



**2022 CHNA  
Implementation Plan**

# Pediatric Post-Acute Hospital & Subacute

*“Where specialized care begins and hope never ends”*

**Published  
November 2022**

The 2022 HealthBridge Community Health Needs Assessment (CHNA) Implementation Plan was completed with the generous contribution of time and information from the clinical and lay leadership of HealthBridge Children’s Hospital – Orange (HealthBridge or HB), whose insights into the community and, pediatric complex care needs in Orange County were invaluable. Although this is the adopted Implementation Plan for HealthBridge, conditions change over time and identified goals and priorities may shift impacting the Plan’s outcome.

This implementation plan is in response to IRS requirement Section 501(r) for non-profit hospitals which incorporates the CHNA Leadership Team identified Prioritized Health Needs of the Community:

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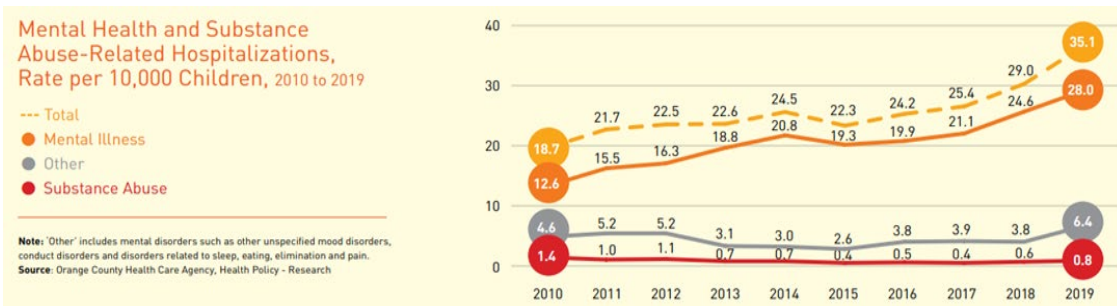
## Mental Health

**Limitations:** Based upon the information obtained and contained in the HealthBridge Community Health Needs Assessment (CHNA), **Mental Health** issues were identified as the most pressing community health need. Further, HealthBridge identified subsets of **Mental Health** as 1) Depression, 2) Substance Abuse and 3) Teenage Suicide. Even though these were identified as a top need, HealthBridge recognizes even though having a major impact is desirable, the market impact is limited due to their smaller size and available resources/expertise.

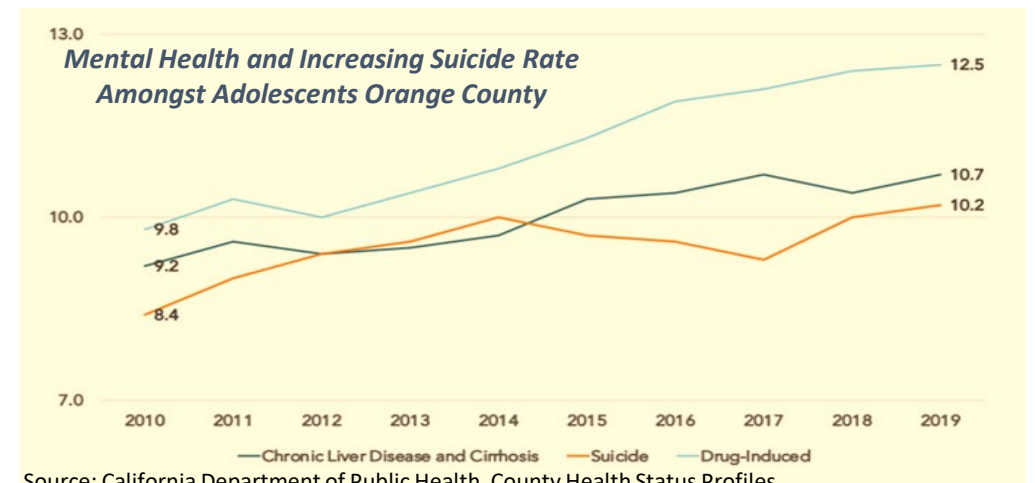
**Rationale:** According to the CDC, mental health includes emotional, psychological, and social well-being. It affects how we think, feel, and act. It also helps determine how we handle stress, solve issues, create and maintain relationships, and make healthy choices. Mental health is critical at every life stage, from childhood through adulthood. Additionally, poor mental health can lead to diabetes, heart disease and other chronic conditions.

The 2021 Orange County Community Indicators Report shows an accelerated upward trend of children and youth having more severe mental illness, depression, and mood disorders while adults remain relatively consistent.

The upward trend in mental health acuity is supported by the mental health hospitalization rate per 10,000 children, which increased from 12.6 to 28.0 from 2010 through 2019. **Substance abuse** hospitalizations decreased from 2010 through 2019 as shown below.



Source: California Healthy Kids Survey, 2019



The **pediatric suicide rate** in Orange County increased by 11% between 2010 and 2018. Suicide is the second-leading cause of death among adolescents in Orange County, reflecting a national trend.

## *Mental Health (continued)*

*Focus Areas: 1) Depression, 2) Substance Abuse and 3) Teenage Suicide.*

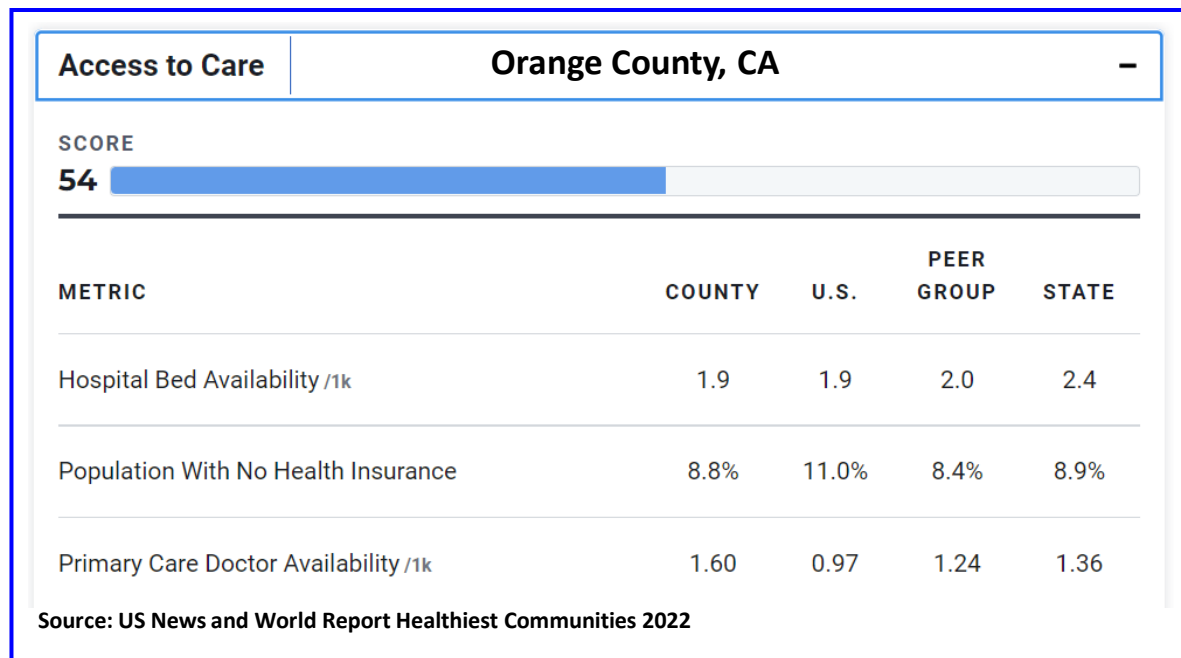
Implementation Plan Action Strategy	Planned Impact	Impact Evaluation
Embed mental health assessments as part of the admission process for those children capable of the assessment. Document in patient chart outcome of assessment	Early detection of issues that may impact care plan as an inpatient and/or outpatient	Count number of assessments compared to patients with a goal of 100% for applicable patients
Embed mental health assessments as part of the admission process for the parents and/or guardians of the patients	Detection of issues as a part of the Social Determinants of Health (SDOH) assessment better ensuring a safe discharge location into their home	Count number of assessments compared to patients with a goal of over 90% for applicable patients' families. Document patients needing additional care due to home environment
Assist in the reduction of teen suicide by providing ongoing inpatient counseling and support	Reduction of teen suicide rate and bringing more attention to issue	Identify at-risk patients with mental health screenings as applicable. Refer patients at risk to support services if identified
Continue relationship with Orange USD and encourage them to incorporate their mental health assessments as part of the patient's IEP. Incorporate into HealthBridge's proprietary on-site School in the Hospital program	Additional detection of issues that may impact learning plan ensuring students' education level is relevant to their age which reduces students' anxiety and stress	Work with schools to measure the School in the Hospital program and jointly measure its effectiveness

Internal and External Resources: HealthBridge leadership reaches out to multiple organizations to continue specialty education of medical professionals at HealthBridge. Management and clinical leadership maintains relationships with multiple community resources as needed and ensure HealthBridge is relevant in the pediatric medical community. HealthBridge also works with referring facilities, case managers, family members, discharge planners, payers, internal and external medical professionals and other resources including: Orange County Department of Children and Family Services; Orange County Health Department; First 5 Orange County; local school districts; Medi-Cal; Children's Hospital of Orange County; Orange County Health Care Agency; Be Well OC; Orange County Department of Education; Orange County Behavioral Health; faith based organizations as appropriate; Orange County Foundation for Health Care

## Access to Care

**Limitations:** Based upon the information obtained and contained in the HealthBridge Community Health Needs Assessment (CHNA), **Access to Care** issues were identified as one of the most pressing community health needs. CHOC shared access to pediatric specialists is a barrier to addressing other critical needs (such as diabetes, mental health, and substance abuse). HealthBridge identified areas of **Access** including 1) Sub-Acute Beds, 2) Acute/Sub-Acute Services, 3) Clinical Child Day Care and 4) Pediatric Therapies were HealthBridge could provide the most benefit. Even though these were identified as a top need, HealthBridge recognizes even though having a major impact is desirous, the market impact is limited due to HealthBridge’s smaller size and available resources/expertise.

**Rationale:** Although there are many pediatric care centers in Orange County, quality specialty services can be difficult to access. There are only 54 pediatric sub-acute beds in Orange County to support children with complex medical conditions. As pediatric viruses or other outbreaks inundate the pediatric population in Orange County, specialized inpatient pediatric beds and services quickly become scarce as quantities are finite. Further, not all providers achieve high levels of satisfaction which limits the access to appropriate care even further.



## *Access to Care (continued)*

*Focus Areas: 1) Sub-Acute Beds, 2) Acute/Sub-Acute Services, 3) Clinical Child Day Care and 4) Pediatric Therapies*

Implementation Plan Action Strategy	Planned Impact	Impact Evaluation
Continue to focus on strong outcomes including satisfaction scores by expanding the 21 subacute care beds to 25 beds	Provide greater access for community children needing quality inpatient subacute beds and related services	When additional beds are available measure occupancy rates supporting the expansion of services
Expand needed community services including EEG and telemetry capabilities	Increase needed community services for pediatric patients helping assess brain activity that helps in diagnosing brain disorders. Adding telemetry services to offerings will allow ability to broaden accessibility to patients we are currently unable to serve	Accommodate increased patient care for patients needing acute/subacute services. When services are available measure service value through patient outcomes and clinical team feedback. Maintain pediatric caregiver satisfaction scores
Implementation of additional space and professionals for pediatric inpatient and outpatient therapies	Improve access to an identified need for increased outpatient services	Use KPIs specific for new outpatient therapies including patient count and clinical outcomes
Clinical Child Day Care is an identified community need impacting care of sick child as well as parents that may potentially miss work to provide that care. This improves a child's care outcomes and allows for greater family flexibility	With over 1,100 daycare programs in Orange County, clinical locations are scarce. Plan to improve community capacity by expanding HealthBridge program in 2024.	This is part of the 2024 plan and will use KPIs specific for clinical daycare program including client counts and family feedback

Internal and External Resources: HealthBridge leadership reaches out to multiple organizations to continue specialty education of medical professionals at HealthBridge. Management and clinical leadership maintains relationships with multiple community resources as needed and ensure HealthBridge is relevant in the pediatric medical community. HealthBridge also works with referring facilities, case managers, family members, discharge planners, payers, internal and external medical professionals and other resources including: Orange County Department of Children and Family Services; Orange County Health Department; First 5 Orange County; local school districts; Medi-Cal; Children's Hospital of Orange County; Orange County Health Care Agency; Be Well OC; Orange County Foundation for Health Care; Orange County Child Care Association; Child County Child Care Council

## Housing

**Limitations:** Based upon the information obtained and contained in the HealthBridge Community Health Needs Assessment (CHNA), **Housing** issues were identified as one of the most pressing community health needs. Further, HealthBridge identified subsets of **Housing** as 1) Affordability and 2) Shelter. Even though these were identified as a top need, HealthBridge recognizes even though having a major impact is desirable, the market impact is limited due to their smaller size and available resources/expertise.

**Rationale:** According to The Kennedy Commission, in Orange County, you need to earn at least \$162,000 a year to afford a median priced home at \$826,000. At this minimum qualifying income, only 21% of Orange County households could afford the monthly housing payment of \$4,050. The rental market has also taken a hit as Orange County rents reached a record high of \$2,596 a month and is projected to get higher. Alleviating the housing burden on lower-income Orange County residents, can certainly help lower-income families have more resources for medical needs and lead to higher quality of life.

**6,860**

PEOPLE EXPERIENCED HOMELESSNESS

**124,514**

ADDITIONAL HOMES NEEDED FOR LOWER INCOME RENTERS

**\$15.00**

STATE MINIMUM WAGE

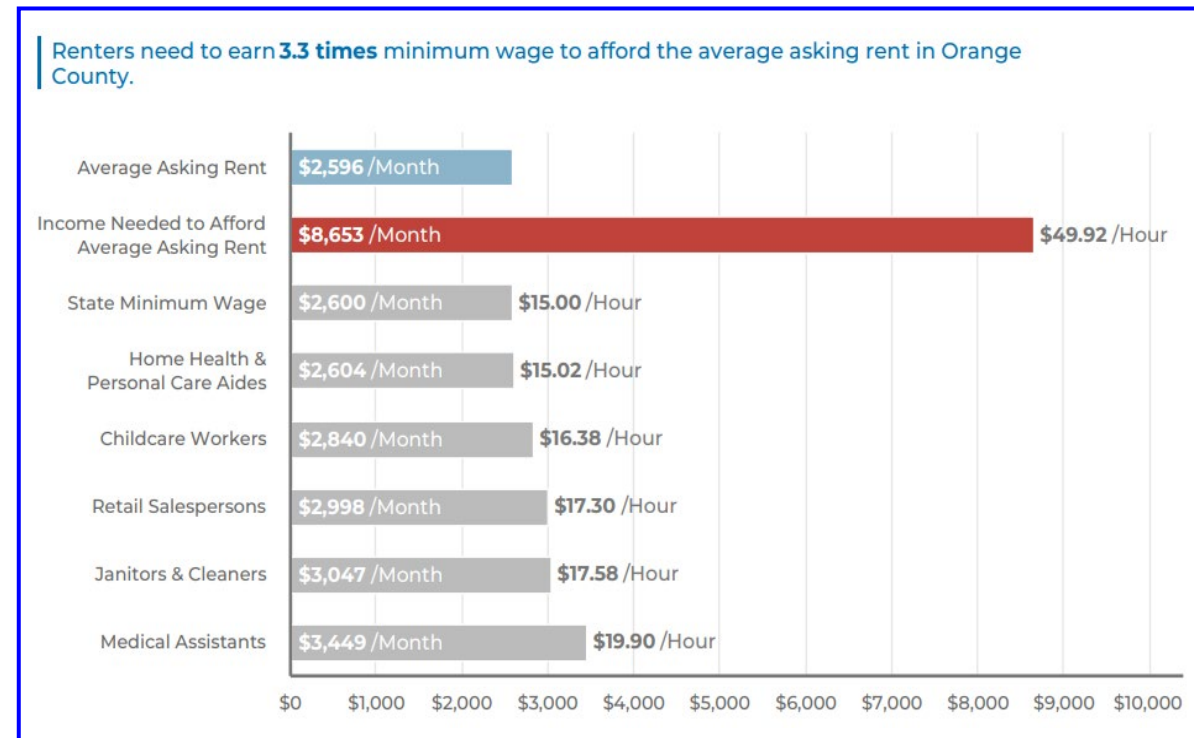
**\$49.92**

HOURLY WAGE NEEDED TO AFFORD \$2,596 RENT FOR TWO-BEDROOM APARTMENT

Many of the **Homeless and Unsheltered** are suffering from chronic disease, substance abuse issues, and domestic violence.

	Unsheltered	Sheltered		Unsheltered	Sheltered
Adults	2,936	2,060	Mental Health Issues	29.5%	28.1%
Chronic Homelessness	55.1%	38.4%	Developmental Disability	14.3%	01.9%
Substance Abuse	41.5%	20.2%	Domestic Violence	09.8%	11.0%
Physical Disability	32.2%	24.9%	HIV/AIDS	01.8%	03.7%

Source: The Point in Time 2022 Survey



*Housing (continued)**Focus Areas: 1) Affordability and 2) Temporary Shelter*

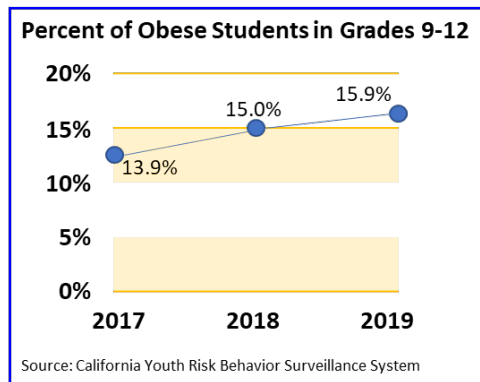
Implementation Plan Action Strategy	Planned Impact	Impact Evaluation
Although housing affordability and available shelter are identified as a community need that significantly impacts the well-being of children, implementing a plan that could have an impact in the community is limited	Outside of the Action Strategy below, these issues will not be addressed in the HealthBridge CHNA Implementation Plan.	Going beyond current social services cannot be addressed in this implementation plan or measured due to resource constraints and lack of housing expertise.
Available temporary shelter and affordable housing resources are available in the community, but access to these services are sometimes challenging. HealthBridge will continue to provide referrals to these resources and will continue to provide family education.	Increase patient/family knowledge about these community services. Connecting those patient families with available resources could provide a value temporary or even permanent solution.	Going beyond current social services cannot be addressed in this implementation plan or measured due to resource constraints and lack of housing expertise.
Internal and External Resources: HealthBridge leadership will continue to work with multiple organizations to gather family counseling information and consistently update referral resources as needed. Some of the resources HealthBridge will work with include Orange County Department of Children and Family Services; Orange County Health Department; Medi-Cal; Orange County Housing Authority; Orange County Affordable; Foundation for Affordable Housing; VA Community Resource and Referral Center; Family Solutions Collaborative		



## Nutrition

**Limitations:** Based upon the information obtained and contained in the HealthBridge Community Health Needs Assessment (CHNA), **Nutrition** was identified as one of the most pressing community health needs. Further, HealthBridge identified areas of **Nutrition** including 1) Obesity, 2) Access to Healthy Food, and 3) Family Education. Even though these were identified as a top need, HealthBridge recognizes even though having a major impact is desirable, the market impact is limited due to HealthBridge’s smaller size and available resources/expertise.

**Rationale:** Successful nutrition interventions targeting children 5-18 years old, appear to include family education, setting family-based goals, modifying home food environment, hands-on approaches to teaching nutrition (games, group-based activities), and fruit and vegetable vouchers. This review suggests that family-based nutrition interventions can be successful in improving dietary behaviors and that interventions with positive outcomes had some components of nutrition curricula and strategies in common. Orange County could provide more resources to the community to make healthy food more available to residents supported by more educational programs on pediatric nutrition.

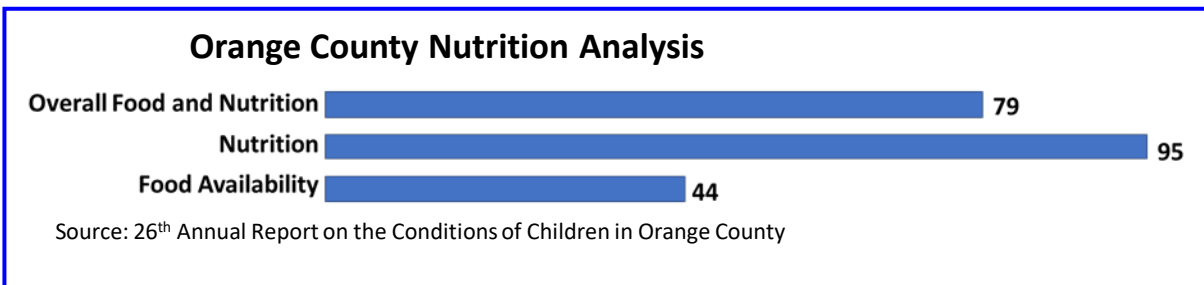


### Orange County Food Access Metrics

	Orange	US	State
Food Environment Index	8.17	9.53	10.53
Local Food Outlets /100K	0.80	4.30	2.2
Without Access to Large Grocery Store	7.6%	21.6%	13.4%

Source: 2022 US News and World Report Healthiest Communities

Food Environment Index Score which is a relative score based upon the availability/access of healthy vs unhealthy food in the community. Higher scores mean more healthy food is readily available. The 2<sup>nd</sup> is the number of local food outlets per 100,000 population and the 3<sup>rd</sup> is a percentage of people without access to a large grocery store.



***Nutrition (continued)******Focus Areas: 1) Obesity, 2) Access to Healthy Food, and 3) Family Education with Oral Health as a positive result***

Implementation Plan Action Strategy	Planned Impact	Impact Evaluation
Improve access to healthy food by providing healthy diet during hospital stay	Provide additional community support for a healthy lifestyle focusing on pediatric diet	Document optimal diet for patient to successfully participate in the plan of care during stay. Measure patient participation and success level when healthy diet is provided. Goal of 100% documentation of counseling when applicable
Address pediatric obesity and related risks, including diabetes, as part of patient's care plan	Collaborate with community resources to reduce incidence of childhood obesity	Document optimal diet compared to current patient diet when applicable and create a limited database as a method to measure ongoing outcomes. Goal of 100% documentation of counseling when applicable
Integrate family nutritional education as part of care plan for all applicable patients to help reduce incidents of obesity and pediatric diabetes	Improve patient and family health outcomes and help families engage in a healthier lifestyle. Focus will be on family education to identify resources and healthier food choices	Document family education in patient chart as part of careplan and/or discharge instructions. Measure consistency of charted family education when completing QA chart review
Improved nutrition and a healthy lifestyle has an impact on pediatric oral health.	Goal - Improve pediatric oral health in a very limited way for HealthBridge patients. Increase the number of children receiving effective preventive interventions.	Going beyond current clinical and social services cannot be addressed in this implementation plan or measured due to resource constraints

Internal and External Resources: HealthBridge leadership reaches out to multiple organizations to continue specialty education of medical professionals at HealthBridge. Management and clinical leadership maintains relationships with multiple community resources as needed and ensure HealthBridge is relevant in the pediatric medical community. HealthBridge also works with referring facilities, case managers, family members, discharge planners, payers, internal and external medical professionals and other resources including Orange County Department of Children and Family Services; Orange County Health Department; local school districts; Medi-Cal; Children's Hospital of Orange County; Orange County Health Care Agency; California Department of Public Health; CA Office of Oral Health

## Child Safety

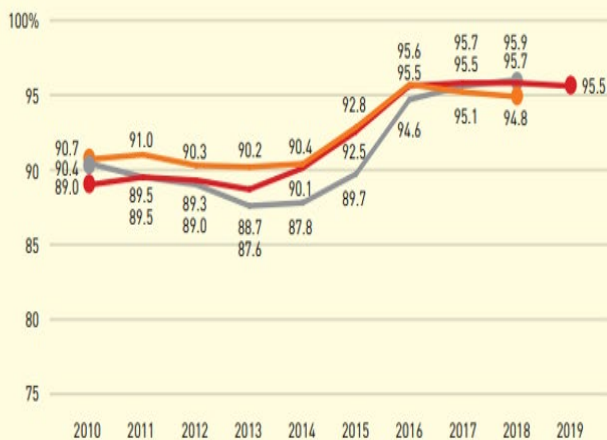
**Limitations:** Based upon the information obtained and contained in the HealthBridge Community Health Needs Assessment (CHNA), **Child Safety** issues were identified as one of the most pressing community health needs. Further, HealthBridge identified subsets of **Child Safety** as 1) Home Violence, 2) Avoidable Injury and 3) Immunizations. Even though these were identified as a top need, HealthBridge recognizes even though having a major impact is desirous, the market impact is limited due to their smaller size and available resources/expertise.

**Rationale:** A person’s health outcomes may be negatively affected by repeated exposure to violence which are more likely to occur in low-income neighborhoods than in high-income neighborhoods. Studies indicate that victims of child abuse (**home violence**) are more likely to use drugs and alcohol, become homeless as adults, engage in violence against others and be incarcerated. Further a reduction in avoidable injuries would positively impact the mortality of children aged 1 – 19.

Proper childhood vaccinations are vital to help prevent multiple health issues. Compliance with the Corona Virus vaccines is critical for school age children to help protect themselves and their peers.

Percent of Adequately Immunized Children Enrolling in School, Orange County and California, 2010 to 2019

- Up-To-Date at Child Care Enrollment, Orange County
- Up-To-Date at Kindergarten Entry, California
- Up-To-Date at Kindergarten Entry, Orange County



**Notes:** After 2010, California data is no longer being collected for percent of up-to-date immunized children after their 2nd birthday.  
**Note:** 2010 Orange County data includes other Southern California counties (Imperial, Orange, Riverside, San Bernardino and San Diego). 2011-2014 data include a small, random sample of schools for Orange County only. As of 2015, Orange County data is collected and tracked separately.  
**Sources:** \*Kindergarten Assessment Results, California Department of Health Services, Immunization Branch. \*\* Child Care Immunization Assessment Results, California Department of Health Services, Immunization Branch.

Source: 27<sup>th</sup> Annual Report on the Conditions of Children in Orange County

	1-4 Years	5-9 Years	10-14 Years	15-19 Years	1-19 Years
<b>FIRST LEADING CAUSE</b>	Unintentional Injuries (19)	Cancer (13)	Cancer (8)	Unintentional Injuries (57)	Unintentional Injuries (92)

Source: Orange County Health Care Agency

Unintentional injuries has been identified as the first leading case of death for adolescents in Orange County. However, suicide is the second leading cause of death among adolescents in Orange County. The fastest growing contributor to the rate of suicide is drug-induced.

*Child Safety (continued)**Focus Areas: 1) Home Violence, 2) Avoidable Injury and 3) Immunizations*

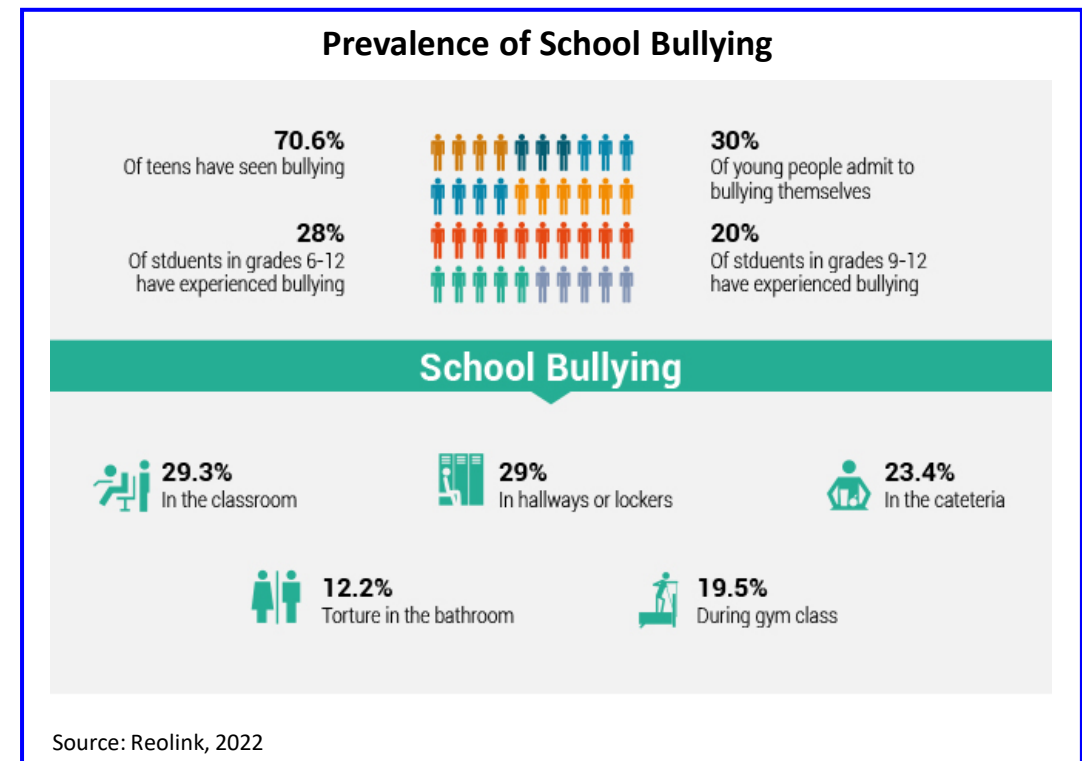
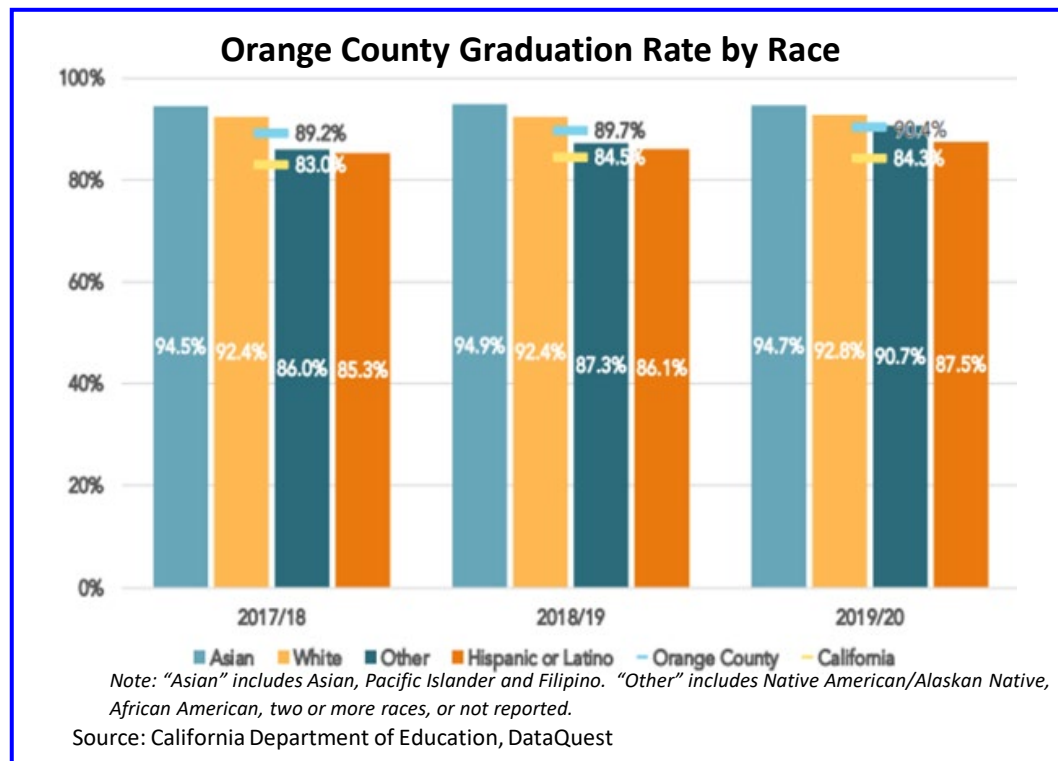
Implementation Plan Action Strategy	Planned Impact	Impact Evaluation
There is a community need to reduce home violence/abuse toward children in Orange County. Limited scope of services will be identification of abuse, documentation and appropriate follow-up by clinical staff and family education & counseling	Early detection of issues that may impact care plan as an inpatient and/or outpatient for HealthBridge patients	Going beyond current clinical and social services cannot be addressed in this implementation plan or measured due to resource constraints
Continue our safety education and providing protective equipment (bike helmets) as resources allow; parents sign pledge card of ensuring kids wear helmets	Help reduce the number of traumatic head injuries for individuals ages 2 - 21	Count number of bike helmets distributed each year; track who gets them via pledge card count; and change program ensuring child is at distribution point. Continue using Glasgow Coma Scale and Rancho Los Amigos Scale to measure severity of head injuries and stages of recovery where appropriate
Continue to offer immunizations and document immunizations for all inpatients internally and with Orange County Immunization Registry	Help reduce spread of communicable diseases with immunization program	Count the number of inpatients who come into HealthBridge already vaccinated compared to the number needing vaccines and those who get the vaccine. Goal is for more inpatients to already be vaccinated with a goal of 75% of new patients needing vaccines receiving them

Internal and External Resources: HealthBridge leadership reaches out to multiple organizations to continue specialty education of medical professionals at HealthBridge. Management and clinical leadership maintains relationships with multiple community resources as needed and ensure HealthBridge is relevant in the pediatric medical community. HealthBridge also works with referring facilities, case managers, family members, discharge planners, payers, internal and external medical professionals and other resources including Orange County Department of Children and Family Services; Orange County Health Department; First 5 Orange County; local school districts; Medi-Cal; Children's Hospital of Orange County; Orange County Health Care Agency; Be Well OC; Orange County Immunization Registry; Immunization Branch of the CA Department of Public Health

## Education

**Limitations:** Based upon the information obtained and contained in the HealthBridge Community Health Needs Assessment (CHNA), **Educational** issues were identified as one of the most pressing community health needs. Further, HealthBridge identified subset areas of **Educational** issues as 1) Violence/Bullying, 2) Drop Out Rate, and 3) Language Barriers. Even though these were identified as a top need, HealthBridge recognizes even though having a major impact is desirous, the market impact is limited due to HealthBridge's smaller size and available resources/expertise.

**Rationale:** Although Orange County has a relatively strong **high school completion rate** and works to break **language barriers**, the impact of both drop out rates and language barriers varies widely based upon population demographics. The Orange County Department of Education School-based Violence Prevention Education Services provide prevention and early intervention for children and youth. Studies indicate that victims of child abuse are more likely to use drugs and alcohol, become homeless as adults, engage in violence against others and be incarcerated



## *Education Challenges*

*Focus Areas: 1) Drop Out Rate, 2) Violence/Bullying, and 3) Language Barriers*

Implementation Plan Action Strategy	Planned Impact	Impact Evaluation
Provide additional community support for improved school graduation rates. Contract with Orange USD to provide education services based on patient's Individualized Education Plan (IEP)	Provide additional community support to reduce high school drop out rates for HealthBridge inpatients	Annually evaluate contract with Orange Unified School District to support patients from the school district.
Provide ongoing professional patient counseling, family education and support for victims of violence and/or bullying	Reduce incidence of violence and/or bullying to those associated with HealthBridge patients and their families. Draw additional attention to this important community issue	Document staff understand signs of bullying and integrate any concerns into patient care plan, and report as appropriate. Goal is to have 80% compliance for caregivers and social workers
Integrate language barrier solutions into care plan for better care of patient. Improve language abilities for family members of patients and document as part of patient Social Determinants of Health	Reduce impact of language barriers to improve care plans. Ensure barriers for patient families are mitigated so they can actively participate in patient's care plan including when patient goes home if applicable	Make sure language interpretation services are available for patients and their families. Monitor the number of patients and families that needed and were provided translation service. Goal is for 100% compliance for those patients needing interpretation support

Internal and External Resources: HealthBridge leadership reaches out to multiple organizations to continue specialty education of medical professionals at HealthBridge. Management and clinical leadership maintains relationships with multiple community resources as needed and ensure HealthBridge is relevant in the pediatric medical community. HealthBridge also works with referring facilities, case managers, family members, discharge planners, payers, internal and external medical professionals and other resources including Orange County Department of Children and Family Services; Orange County Health Department; local school districts; Medi-Cal; Children's Hospital of Orange County; Orange County Health Care Agency; California Department of Public Health; California Department of Social Services

**Board Action**

HealthBridge Children's Hospital – Orange Board of Directors adopted the 2022 Implementation Plan and approved for publication.

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