- [ ] Geneticist
- [ ] Orthopedic surgeon
- [ ] Otolaryngologist
- [ ] Neurologist
- [ ] Neurosurgeon
- [ ] Other: _____________

2. During the past 12 months, did your patients have difficulties or delays getting the services listed above because there were waiting lists, backlogs, services unavailable, or other problems getting appointments?

- [ ] Yes  
- [ ] No

If Yes, with which specialists did your patients have difficulties or delays getting services? (Check all that apply.)

- [ ] Endocrinologist
- [ ] Gastroenterologist
- [ ] Geneticist
- [ ] Orthopedic surgeon
- [ ] Otolaryngologist
- [ ] Neurologist
- [ ] Neurosurgeon
- [ ] Other: _____________

Shriners Hospitals for Children Los Angeles
Department of Community Outreach
3160 Geneva St., Los Angeles, CA 90020
Referrals: 213.368.3366/ 888.486.5437
Main: 213.388-3151
www.shcla.org
3. Do you routinely refer your patients for the following services? (Check all that apply.)

☐ Physical Therapy  ☐ Occupational Therapy  ☐ Speech Therapy

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

☐ Cost was too much  ☐ Did not know where to go
☐ No insurance  ☐ Child refused to go
☐ Health Plan Problem  ☐ Treatment is ongoing
☐ Didn’t accept child’s insurance  ☐ No referral authorization
☐ Not available in area  ☐ Lack of resources at school
☐ Transportation problems  ☐ Forgot appointment
☐ Could not get appointment  ☐ Didn’t go to appointment
☐ Therapist did not know how to treat  ☐ Other: __________________
☐ Dissatisfaction with therapist

5. Do you routinely refer patients for the following durable medical equipment (DME) services? (Check all that apply.)

☐ Mobility Aids  ☐ Prosthetics  ☐ Orthotics  ☐ Wheelchairs

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

☐ Cost was too much  ☐ Did not know where to go
☐ No insurance  ☐ Child refused to go
☐ Health Plan Problem  ☐ Treatment is ongoing
☐ Didn’t accept child’s insurance  ☐ No referral authorization
☐ Not available in area  ☐ Lack of resources at school
☐ Transportation problems  ☐ Forgot appointment
☐ Could not get appointment  ☐ Didn’t go to appointment
☐ Therapists did not know how to treat  ☐ Other: __________________
☐ Dissatisfaction with therapist

7. How often do you see children who are uninsured?

☐ 1-25% of visits  ☐ 26-50% of visits  ☐ 51-75% of visits  ☐ 76-100% of visits

8. What is the most important reason you refer children to Shriners Hospitals for Children – Los Angeles?

☐ faster appointment times  ☐ patients lack insurance
☐ Medi-Cal patients accepted  ☐ reputation
☐ personalized care  ☐ in network
☐ location  ☐ ongoing referral relationship
☐ only place service was available  ☐ other:_________________
☐ particular physician at Shriners (name of physician) ____________________