

# MemorialCare Saddleback Medical Center

## Implementation Strategy

FY2023-FY2025



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## Implementation Strategy

### Introduction

MemorialCare Saddleback Medical Center (SMC) is a member of MemorialCare, an integrated, nonprofit health system headquartered in Orange County, California. MemorialCare includes top hospitals – Orange Coast Medical Center, Saddleback Medical Center, Long Beach Medical Center and Miller Children’s & Women’s Hospital Long Beach. The system also includes MemorialCare Medical Group and Greater Newport Physicians, as well as MemorialCare Select Health Plan and numerous convenient outpatient ambulatory surgery, medical imaging, urgent care, breast health, physical therapy, dialysis and primary care and specialty care centers.

SMC is a full service, nonprofit hospital providing a wide range of services and innovative specialty programs through its Centers of Excellence, which include the MemorialCare Heart & Vascular Institute, the MemorialCare Cancer Institute, the MemorialCare Breast Center, the MemorialCare Joint Replacement Center, Spine Health Center, robotic-assisted surgery program and The Women’s Hospital. SMC is continually honored for exceptional medical expertise that offers high quality, compassionate care for patients and families at every stage of their lives.

In 2022, SMC conducted a Community Health Needs Assessment (CHNA) in compliance with state and federal regulations guiding tax-exempt hospitals, assessing the significant health needs for the hospital’s service area. California Senate Bill 697 and the Patient Protection and Affordable Care Act through IRS section 501(r)(3) regulations direct nonprofit hospitals to conduct a CHNA every three years and develop a three-year Implementation Strategy that responds to identified community needs.

The CHNA and Implementation Strategy help guide the hospital’s community health improvement programs and community benefit activities, as well as its collaborative efforts with organizations that share a mission to improve health. This Implementation Strategy explains how SMC plans to address the significant health needs identified by the CHNA.

### Report Adoption, Availability and Comments

This Implementation Strategy was adopted by the Board of Directors on June 13, 2022. The CHNA and Implementation Strategy are available at [www.memorialcare.org/about-us/community-benefit](http://www.memorialcare.org/about-us/community-benefit).

Public comment on the CHNA and Implementation Strategy is encouraged as community input is used to inform and influence this work. Written comments can be submitted to [communitybenefit@memorialcare.org](mailto:communitybenefit@memorialcare.org).

### Definition of the Community Served

SMC is located at 24451 Health Center Drive, Laguna Hills, California, 92653. The hospital's primary service area includes 28 ZIP Codes, representing 17 cities/communities in Orange County. This primary service area was determined by averaging total inpatient ZIP Codes from 2018-2020. This service area noted below represents 88% of total inpatient ZIP Codes of patient origin.

**Saddleback Medical Center Service Area**

<b>Geographic Area</b>	<b>ZIP Code</b>
Aliso Viejo	92656
Capistrano Beach	92624
Dana Point	92629
Foothill Ranch	92610
Irvine	92602, 92603, 92604, 92606, 92612, 92612, 92614, 92618, 92620
Ladera Ranch	92694
Laguna Beach	92651
Laguna Hills	92653
Laguna Niguel	92677
Laguna Woods	92637
Lake Forest	92630
Mission Viejo	92691, 92692
Rancho Santa Margarita	92688
San Clemente	92672, 92673
San Juan Capistrano	92675
Trabuco Canyon	92679
Tustin	92780, 92782

### Significant Community Health Needs

SMC's CHNA incorporated demographic and health data collected from a variety of local, county and state sources to present community demographics, social determinants of health, as well as a broad range of health indicators. Analysis of secondary data included an examination and reporting of health disparities for some health indicators. The report includes benchmark comparison data that measure the data findings as compared to Healthy People 2030 objectives, where appropriate.

The identified significant needs included:

- Access to care
- Chronic diseases (Alzheimer's disease, asthma, cancer, diabetes, heart disease, liver disease, and stroke)
- COVID-19
- Food insecurity
- Housing and homelessness

- Mental health
- Overweight/obesity
- Preventive practices (vaccines, screenings, and injury prevention)
- Senior health
- Substance use

## **Prioritized Health Needs the Hospital Will Address**

This Implementation Strategy details how SMC plans to address the significant health needs identified in the 2022 CHNA. The hospital plans to build on previous CHNA efforts and existing initiatives, while also considering new strategies and efforts to improve health.

SMC examined the identified significant health needs and prioritized them with input from community stakeholder interviews. Stakeholders included a broad range of key informants and residents in the service area who spoke about the issues and needs in the communities served by the hospital. Once the CHNA was completed, the hospital convened the Community Benefit Oversight Committee on April 14, 2022, to discuss and prioritize the significant health needs. Prior to the meeting, the committee received the 2022 CHNA and had an opportunity to review the CHNA findings.

The Community Benefit Oversight Committee (CBOC) applied the following criteria to the significant health needs to determine the priority health needs SMC will address in the Implementation Strategy.

- Existing infrastructure: There are programs, systems, staff, and support resources in place to address the issue.
- Established relationships: There are established relationships with community partners to address the issue.
- Ongoing investment: Existing resources are committed to the issue. Staff time and financial resources for this issue are counted as part of our community benefit effort.
- Focus area: Has acknowledged competencies and expertise to address the issue and the issue fits with the organizational mission. The need was identified as a priority in the previous Implementation Strategy.

Results of the prioritization process were compiled, and priority health needs identified. As a result of this process with the CBOC, SMC will address the following health needs with a focus on older adults, the social determinants of health and health equity:

- Access to care
- Behavioral health (mental health and substance use)
- Chronic diseases
- Preventive practices

Using the lens of the social determinants of health and health equity, SMC will provide some additional attention to food insecurity as well as bringing community awareness to housing and homelessness as applied to these priority health needs.

## Strategies to Address Prioritized Health Needs

For each health need the hospital plans to address, the Implementation Strategy describes the following: actions the hospital intends to take, including programs and resources it plans to commit; anticipated impacts of these actions; and planned collaboration between the hospital and other organizations.

### Access to Care

**Goal:** Increase access to health care for the medically underserved.

#### Strategies

1. Provide financial assistance through free and discounted care for health care services, consistent with the hospital's financial assistance policy.
2. Provide transportation support to increase access to health care services.
3. Provide low-income residents with low-cost or no-cost pharmacy assistance.
4. Provide grant funding and in-kind support to increase access to health care.
5. Work in collaboration with community agencies to address the health care needs of older adults.
6. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on health care access.

#### Anticipated Impact

- Increase access to health care and reduce barriers to care.
- Provide financial assistance to qualified patients.
- Support access to health care services by providing transportation assistance.
- Increase awareness of the impact that social determinants of health and health equity have on access to health care services.

#### Planned Collaborative Partners

- Age Well Senior Services
- Family Assistance Ministries
- Florence Sylvester Memorial Senior Center
- Orange County Health Care Agency
- The Illumination Foundation

### Behavioral Health (Mental Health and Substance Use)

**Goal:** Increase access to mental health and substance use services in the community.

#### Strategies

1. Increase community awareness of prevention efforts and availability of resources to address mental health and substance use and misuse concerns.
2. Offer community health education, community lectures, presentations and

- workshops focused on mental health and substance use topics.
3. Participate in health and wellness fairs that include screenings for anxiety and depression.
  4. Support multisector collaborative efforts to increase access to behavioral health services.
  5. Provide grant funding and in-kind support to increase behavioral health awareness and access to behavioral health services.
  6. Provide mental health support for home-bound seniors.
  7. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on accessing behavioral health services.

### **Anticipated Impact**

- Increase the availability of mental health and substance use services in community settings through collaboration with community partners.
- Improve screening and identification of mental health and substance use needs.
- Improve coordination among providers and community resources and programs.
- Increase awareness of the impact that social determinants of health and health equity have on behavioral health issues.

### **Planned Collaborative Partners**

- Be Well OC
- Family Assistance Ministries
- NAMI – National Alliance on Mental Illness
- Orange County Health Care Agency
- School districts
- Senior centers
- Tobacco Use Prevention Program

### **Chronic diseases**

**Goal:** Reduce the impact of chronic diseases on health and increase the focus on chronic disease prevention and treatment education.

### **Strategies**

1. Offer health education workshops and presentations on chronic disease prevention, treatment, and management.
2. Host health and wellness fairs for older adults, including screenings.
3. Offer flu shot clinics.
4. Provide support groups to assist those with chronic diseases and their families.
5. Provide public health education in the media and community health awareness events to encourage healthy behaviors and prevent chronic diseases.



6. Provide grant funding and in-kind support for chronic disease prevention and treatment.
7. Work in collaboration with community agencies to address chronic disease prevention and treatment among older adults.
8. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on chronic diseases.

### **Anticipated Impact**

- Increase the identification and treatment of chronic diseases.
- Increase public awareness of chronic disease prevention.
- Increase individuals' compliance with chronic disease prevention and management recommendations.
- Increase awareness of the impact that social determinants of health and health equity have on chronic disease.

### **Planned Collaborative Partners**

- Age Well Senior Services
- Alzheimer's Association Orange County Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Family Caregiver Resource Center Orange County
- JDRF (Type I diabetes)
- Orange County Health Care Agency
- Orange County Office on Aging
- Orange County's Healthier Together
- SeniorServ
- Skilled Nursing Facilities
- South County Senior Centers

### **Preventive Practices**

**Goal:** Improve community health through preventive health practices.

### **Strategies**

1. Provide free health screenings.
2. Provide vaccines in the community (COVID and flu).
3. Provide education and resources focused on healthy living and disease prevention.
4. Reduce injuries and falls among seniors through balance improvement and fall prevention classes.

5. Provide public health education in the media and community health awareness events to encourage healthy behaviors and promote preventive health care.
6. Provide grant funding and in-kind support to increase/expand preventive health services.
7. Work in collaboration with community agencies to provide preventive care services to older adults.
8. Work in collaboration with community agencies to address the impact that the social determinants of health and health equity have on access to preventive practices.

### **Anticipated Impact**

- Increase availability and access to preventive care services.
- Increase compliance with preventive care recommendations (screenings, immunizations, lifestyle, and behavior changes).
- Increase awareness of the impact that social determinants of health and health equity have on access to preventive practices.

### **Planned Collaborative Partners**

- Age Well Senior Services
- Alzheimer's Association Orange County Chapter
- American Cancer Society
- American Diabetes Association
- American Heart Association
- American Lung Association
- Family Assistance Ministries
- Family Caregiver Resource Center Orange County
- Orange County Health Care Agency
- Orange County Office on Aging
- Orange County's Healthier Together
- SeniorServ
- Skilled Nursing Facilities
- South County Senior Centers

### **Evaluation of Impact**

SMC is committed to monitoring and evaluating key initiatives to assess the programs and activities outlined in this Implementation Strategy. We have implemented a system for the collection and documentation of tracking measures, such as the number of people reached/served, and collaborative efforts to address health needs. In addition, through our grants program, we track and report program outcomes. An evaluation of the impact of SMC's actions to address these significant health needs will be reported in the next scheduled CHNA.

### **Health Needs the Hospital Will Not Address**

Since SMC cannot directly address all the health needs present in the community, we will concentrate on those health needs that can most effectively be addressed given our areas of focus and expertise. Taking existing hospital and community resources into consideration, SMC will not directly address the remaining health need identified in the CHNA, which was overweight and obesity.