Swedish Hospital

Part of NorthShore

2023–2024

Implementation Strategy Plan

MISSION

Help everyone in our communities be their best.

VISION

Safe, seamless and personal. Every person, every time.

VALUES

Act with Kindness
Earn Trust
Respect Everyone
Build Relationships
Pursue Excellence

This Implementation Strategy Plan (ISP) pertains to Swedish Hospital, which is part of NorthShore – Edward-Elmhurst Health.

Please note that NorthShore Hospitals, Edward-Elmhurst Health and Northwest Community Healthcare develop and release their own separate ISPs.

NorthShore – Edward-Elmhurst Health's Mission

The core mission of NorthShore – Edward Elmhurst is to "help everyone in our communities be their best."

About NorthShore – Edward-Elmhurst Health

NorthShore – Edward-Elmhurst Health is a fully integrated healthcare delivery system committed to providing access to quality, vibrant, community-connected care, serving an area of more than 4.2 million residents across six northeast Illinois counties. Our more than 25,000 team members and more than 6,000 physicians aim to deliver transformative patient experiences and expert care close to home across more than 300 ambulatory locations and eight acute care hospitals – Edward (Naperville), Elmhurst, Evanston, Glenbrook (Glenview), Highland Park, Northwest Community (Arlington Heights) Skokie and Swedish (Chicago) – all recognized as Magnet hospitals for nursing excellence. Located in Naperville, Linden Oaks Behavioral Health, provides for the mental health needs of area residents.

NorthShore – Edward-Elmhurst Health desires to continue providing clinical programs and services to meet community health needs, while also pursuing continuous improvement in existing and future programs to improve the overall health of individuals in the communities it serves.

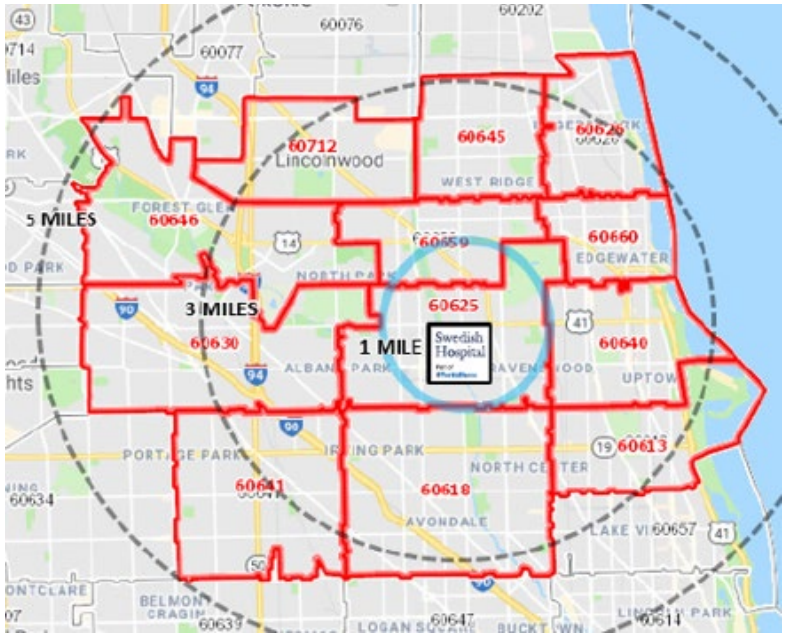
About Swedish Hospital

Swedish Hospital serves the culturally-diverse residents of Chicago's north and northwest side communities, with a full-service hospital campus located in Lincoln Square at the intersection of Foster and California Avenues. Swedish Hospital provides a full range of comprehensive health and wellness services including an acute care hospital, primary care and specialists in the medical group, strong community outreach programs and Chicago's only certified medical fitness center, Galter LifeCenter.

Purpose of a Hospital's Implementation Strategy

An Implementation Strategy Plan (ISP) outlines how a hospital plans to address community health needs and is intended to satisfy the requirements set forth by state law and the Internal Revenue Code Section 501(r)(3) regarding Community Health Needs Assessments (CHNA) and Implementation Strategy. The ISP process is meant to align Swedish Hospital's initiatives and programs with goals, objectives and indicators that address significant community health needs described in the CHNA.

The CHNA was developed in partnership with the Alliance for Health Equity (AHE), a collaborative of over 30 hospitals, 7 health departments, and 100 community partners throughout Chicago and Cook County. It also included direct input from local community members. Swedish Hospital partners with members of AHE and other key community partners within our service area to leverage existing resources and develop strategies which contribute to improving the most pressing health needs of our communities. This implementation plan describes programs Swedish Hospital is undertaking over the coming years to address the prioritized health needs within our community.



Community Definition

Swedish's community, as defined for the purposes of the Community Health Needs Assessment, includes each of the residential ZIP Codes that comprise the hospital's Primary Service Area (PSA) and Secondary Service Area (SSA): 60613, 60618, 60625, 60626, 60630, 60640, 60641, 60645, 60646, 60659, 60660 and 60712. These zip codes encompass fourteen community areas in Chicago—Albany Park, Avondale, Edgewater, Forest Glen, Irving Park, Jefferson Park, Lake View, Lincoln Square, North Center, North Park, Portage Park, Rogers Park, Uptown, West Ridge—and the village of Lincolnwood. This community definition was determined because most Swedish's patients originate from these areas.

The total population in Swedish's service area is 686,000. In the service area, 25% of the population identifies as Hispanic/Latinx and 75% Non-Hispanic. Fifty-three percent of the population identifies as white, 10% Asian, 8% Black/African American, 3% identifies as two or more races, and less than 1% as Native American.

How the CHNA Implementation Strategy was Developed

The ISP was developed after the comprehensive Community Health Needs Assessment (CHNA) was completed. Please refer to the complete CHNA for the full report. Strategies and action plans were developed based on a consensus among a steering committee comprised of Swedish Hospital leaders after input from each of the respective disciplines. The organization intends to undertake the following strategies to meet the identified community health needs. It is important to note that our health equity and social determinants of health (SDOH) work is fundamental and integrated throughout our priority needs' strategies on the following pages.

This ISP will be reviewed annually during the two-year lifespan of the 2022 CHNA and updated as needed to ensure viability and impact. The impact will be communicated regularly to reporting agencies and our community.

Access to Health & Social Services

- Expand efforts to identify and respond to social determinants of health (SDOH).
- Expand efforts to support benefits enrollment for under-resourced community members.
- Increase access to specialty care and diabetes education via Healthcare Transformation Program.
- Strengthen Swedish Hospital's capacity to respond response to survivors of sexual and intimate partner violence via Pathways Program.
- Develop Community Health strategy addressing health and racial disparities through community partnership and program development.

Mental & Behavioral Health

- Deepen partnerships with community organizations addressing mental health.
- Continue and enhance behavioral, mental health and substance abuse services.
- Explore opportunities to educate the community about mental health via programs and partnerships.

Chronic Health Conditions & Wellness

- Address high blood pressure, diabetes and preventative cancer screenings through targeted interventions and outreach.
- Enhance partnerships with local community organizations to better address chronic health conditions.
- Expand education and outreach to community and patients to promote nutrition, healthy lifestyle choices and wellbeing.
- Enhance Galter LifeCenter offerings to support health and wellbeing.

Health Equity and Social Determinants of Health Foundational to Our Approach

We are addressing disparities in health and well-being, advancing access and improving patient outcomes across all the communities we serve. This work is fundamental and integrated throughout our priority needs on the following pages of our ISP.

As an organization, we have key commitments around measurement, learning and action which are critical to our ongoing health equity work. By improving our data collection efforts on areas such as Race, Ethnicity and Language (REAL), we are able to get a more complete picture of our patient and community demographics, allowing us to improve the way we meet our community's needs and deliver care, all in a welcoming and affirming environment. Enhancing screening opportunities for Social Determinants of Health (SDOH) allows us to better understand challenges and barriers that our community members face, so we can navigate them to critical resources and services they may need. Finally, partnering with community organizations through our Community Investment Fund allows us to further address priority health needs in a powerful, collaborative way.

Health equity commitments include:

Measurement: We are working to accurately capture race, ethnicity, language and other preferences and to ensure that all of our patients' perspectives are captured in our measurement systems.	• Reduce % of all patients who have had a face to face encounter at NorthShore who we document as "Other, Declined or Unknown" • Educate and engage front line staff on REAL and/or Sexual Orientation and Gender Identity (SOGI) data collection improvement efforts
Learning: We are investing in leading practices and new ways to listen to our patients and community members, incorporating feedback to understand and impact social determinants of health.	• Develop a consistent and reliable process to collect, visualize, and intervene on Social Determinants of Health (SDOH) data • Educate and engage team members on SDOH screening efforts
Action: We are investing in and partnering with like-minded community organizations to close the gap on health disparities.	• Enhance partnerships and provide funding through NorthShore's Community Investment Fund (CIF) to help local organizations build capacity and increase impact, with at least 80% of annual CIF awardee partners addressing CHNA priority needs • Expand Healthy Chicago Equity Zones, Healthcare Transformation, Food Connections and others to deepen community partnerships within under-resourced communities

Swedish Steering Committee Members

Dr. Shameem Abbasy, VP Quality and Clinical Transformation, Swedish Hospital

Maria Balata, Director, Pathways Program

Amy Beck, Personal Training Manager, Galter LifeCenter

Charles Brandon, Director, Healthcare Transformation

Christine Bucheit, Manager, Quality Care & Transformation

Courtney Carlson, Exercise Physiologist, Cardiology

Dawn Carlson, Community Relations Coordinator

Jenise Celestin, Director, Community Relations

Linda Granato, Manager, Non-invasive Cardiology

Francie Habash, Program Director, Galter LifeCenter

Dr. Katherine Hanson, Psychology Division Lead, Swedish Medical Group

Marcia Jimenez, Director, Intergovernmental Affairs

Nadia Jimenez, Director, Community Health & COVID Response

Kate Lawler, Senior Director, Community Health Transformation

Kim Leslie, Director of Nursing – Emergency Department

Aji Lukose, Senior Director of Nursing – Psychiatry, Rehab, Med-Surg, Nursing Office

Elizabeth Miniscalco, Director of Nursing – Cancer Treatment

Ashlee Roffe, Director, Nutrition Services

Darcie Trier, Senior Director, Quality, Safety and Patient Experience

Ashley Tsuruda, Director of Development, Foundation and Corporate Relations

Priority Need: Access to Health & Social Services

Strategy	Initiatives/Programs	Reportable Metrics to Demonstrate Impact	Collaborations
Expand efforts to identify and respond to social determinants of health (SDOH).	Implement and expand SDOH screening and awareness within some inpatient and outpatient settings to navigate patients to resources/services.*	# screenings, # of screenings identifying at least one need, # of referrals, # of referrals to Swedish Community Health programs	Transformation Program, HCEZ/Community Wellness Center, Food Connections, Pathways, Family Connects
	Build community-facing page for consumers to search for services and resources.	# pageviews	
	Provide funding through NorthShore's Community Investment Fund (CIF) to help local organizations build capacity and increase impact.*	$'s invested in local awardee partners addressing CHNA priority needs	
Expand efforts to support benefits enrollment for under-resourced community members.	Initiate process to enroll patients who screen positive for food insecurity in various programs (LINK, SNAP, WIC, food pantries)*	# individuals connected to benefits	Food Connections, HCEZ/Community Wellness Center, area food pantries
	Build and expand Benefit Specialists program throughout Swedish Hospital and Community Wellness Center to offer navigation and support for underrepresented and/or under-resourced individuals.*	# individuals connected to benefits	
Increase access to specialty care and diabetes education via Healthcare Transformation Program.	Continue to partner with local FQHCs to provide specialty medical care services.*	# completed new and follow-up office visits (include breakdown of uninsured), $ care provided	Transformation Program, Erie Family Health, Tapestry 360 Health, Howard Brown Health, Hamdard Health Alliance, Asian Human Services Family Health Center
	Access to 1-1 diabetes education with local FQHCs.*	# of patients who receive 1-1 diabetes education, improvement in A1c	
Strengthen Swedish Hospital's capacity to respond response to survivors of sexual and intimate partner violence via Pathways Program.	Continue to provide extensive de-escalation, neurobiology of trauma, domestic violence, human trafficking and sexual assault training to medical providers, and staff.	# team members trained, # sessions hosted, # training hours	Apna Ghar, Between Friends, Centro Romero, KAN-WIN, The Network, Salvation Army Stop-it Program, Resilience, Lutheran Social Services of IL, Chicago Police Dept. District #20, Cook County State's Attorney's Office, DePaul University, local elected officials, local FQHCs, community centers and cultural organizations
	Provide crisis intervention to people impacted by sexual and intimate partner violence.*	# of people who receive crisis intervention	
	Provide counseling and case management to people impacted by sexual and intimate partner violence.*	# of people who receive counseling and case management	
Develop Community Health strategy addressing health and racial disparities through community partnership and program development.	Continue and expand partnership with Community Area leads to identify and respond to each community's unique needs.*	# of partners within network	Lead Program Partners: CDPH, Greater Auburn Gresham, Northwest Center, SWOP, West Side United, ICNA Relief, Rohyingya Culture Center, Tapestry 360 Health, Family Matters, Lutheran Social Services of Illinois, Common Pantry, EverThrive, Thresholds, Apna Ghar
	Launch Community Wellness Center as hub for educational programming, support groups and wellness offerings, including collaboration with area organizations.*	# of class offerings, # of sessions, # of participants, # of support groups, # of support sessions, # of participants	

* Denotes initiative with health equity integration

Priority Need: Mental and Behavioral Health

Strategy	Initiatives/Programs	Reportable Metrics to Demonstrate Impact	Collaborations
Deepen partnerships with community organizations addressing mental health.	Continue and enhance robust partnership with Lutheran Social Services of Illinois, via inpatient acute access and outpatient access on-campus (Project Impact, Welcoming Center and Mobile Crisis Team)	# of patients served by Project Impact annually, # patients navigated to Welcoming Center	Lutheran Social Services of IL, NorthShore Office of Community Health Equity and Engagement
	Explore partnerships or programming with area nonprofits addressing mental health stigma and treatment.	# programs, # partnerships, # people served, $ provided to organizations addressing mental health	
	Provide funding through NorthShore's Community Investment Fund (CIF) to help local organizations build capacity and increase impact.*	$'s invested in local awardee partners addressing CHNA priority needs	
Continue and enhance behavioral, mental health and substance abuse services.	Increase access to behavioral health services through integration within primary care setting; additionally, explore pilot and grant funding to extend integration to pediatrics.	# of patients served	City of Chicago, Chicago Department of Public Health, Swedish Medical Group, Community Wellness Center
	Explore opportunities to increase available services, including LCSW training, psychoeducation to reduce stigma and expanded individual services.*	$ awarded, grants pursued	
	Pilot suboxone opioid addiction clinic within Emergency Department and explore expansion through funding.*	# of patients served	
	Initiate Family Connects screening and build connections to various post-partum depression support resources.*	# of patients served	
Explore opportunities to educate the community about mental health via programs and partnerships.	Explore programs or partnerships with area schools and other local organizations to provide education and/or training.	# programs, # schools, # students/teachers trained	North River Commission, The Kedzie Center, Lawrence Hall
	Explore marketing strategies (including social media or via other channels) to raise awareness and destigmatize mental health for youth and adults.	# people reached	
	Continue weekly free New Moms Group, open to all community members.	# attendees, # sessions	

* Denotes initiative with health equity integration

Priority Need: Chronic Health Conditions & Wellness

Strategy	Initiatives/Programs	Reportable Metrics to Demonstrate Impact	Collaborations
Address high blood pressure, diabetes and preventative cancer screenings through targeted interventions and outreach.	Increase efforts around education for patients and providers and improve available data to help inform improvements efforts, inclusive of all patients.*	Quality improvement metrics, improved clinical processes to reduce outcome disparities (IVS Scorecard), diabetes A1C levels and hypertension management among SMG patients	Erie Family Health, Tapestry 360 Health, Asian Human Services Family Health Center, Hamdard Health Alliance, Howard Brown Health, National Breast Cancer Foundation, Susan G. Komen, A Silver Lining Foundation
	Continue to educate community about preventative cancer screenings, prevention and early detection, including Community Breast Health Program grant opportunities for breast health services for uninsured/ underinsured.*	Cancer screening rates, # of patients served by CBHP	
Enhance partnerships with local community organizations to better address chronic health conditions.	Deepen collaboration within local FQHCs via Transformation Program to care for underresourced patients managing chronic health conditions.*	# completed appts, A1c, Hypertension (IVS scorecard)	Erie Family Health, Tapestry 360 Health, Asian Human Services Family Health Center, Hamdard Health Alliance, Howard Brown Health
	Provide funding through NorthShore's Community Investment Fund (CIF) to help local organizations build capacity and increase impact.*	$'s invested in local awardee partners addressing CHNA priority needs	
Expand education and outreach to community and patients to promote nutrition, healthy lifestyle choices and wellbeing.	Expand Food Connections Program, including the launch of a "Food Prescriptions" pilot program for those with food insecurity + chronic disease, in partnership with area food pantry.*	# patients/community members receiving food prescription	Nutrition Services, Community Wellness Center, Galter LifeCenter
	Explore ways to grow Nutrition & Diabetes Center via physician referral relationships, partnership with community organizations, CORD, expansion of Veggies for Health program beyond those with food insecurity, to address chronic diseases and and other community awareness campaigns.*	# Veggies for Health participants in chronic disease group, # completed appointments	
	Expand community education programming about the importance of healthy eating and physical activity via free special events and programs, including partnership with Swedish's Healthy Chicago Equity Zones to outreach into local underserved communities.*	# programs, # outreach events, # attendees at outreach events	
	Provide smoking cessation program, including discounted fees for underresourced individuals and explore new funding and referral opportunities.*	# programs, # participants	
Enhance Galter LifeCenter offerings to support health and wellbeing.	Explore funding and referral opportunities for various GLC wellness and integrative medicine programs.*	# referrals to programs	Galter LifeCenter, local community organizations
	Increase number of scholarship memberships for community members based on medical and financial need.*	# members served by scholarships	
	Support Integrated Cancer Care Program (ICCP) via GLC services and explore expansion opportunities.	# ICCP participants, # services provided	
	Explore ways to enhance participation in community outreach, including point of care screening events.*	# of individuals served, # of programs	
	Explore EPIC integration with GLC, to provide efficient, streamlined referrals from inpatient and outpatient settings to GLC wellness programs.	# of referrals to programs	

* Denotes initiative with health equity integration

Significant Health Needs Not Addressed

IRS regulations require that the CHNA Implementation Strategy include a brief explanation of why a hospital facility does not intend to address any significant health needs identified through the CHNA.

Many of these needs are incorporated into other priority areas or are a part of existing hospital programs or services.

Identified Need	Reason for Not Addressing / How Need is Tied to Priorities and Health Equity
Age-Related Illness	While not detailed as a priority need in this ISP, this is incorporated into Chronic Health Conditions and Wellness.
Child and Adolescent Health	While not detailed as a priority need in this ISP, this is incorporated into Mental & Behavioral Health and other priority areas through SDOH screenings and other programs. The hospital is also committed to working with other organizations where possible to support these efforts and elevate awareness of these issues.
COVID-19	While not detailed as a priority need in this ISP, Swedish Hospital has a robust focus on COVID-19. This need is incorporated into Access to Health & Social Services and the active partnership between Swedish's Healthy Chicago Equity Zones team and the City of Chicago.
Homelessness and Housing Instability	While not detailed as a priority need in this ISP, this is incorporated into Access to Health & Social Services via SDOH screening enhancements and is also addressed via the hospital's Housing Connections program. The hospital is also committed to working with other organizations where possible to support these efforts and elevate awareness of these issues.
Violence	While not detailed as a priority need in this ISP, this is incorporated into Access to Health & Social Services priority via Swedish Hospital's Pathways Program.
Obesity	While not detailed as a priority need in this ISP, this is incorporated into Chronic Health Conditions and Wellbeing and Health Equity. It is also being addressed through existing work with the Nutrition & Diabetes Center.
Food Insecurity	While not detailed as a priority need in this ISP, Swedish Hospital has a robust focus on Food Insecurity via the Food Connections program. This need is incorporated into both the Access to Health & Social Services priority as well as Chronic Health Conditions & Wellness and is part of our SDOH screening enhancements.

Conclusion

This Implementation Strategy has been reviewed and approved by Swedish Hospital's Board of Directors on November 2, 2022.

Swedish Hospital values the community health needs assessment process as an opportunity to engage with community leaders and organizations through the Community Leader Engagement Program and Community Ambassador Program and with our colleagues from other healthcare institutions across the County through the Alliance for Health Equity. In partnership with communities, the Chicago Department of Public Health, the Illinois Public Health Institute, and the Alliance for Health Equity, we have taken an in-depth look at the needs and assets in the communities we serve, and we are committed to addressing those needs through implementation strategies in partnership with communities most impacted by health inequities. We undertake this collaborative collective impact approach to community health needs assessment and implementation in order to address the underlying root causes of health disparities and to support greater community health and well-being in the communities we serve. Swedish Hospital makes the Community Health Needs Assessment and Implementation Strategy available at SwedishCovenant.org/community-benefit. It is also shared broadly with internal and external stakeholders, including employees, volunteers, physicians, elected officials and members of our community, including the Community Leader Engagement Program.

Please send feedback on this Implementation Strategy or the corresponding Community Health Needs Assessment to the following address:

Swedish Hospital
Attn: Community Relations
5145 N. California Ave.
Chicago, IL 60625

Alternatively, you may fill out our online form to provide feedback about the CHNA or Implementation Strategy.

To access the full collaborative Community Health Needs Assessment for Chicago and Suburban Cook Counties, please visit https://allhealthequity.org/projects/2022-chna-report/.