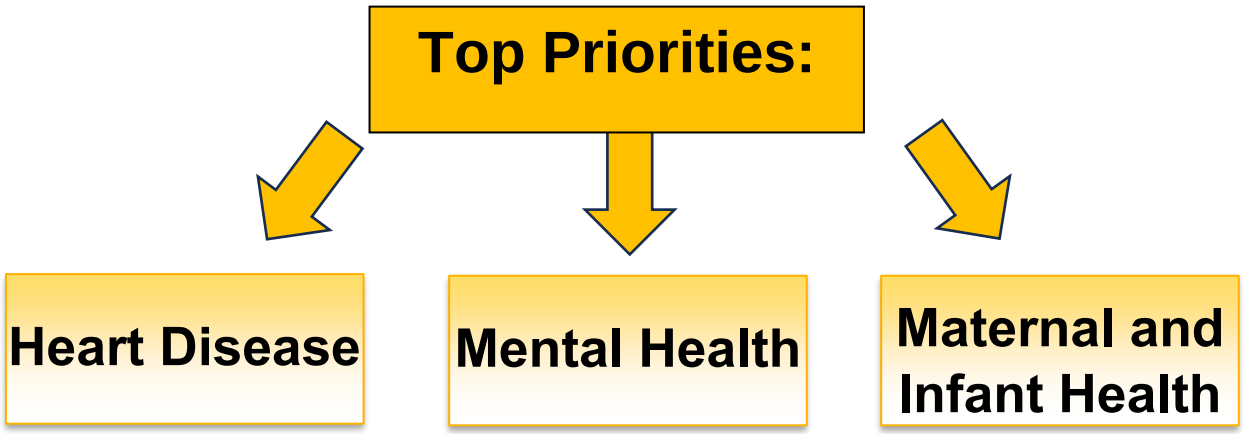
VCU Health™

Community Memorial Hospital

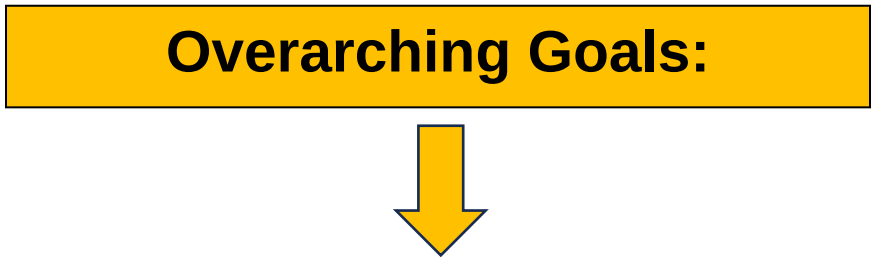
FY25-FY27 Community Health Improvement Plan

Introduction

VCU Health Community Memorial Hospital (CMH) conducted a Community Health Needs Assessment (CHNA) and developed a Community Health Improvement Plan (CHIP) for the surrounding six-county region. Based on the needs identified through the CHNA process, VCU Health CMH prioritized three areas: heart disease, mental health, and maternal and infant health. Two populations were consistently associated with health disparities: low income, and Black and African American residents. The CHIP strategies detailed in this document are organized around two overarching goals: 1) increase access to clinical care, and 2) improve community-based support services.



Target Populations: Low income and Black and African American residents



1. Increase access to clinical care, including screening, prevention, and treatment.

2. Improve community-based support services including healthy eating, exercise, walkable spaces, smoking/vaping cessation, health literacy, food security, and transportation.

Goal 1: Increase access to clinical care, including screening, prevention, and treatment.

Strategy 1: *Expand telehealth services by increasing provider capacity and remote access to care.*

Initiatives:

1.1: Deploy subspecialists (e.g. oncologists) via virtual care to expand access in acute, ambulatory, and mobile settings.

1.2: Expand telehealth tools and improve physical infrastructure (hotspots, adding telehealth tools to clinic space) to support remote access to care.

Strategy 2: *Implement programs focused on improving pregnancy outcomes and child health development.*

Initiatives:

2.1: Recruit OBGYN providers to support labor and delivery access in southern Virginia.

2.2: Identify and support rural health programs for mothers and babies.

2.3: Improve pregnancy outcomes and child health development by developing a Nurse-Family partnership.

2.4: Convene an internal hospital committee that focuses on improving health outcomes in pregnant women.

2.5: Offer local ultrasounds to be interpreted by VCUMC staff to reduce patient travel burden.

2.6: Partner with VCUMC Maternal Fetal Medicine High Risk Department and Genetics Department to enhance care for risky pregnancies in southern Virginia.

2.7: Explore colocation of infant primary care and maternal follow up care.

Strategy 3: *Enhance treatment, screening, and prevention programs.*

Initiatives:

3.1: Expand support services, including lab and chronic condition screening into trusted partner spaces.

3.2: Broaden access to smoking and vaping cessation programs.

3.3: Provide tools, such as scales, to patients diagnosed with congestive heart failure to help them manage their chronic condition.

3.4: Offer enhanced case management to coordinate care for patients that are at higher risk of readmission, including patients with heart disease.

3.5: Partner with VCU School of Nursing's Mobile Health and Wellness Program (MHWP) to offer preventive services and health education.

3.6: Increase access to medications through the Pharmacy Connection program so that patients can follow their treatment plans.

Strategy 4: *Leverage student training to increase clinical capacity and attract medical professionals to the region.*

Initiatives:

4.1: Work with VCU to add CMH as a Physical Therapy rotation site.

4.2: Develop workforce pathways for CRNA students following graduation.

4.3: Explore VCU School of Dentistry student rotation partnership, with a long-term goal of hiring a second dentist.

4.4: Launch a general medicine residency program with VCU starting in 2025.

4.5: Explore fellowship training opportunities through the VCU Pauley Heart Center to retain providers at CMH.

4.6: Partner with the Virginia Healthcare Foundation to support mental health workforce capacity building programs.

4.7: Serve as a clinical site for Southside Virginia Community College 'Earn While You Learn' program to grow nursing workforce in Southern Virginia.

4.8: Launch VCU flight academy for nurses and paramedics to strengthen the regional workforce.

4.9: Explore opportunities to serve as a respiratory training site with Reynolds Community College and Southside Virginia Community College.

4.10: Explore addition of a community OBGYN residency program.

Strategy 5: *Increase access to mental health resources.*

Initiatives:

5.1: Reopen the Behavioral Health Clinic and hire three behavioral health nurse practitioners.

5.2: Increase mental health education in the community by deploying LCSWs to community locations such as schools, churches, colleges, etc.

5.3: Launch Project Impact in southern Virginia to reduce and prevent unintentional injuries, such as injuries caused by substance use.

Partners: Southside Behavioral Health, VCU College of Health Professions, VCU Pauley Heart Center, VCU School of Dentistry, Virginia Department of Health (VDH), Nurse-Family Partnership, VDH – State Office of Rural Health, Virginia Healthcare Foundation, VCU Massey Comprehensive Cancer Center, Southern Dominion Health System, VCU Medical Center

Goal 2: Improve community-based support services including healthy eating, exercise, walkable spaces, smoking/vaping cessation, health literacy, food security, and transportation.

Strategy 1: *Collaborate with local stakeholders to support community-based initiatives.*

Initiatives:

1.1: Build and/or support coalitions that seek to improve health and wellness for patients and communities.

1.2: Support community-based health education initiatives, including mental health and heart education.

1.3: Explore innovative food security strategies for hospital employees and the community, including creation of a community garden on site.

Strategy 2: *Increase community resource connectivity and advocacy.*

Initiatives:

2.1: Explore and advocate for regional transportation expansion, including access to medical care.

2.2: Screen patients for health-related social needs when receiving care and connect them to community resources.

2.3: Support Southside Planning and Development infrastructure projects through advocacy and other supports.

Partners: VDH, Danville Health Collaborative, Feed More, Southside Planning and Development, VHHA – Rural Health Task Force, Southside Behavioral Health, Virginia Cooperative Extension

Expected Outcomes for Goal 1: Increase Access to Clinical Care

Over the next three years, the primary goal of increasing access to clinical care at VCU Health Community Memorial Hospital is driven by the clear needs identified through health indicators and community engagement. We anticipate that these initiatives will enhance the availability of healthcare services for residents, facilitating both remote and in-person access. Key developments include:

- **Behavioral Health Services**: The reopening of the behavioral health clinic is expected to substantially improve access to mental health care, addressing a critical community need.
- **Virtual Care Innovations**: Advances in telehealth will ease access to specialty care, making it more convenient for patients by reducing the need to travel. This is especially important for those requiring continual care for chronic conditions.
- **Prevention and Screening**: Increased focus on screening and preventative measures for chronic and mental health conditions is anticipated to reduce the necessity for emergency clinical interventions, leading to better health outcomes and decreased healthcare costs.

Expected Outcomes for Goal 2: Improve Community-Based Support Services

VCU Health Community Memorial Hospital is dedicated to enhancing its collaboration with community-based organizations (CBOs), which is fundamental to all initiatives under Goal 2. By actively responding to partner requests for support, we expect:

- **Expansion of Community Services**: CBOs will expand their reach and services within the region, increasing their capacity and knowledge. This expansion will allow residents to access a broader range of services, including health screenings and educational programs, directly in their communities.
- **Strengthened Partnerships**: Our partnerships aim to provide critical support in advocacy, helping to amplify the resources and reach of our community partners. This support is vital for enhancing the effectiveness of health services offered throughout the region.
- **Network of Resources**: By forging a robust network, we aim to diminish barriers to essential resources, effectively addressing social determinants of health. This network will facilitate easier access to necessary services, improving overall community health outcomes.

We plan to execute this CHIP over the next three years, but we understand that health needs are fluid. New opportunities to address these needs will arise, and we are eager to welcome new collaborators who are interested in joining us to meet the community needs identified through our CHNA. You can find the full CHNA report on our website. If you have any questions about this process, or would like to partner together to address any of the identified needs, please reach out to Ross Abrash, Program Manager for Community Benefit.