

**MINUTES OF THE GROSSMONT HEALTHCARE DISTRICT
BOARD OF DIRECTORS
Special Meeting
August 20, 2019**

The Board of Directors of Grossmont Healthcare District (GHD) held a special joint meeting with the Board of Directors of Grossmont Hospital Corporation (GHC) on Tuesday, August 20, 2019, at 5:00 p.m. in the Main Auditorium of Sharp Grossmont Hospital, 5555 Grossmont Center Drive, La Mesa, California.

District Directors Present: Robert Ayres, Gloria Chadwick, Michael Emerson,
Virginia Hall, Randy Lenac

District Directors Absent: None

District Staff Present: Barry Jantz, Chief Executive Officer
Jeff Scott, General Counsel
Erica Salcuni, Communications Director
Maricris Pelley, Executive Assistant/Office Manager

A. CALL TO ORDER

GHD President Lenac called the meeting to order at 5:00 p.m. President Lenac and GHC Chairman Jerry Fazio welcomed the respective board members and staff members of both GHD and GHC.

B. PLEDGE of ALLEGIANCE:

General Counsel Scott led in the pledge of allegiance.

C. APPROVAL OF AGENDA (GHD Board):

It was moved by Director Hall, seconded by Director Chadwick, and unanimously carried (5-0) to adopt the agenda.

D. PUBLIC COMMENT

No members of the public spoke.

E. Presentation by District to Grossmont Hospital Foundation – Comprehensive Stroke Center

The District made a check presentation to the Foundation of \$4 million in support of the Hospital's efforts to become a designated Comprehensive Stroke Center.

F. SHARP GROSSMONT HOSPITAL ANNUAL REPORT

Sharp Grossmont Hospital CEO Scott Evans introduced his staff members to make the following presentations and answer questions from the board members.

The presentations listed below are linked [here](#).

- 1) Facilities Overview – Tony D’Amico
- 2) Master Site Planning Report – Gregg Zoll
- 3) Quality & Safety Report – Nancy Greengold. M.D.
- 4) Capital Investments Report – Daniel Kindron
- 5) Finance Report – Daniel Kindron
- 6) East County Market Data – Jason Broad
- 7) Grossmont Experience Data – Jason Broad and Louise White
- 8) Hospice & Palliative Care Report – Suzi Johnson
- 9) Community Health Needs Assessment & Implementation Strategy – Jillian Warriner

G. OPEN DISCUSSION – GHD and GHC Board Members

Aside from the questions and discussion taking place during the presentations listed above, there was no additional open discussion. President Lenac and CEO Evans thanked the presenters for the hard work and preparation that went into today’s reports.

H. ADJOURNMENT:

There being no further business, on a motion duly made, seconded, and unanimously carried, the Board adjourned at 6:54 p.m.

Respectfully submitted,

Robert Ayres, Secretary

ATTEST:

Randolph Lenac, President

Grossmont Healthcare District and Grossmont
Hospital Corporation
Joint Board Meeting

August 20, 2019

Pledge of Allegiance

Approval of Agenda

Public Comment

Opportunity for citizens to speak on items of interest within the subject matter jurisdiction of the District. Persons wishing to address a matter not on the Agenda may be heard at this time; however, in accordance with California law, no Board discussion or action can be taken on items not on the Agenda. “Request to Speak” cards should be filled out in advance and presented to the Board President or recording secretary. For the record, please state your name. The Board has a policy limiting any speaker to no more than five minutes.

Presentation by Grossmont Healthcare District to Grossmont Hospital Foundation

Comprehensive Stroke Center

Sharp Grossmont Hospital

Scott Evans
Chief Executive Officer

REFLECTION



Leadership is the capacity to
translate vision into reality.

Warren G. Bennis

SHARP GROSSMONT HOSPITAL

Facilities Overview

Master Site Planning

Quality – Publicly Reported Metrics and Comprehensive Stroke Center

Capital Investments Report

Finance Update

East County Market Data

Grossmont Experience Data

Hospice Market Data

Community Needs Health Assessment

Facilities Overview

Anthony D'Amico
Chief Operating Officer

Sharp Grossmont Hospital Facility Projects Overview



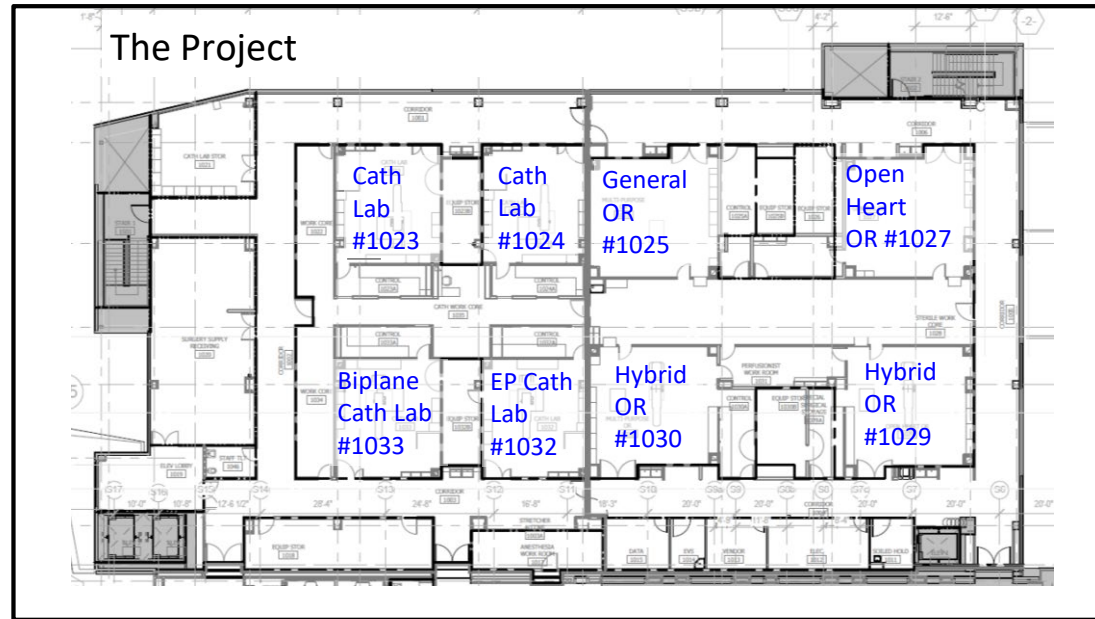
Table of Contents

- Burr Heart & Vascular Center
- Sharp Care Clinic
- ED Imaging Suite
- GMP Sleep Center and Clinic
- GMT OIC & Pharmacy Expansion
- TCU Refresh
- Women's Center Lobby Remodel
- Level 1 Infill Remodel
- Radiology Room A3 Equipment Replacement
- Orthopedic Suite/ OR HVAC Remodel
- Steam RicWil Project
- ED Lobby Refresh
- Beckman Automation Remodel
- East Tower Electrical Equipment Upgrades
- Women's Center 2nd Floor Remodels
- Home Infusion Therapy Clean Rm Remodel

Burr H&V Surgery Buildout

New Building Project Budget: \$35,128,805

Status: Completed



Surgical Suite Overview Plan

Burr H&V Surgery Buildout



Typical Cath lab



Bi-Plane (Stroke) Lab



Typical Hybrid OR

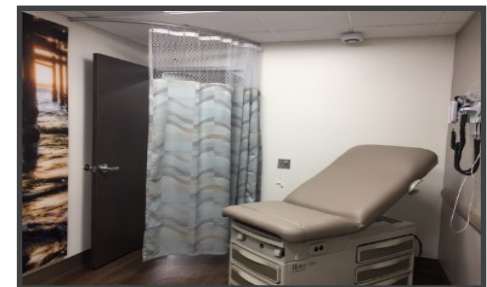
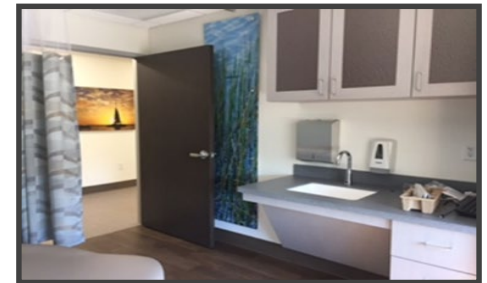
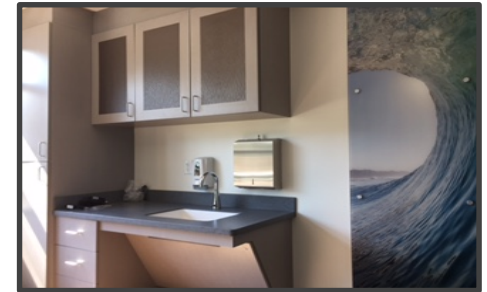
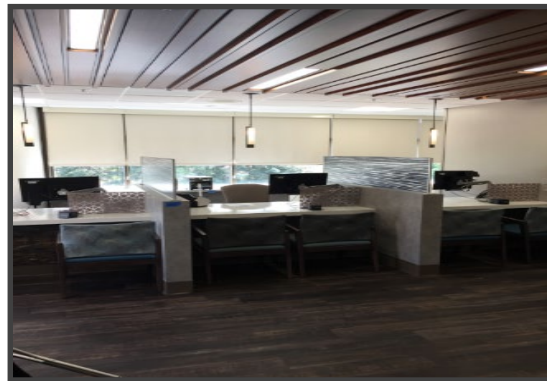
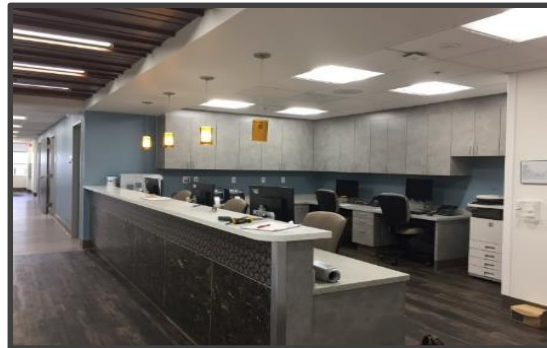


Heart OR

The Care Clinic

Remodel Project Budget: \$3,148,060

Status: Completed



ED Imaging Suite

Remodel Project Budget: \$2,563,078

Status: Completed



Fluoroscopy Suite

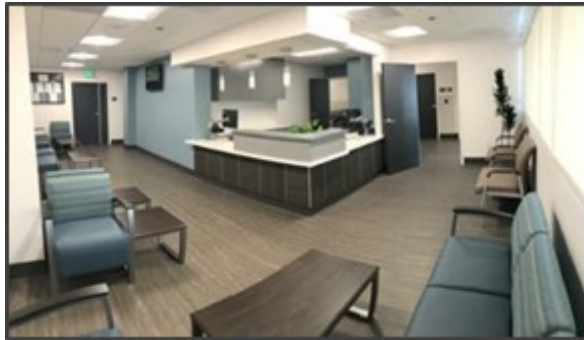
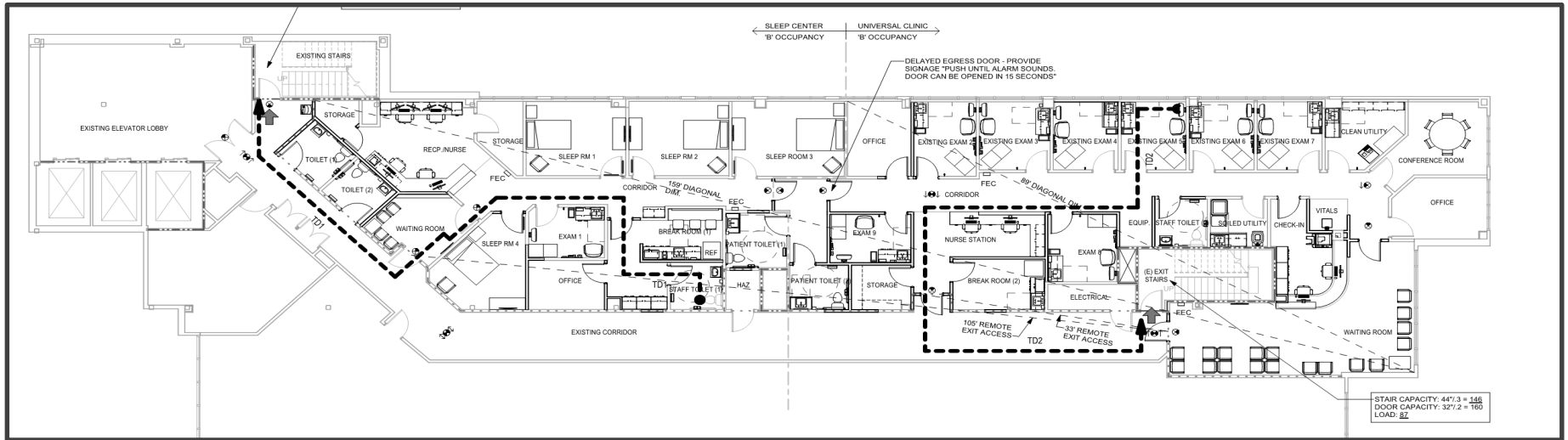


Radiographic Suite

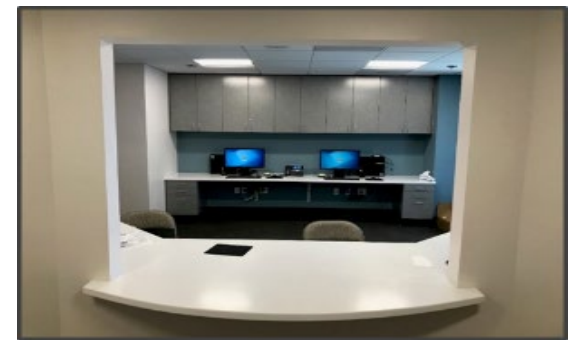
GMP – Sleep Center & Clinic

Remodel Project Budget: \$1,940,757

Status: Completed



Clinic Space

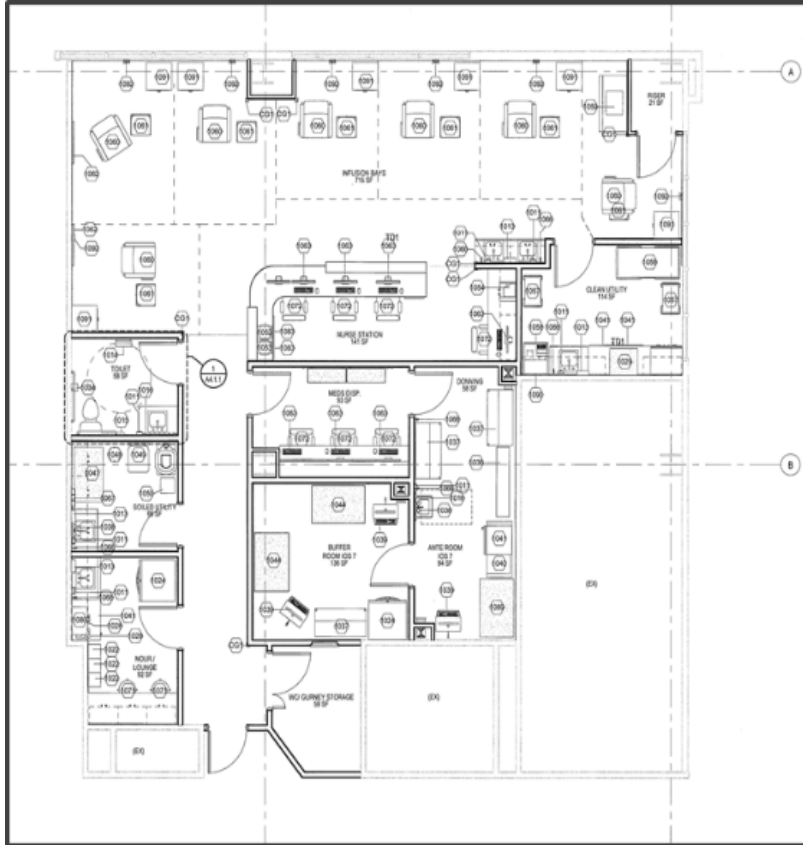


Sleep Lab Suite

GMT OIC & Pharmacy Expansion

Remodel Project Budget: \$848,434

Status: Completed



Transitional Care Unit (TCU) Refresh

Cosmetic Refresh Budget: \$1.1M

Status: Completed



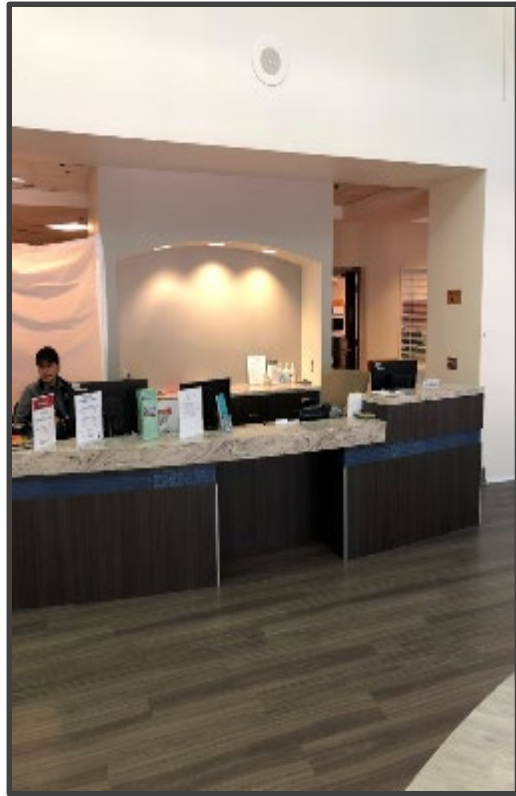
- ❑ Completed refresh on TCU and 3 South
- ❑ Included flooring, paint, wall protection, and new headwall panel inserts



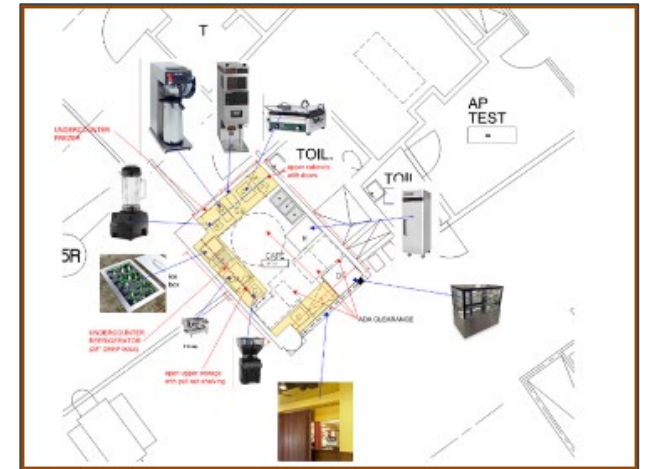
Women's Center Lobby Remodel

Remodel Project Budget: \$798,666

Status: Close Out



Lobby Remodel

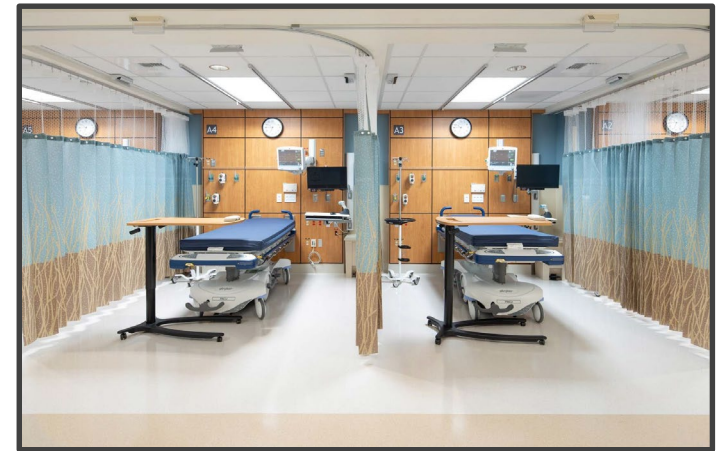
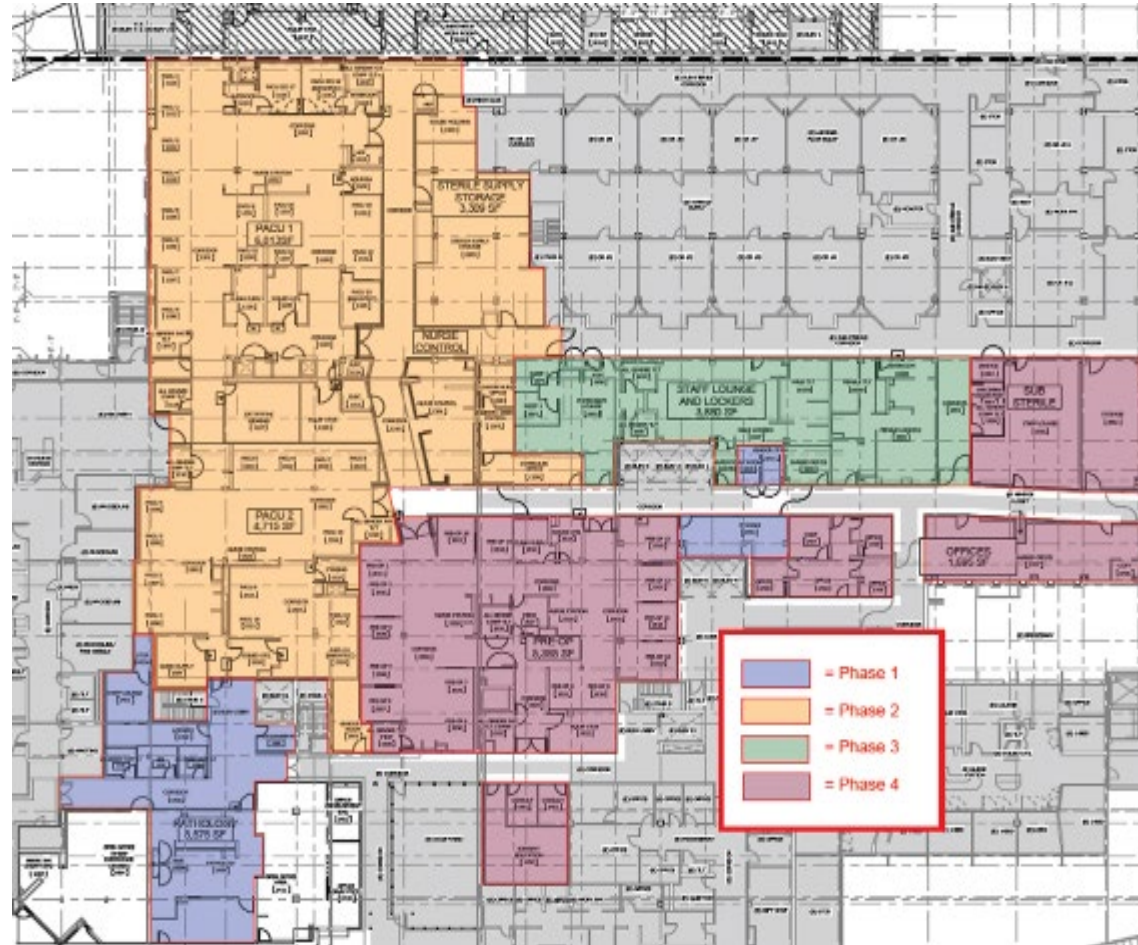


Café Remodel

Level 1 Infill Project

Remodel Project Budget: \$54,923,511

Status: In Progress



Radiology Room A3 Equipment Replacement

Remodel Project Budget: \$692,610

Status: In Construction

- Routine replacement of Radiology equipment
- OSHPD Certificate of Occupancy: 8/19
- CDPH Licensing Window: 8/19 to 9/19



Steam RicWil Project

Infrastructure Budget: \$2,079,670

Status: In Construction



- ❑ SGH will benefit from operational savings due to repair of leaks throughout system



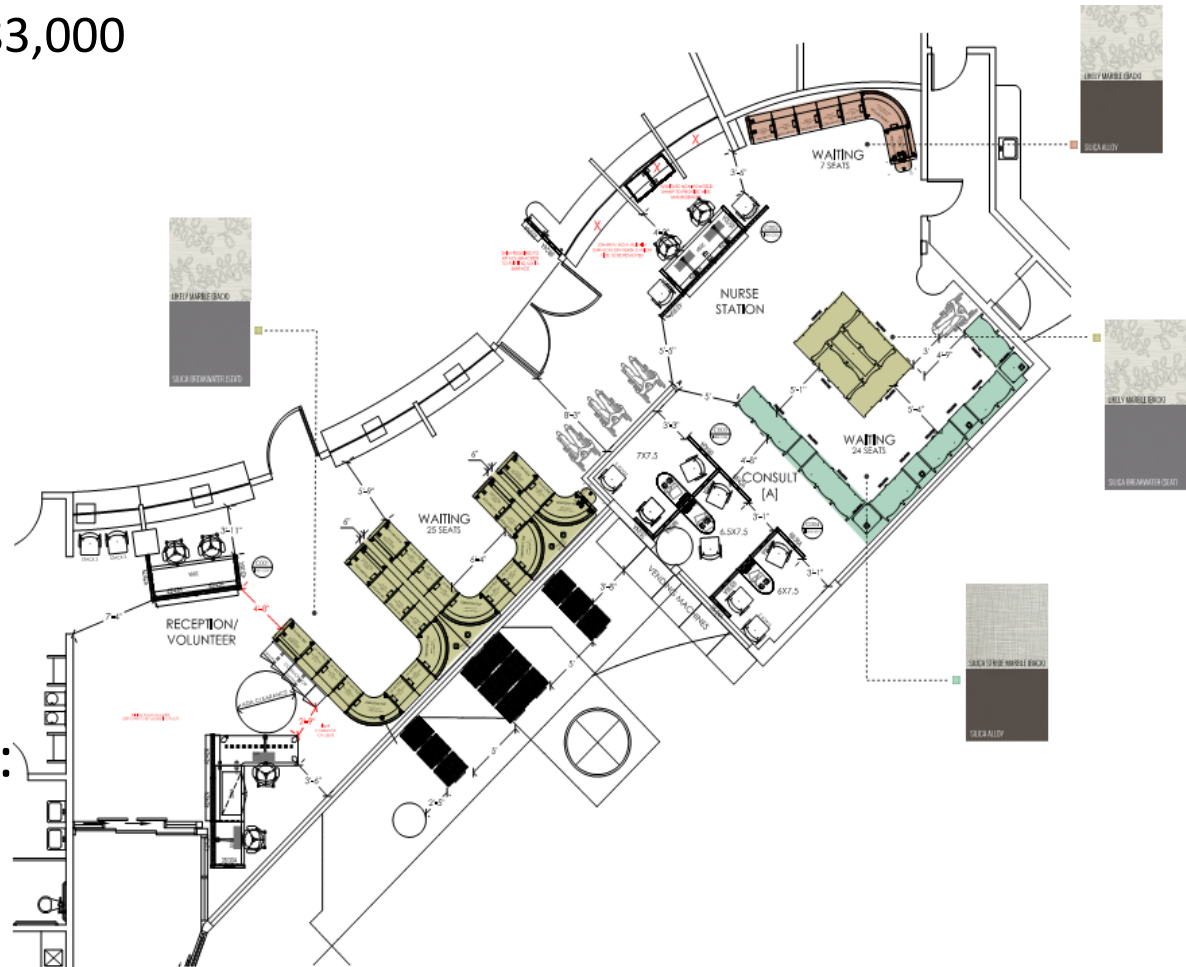
ED Lobby Refresh

Cosmetic Refresh Budget: \$483,000

Status: In Construction

New flooring, paint, added wall protection, and new furniture

Expected completion: 9/19

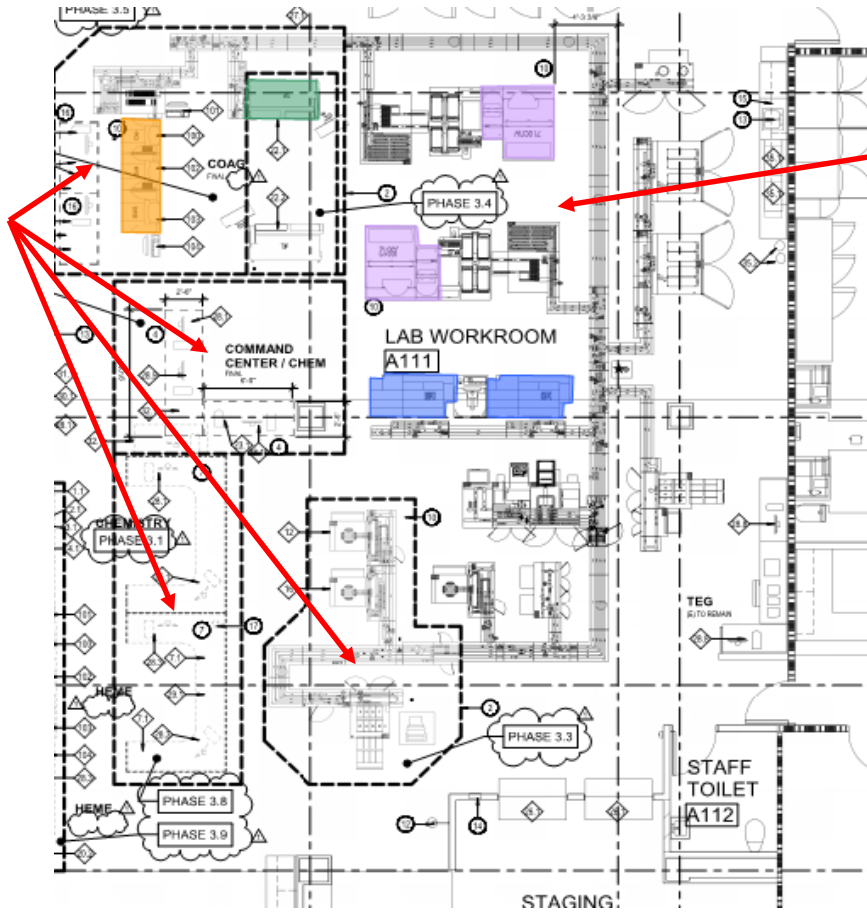


Beckman Automation Remodel

Equipment Replacement Budget: \$2,236,342

Status: In Construction

Phase 2
Installation
Go Live 2/20



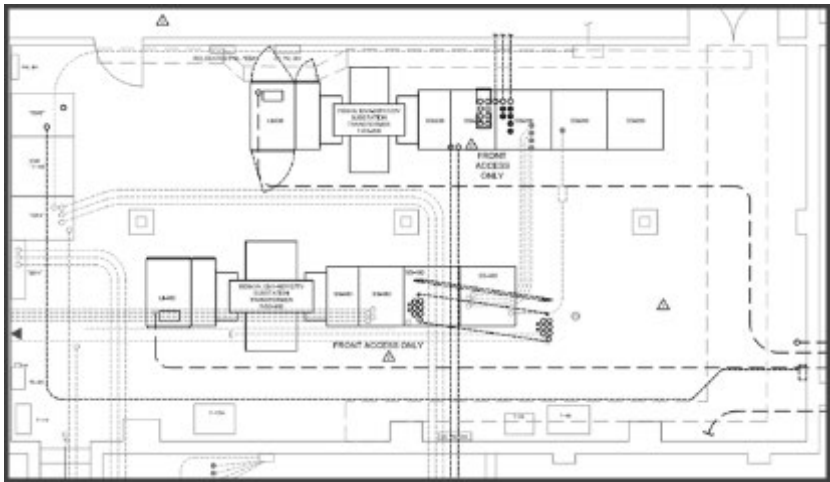
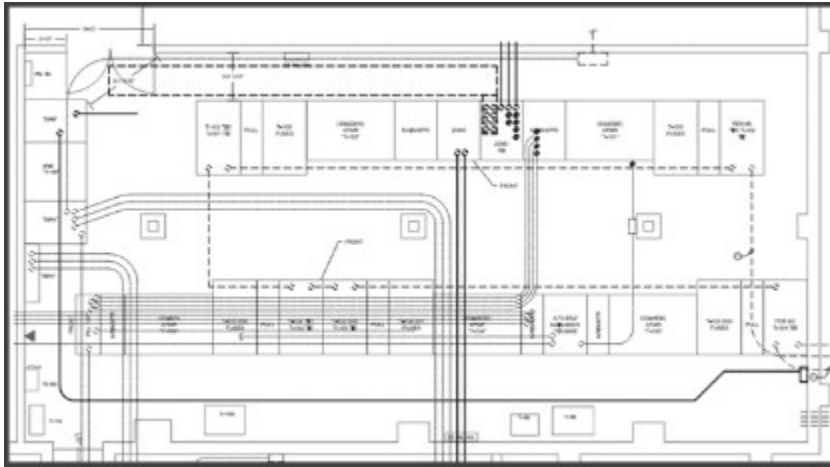
Phase 1 Installation
9/19 – 11/19



East Tower Electrical Equipment Upgrades

Infrastructure Budget: \$4.4M

Status: Procurement In Construction

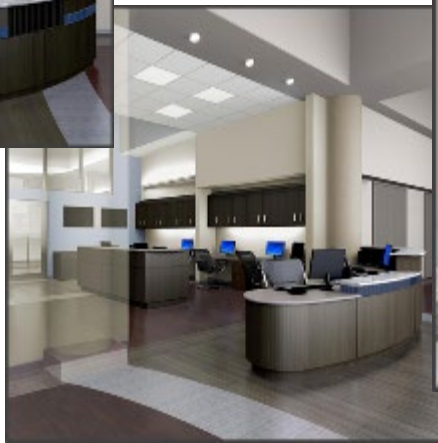
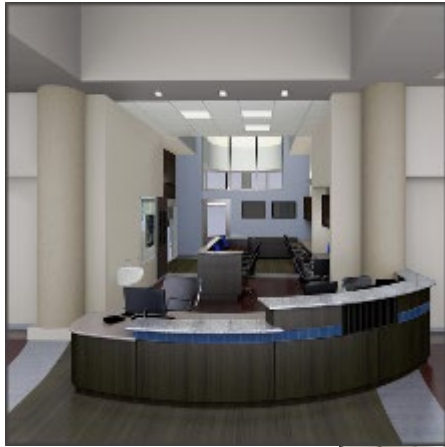


- ❑ 5 existing substations needing upgrade and replacement
- ❑ Support the emergency equipment and branch equipment within East Tower

Women's Center Second Floor Remodel

Remodel Project Budget: \$4,253,342

Status: In Permitting



Main Nurse's Station

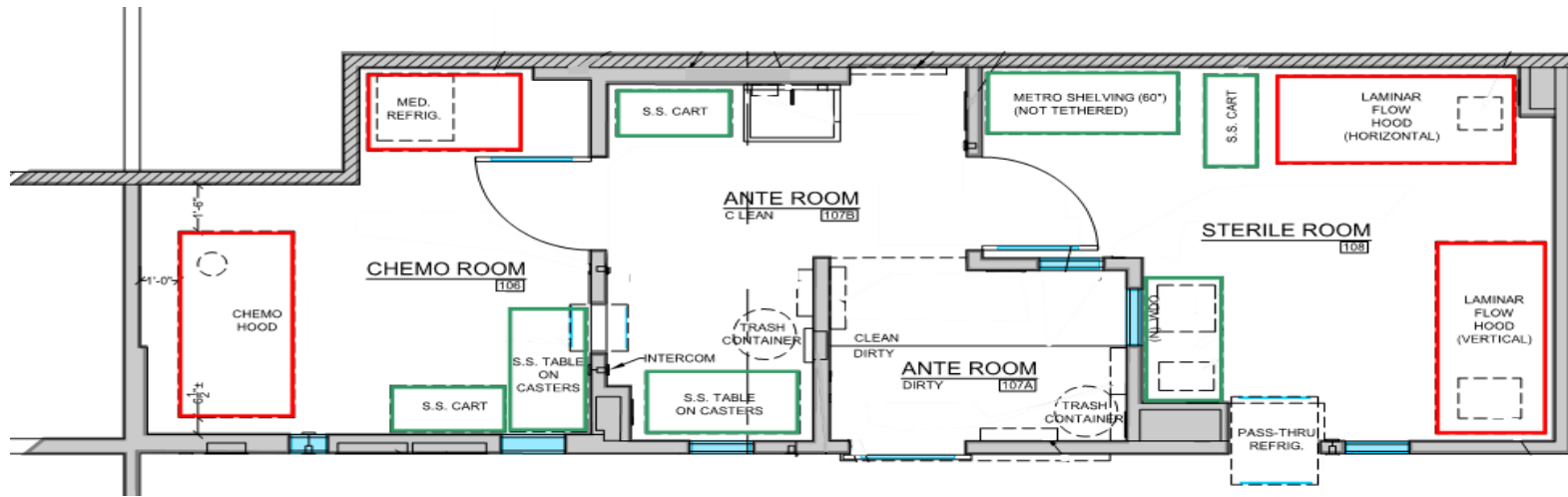
Phasing Plan

Home Infusion Therapy Clean Room Remodel

Remodel Budget: \$984,244

Status: Permit Review

- ❑ Existing Clean Room supporting Home Infusion Therapy will no longer be code compliant 12/19
- ❑ Construction of new Clean Room will satisfy requirements of United States Pharmacopeia (USP) 797/800
- ❑ Target construction completion date is 11/19

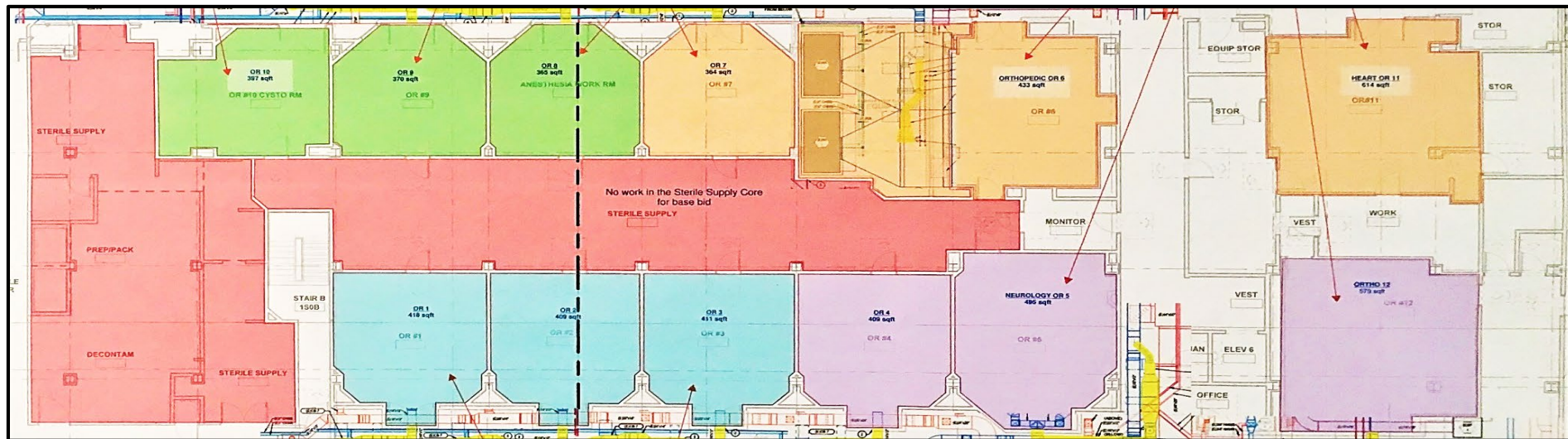


Orthopedic Suite / OR HVAC Remodel

Infrastructure Budget: \$13,915,837

Status: In Design

- ❑ Replacement of surgery suite air handler & chiller
- ❑ Replacement of operating rooms 1-12 ductwork
- ❑ Renovation of four existing operating rooms to perform orthopedic procedures
- ❑ Construction in 5 Phases



Master Site Planning

Gregg Zoll

Vice President, Facilities & Corporate Development

Sharp Grossmont Hospital

Master Site Planning



Master Site Planning Timeline

Remaining RFP Key Dates:

- Proposal Due: **8/19**
- Technical Review Committee: Reviews Proposals: **9/19**
- Interview Committee: Interview 4 Bidding Teams: **9/19**

Board Request Presented to Sharp HealthCare Board in November 2019

PreMaster planning , RFP development & Master Planning Schedule

Task Name	2018		2019												2020												
	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	
Pre-Master Plan Phase- Data	█	█																									
Blue Book Completed			█	█	█	█																					
RFQ				█	█	█	█																				
Boards Review of Draft RFP						█	█	█																			
RFP out to bid								█	█	█	█																
Interviews												█	█														
Selection and NOITA														█	█												
Board letter approval																█	█										
Contract and NTP																											
Master planning effort																											



We are here

Bidding Teams

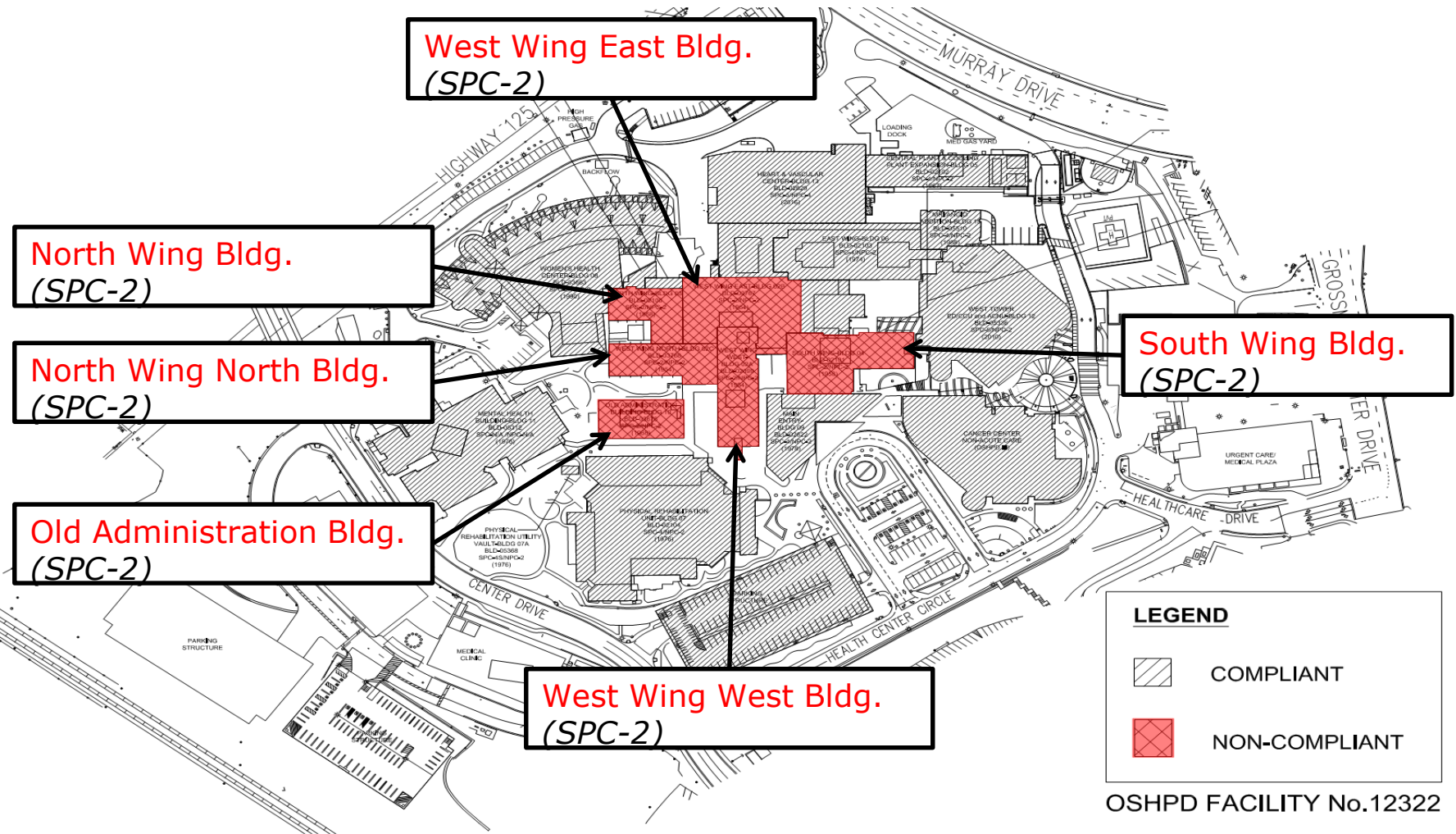


Major Goals for Campus Planning



- Meet seismic regulatory compliance and leverage SPC-4D
- Focus on Acute Care operations and revenue
 - Provide for growth in beds and support spaces
 - Improve patient and staff experience through improved operations and workflow
- Improve aesthetic appearance and create continuity across the campus (*interior & exterior*)
- Identify need for Infrastructure growth and support space for the campus of the future

2030 Compliance Issues



SPC - NPC COMPLIANCE

Focus on Acute Care operations and revenue

- Provide for growth in beds and support spaces
- Improve patient and staff experience through improved operations and workflow
- Create different options to inspire bidders to create something innovative

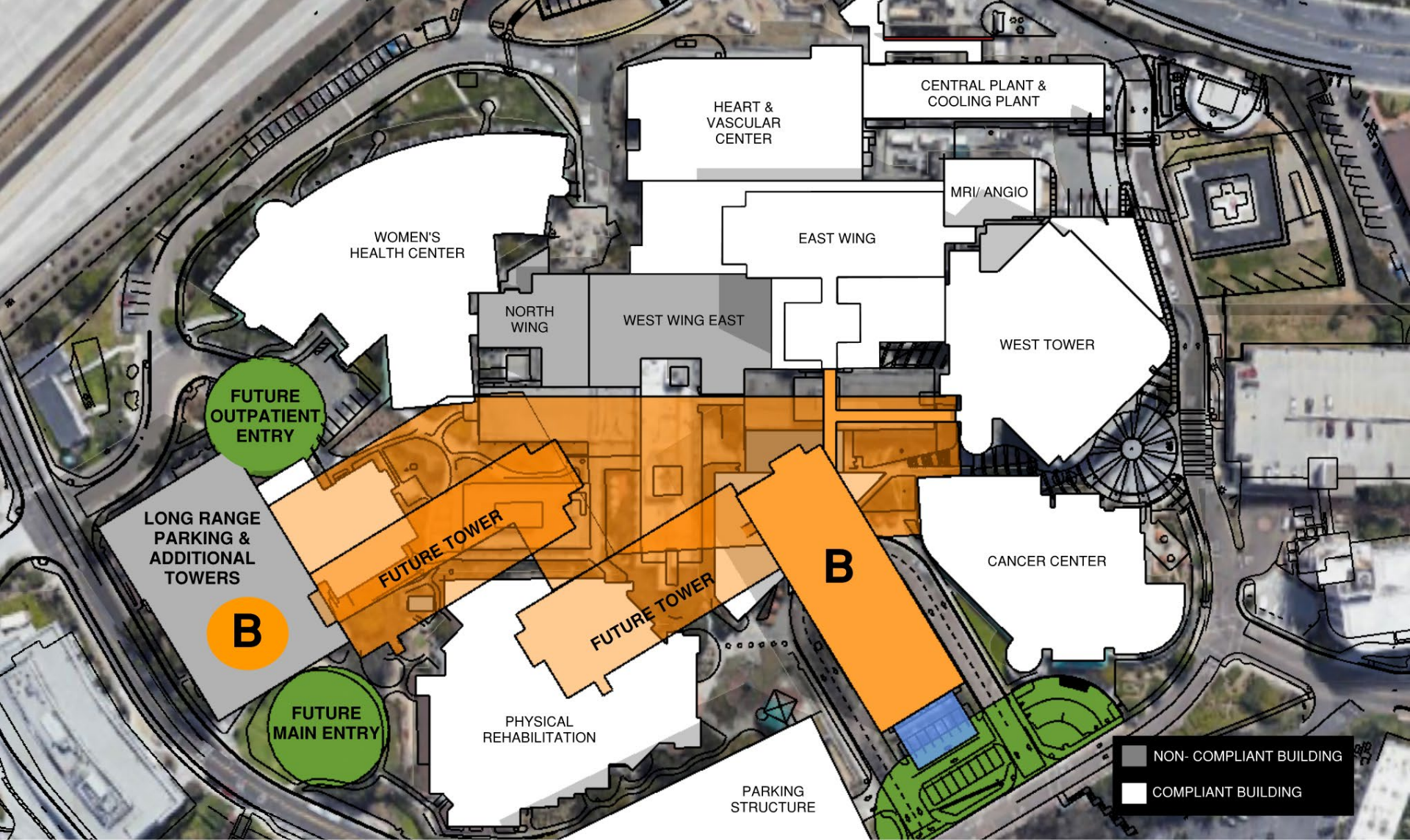


Campus Planning – Option A



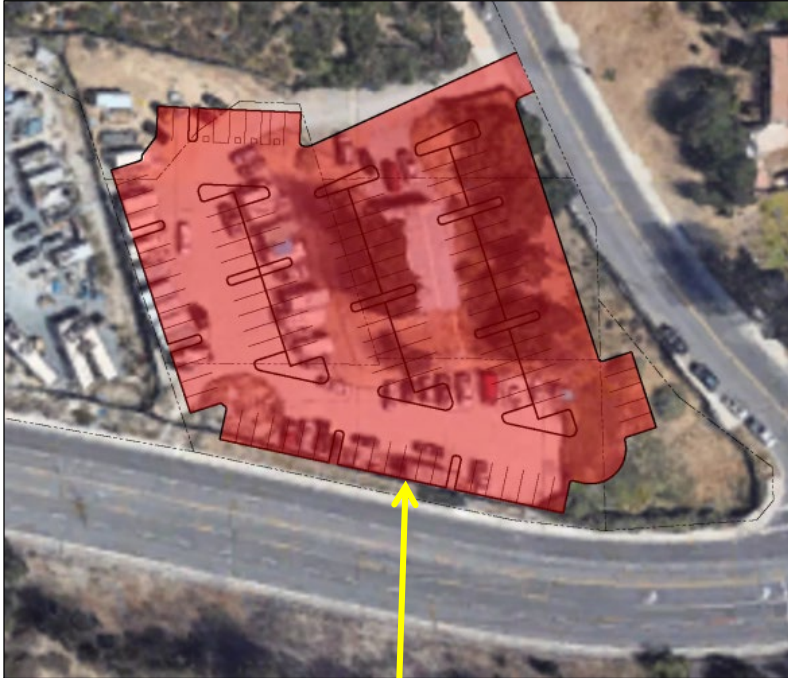
OPTION A

Campus Planning – Option B



OPTION B

Parking needed to support growth



District Land Surface Lot

- Will require re-zoning
- New Lease Agreement
- ~ 130 stalls

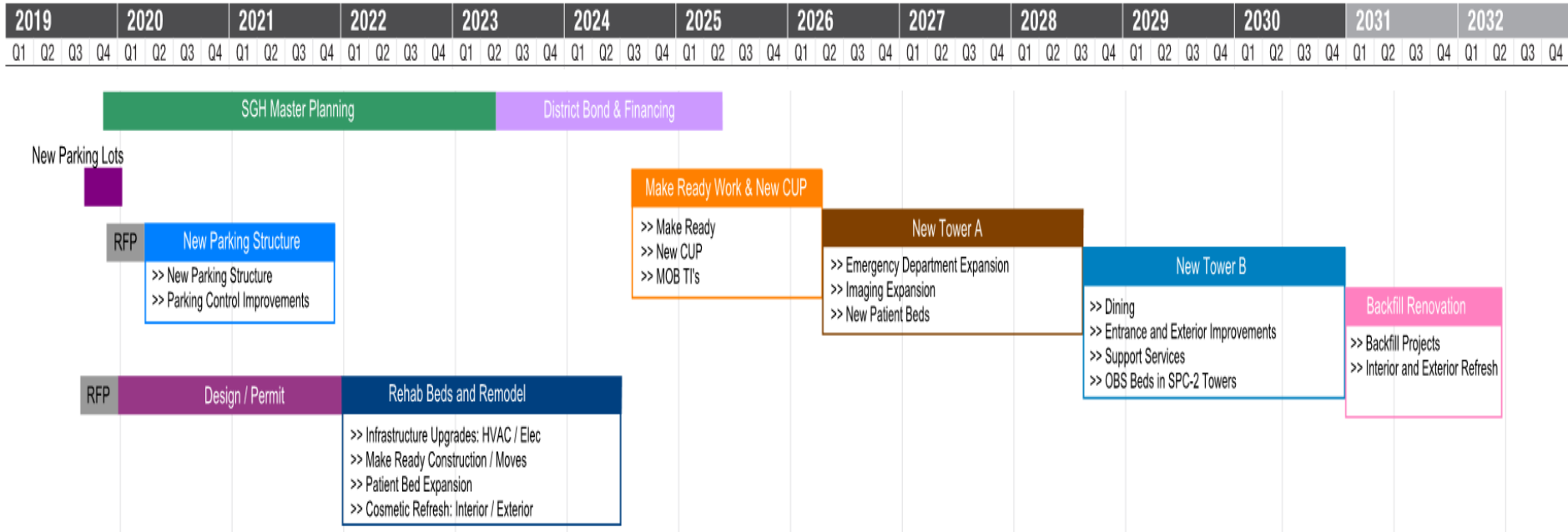


New Parking Structure

- 6 levels | 600 stalls

Overall Timeline

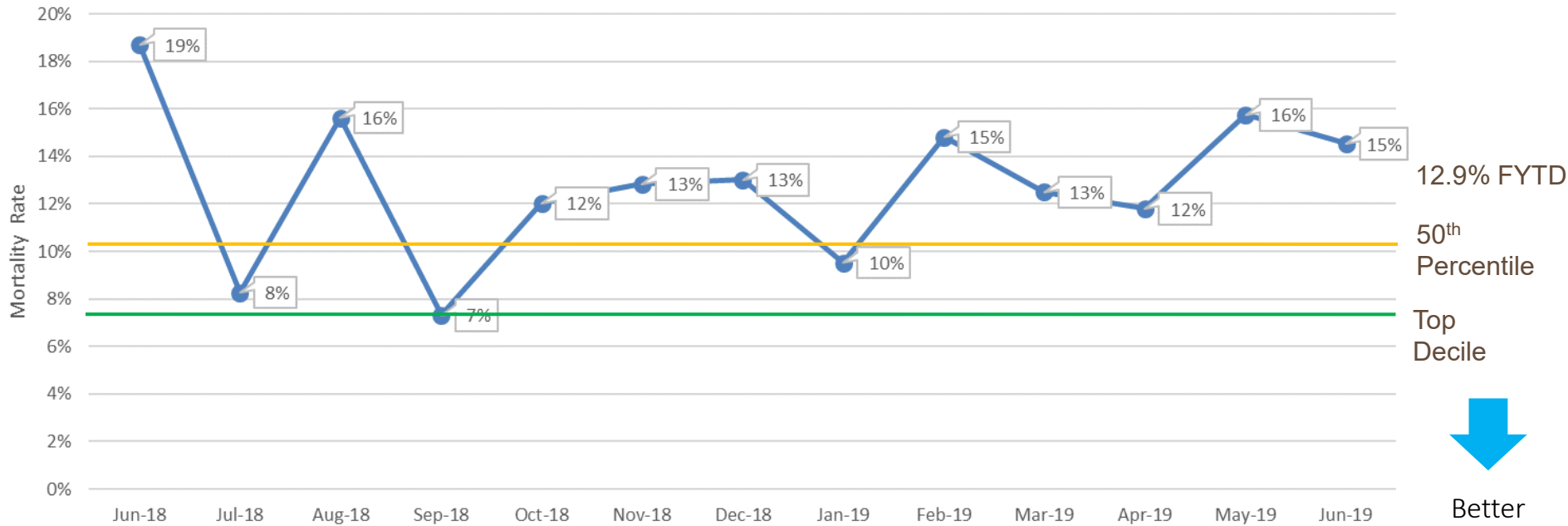
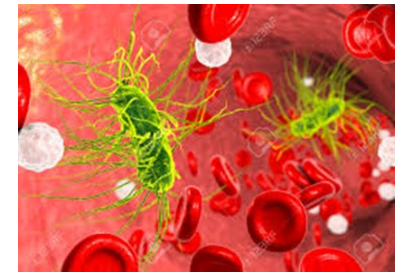
Sharp Grossmont Summary Schedule



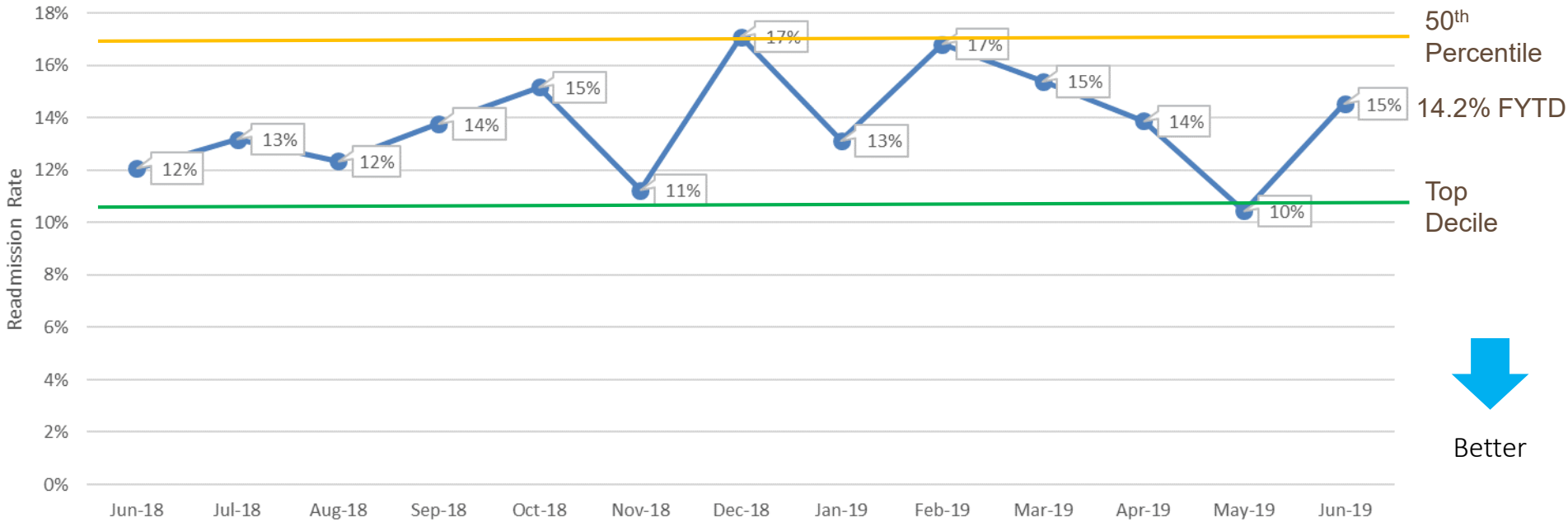
Quality and Safety Report

Nancy Greengold, MD
Chief Medical Officer

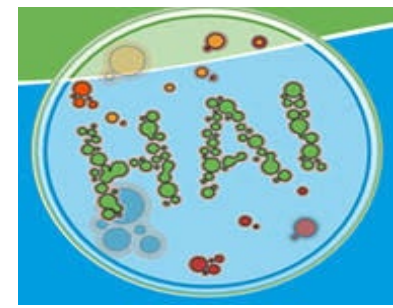
Sepsis Mortality



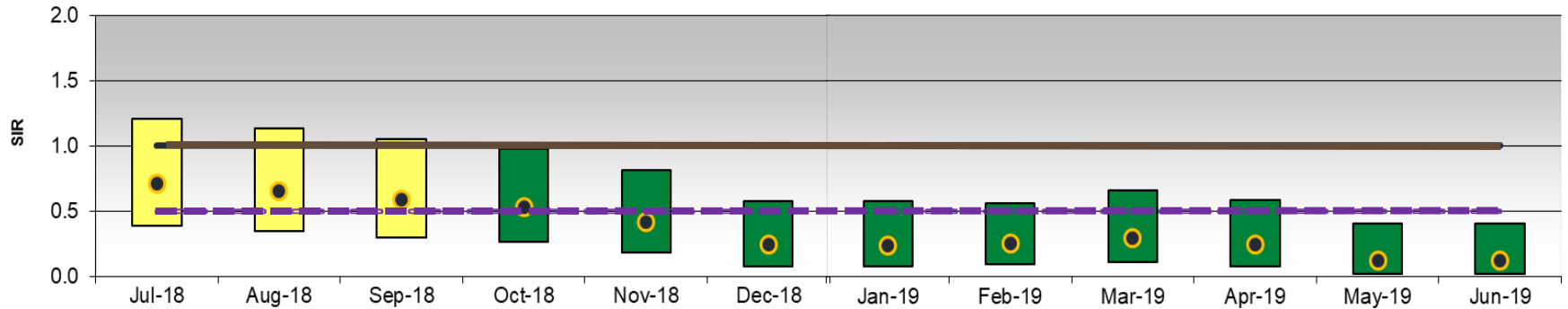
30-Day Readmissions



Healthcare-Associated Infections

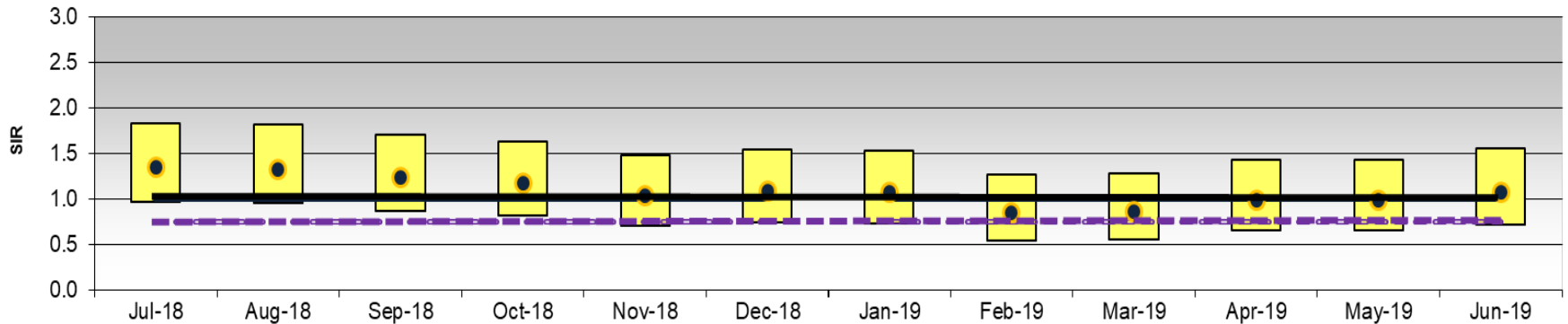


CLABSI: Central Line-Associated Bloodstream Infections



Better

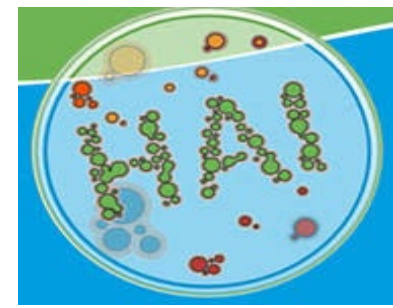
CAUTI: Catheter-Associated Urinary Tract Infections



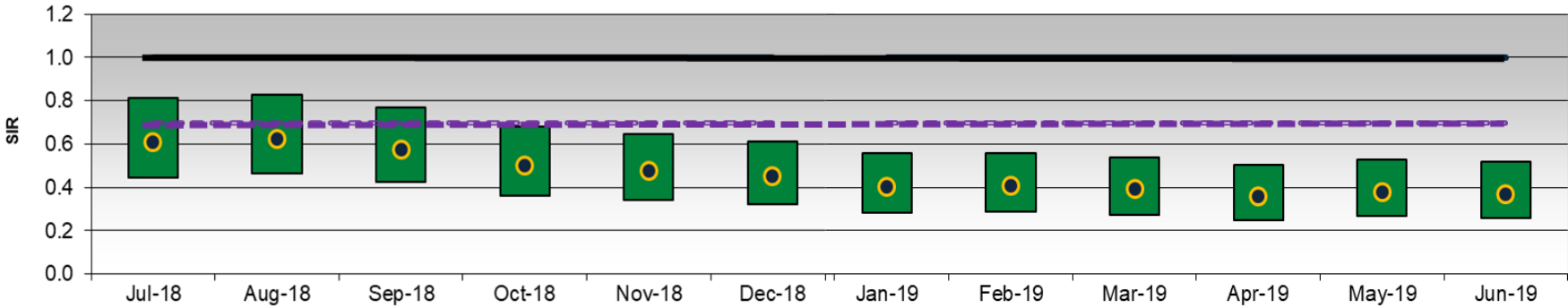
Better

— Expected - . - . - . HHS Target

Healthcare-Associated Infections

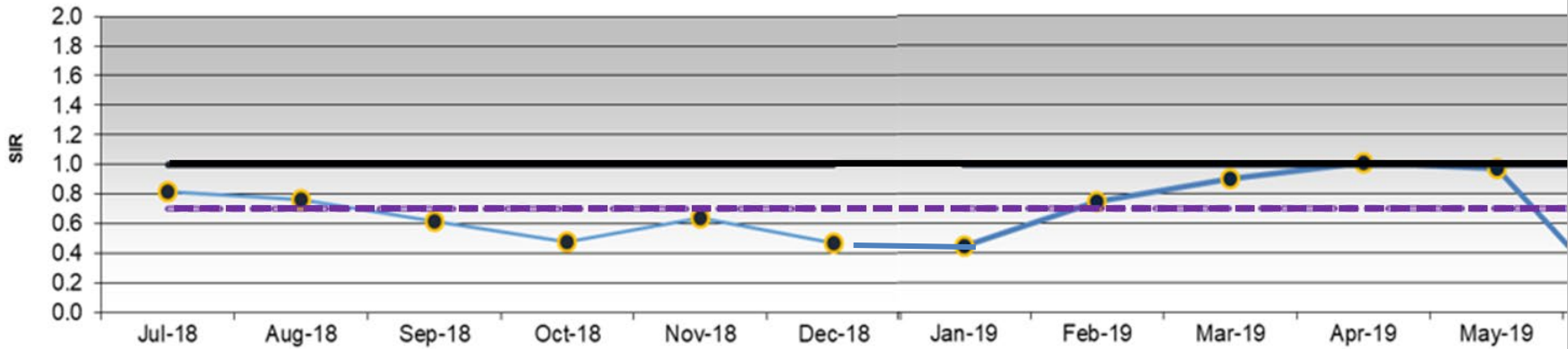


C. DIFF: Clostridium Difficile



Better

SSI: Surgical Site Infections: Colon & Abdominal Hysterectomy



Better

— Expected - . - . - . HHS Target

Why a Comprehensive Stroke Center?



Comprehensive Stroke Center (CSC) designation realizes the significant differences in expertise, resources and training necessary to provide today's most advanced stroke care. Sharp Grossmont Hospital will be expected consistently to meet and exceed national standards and benchmarks.

Our goals in obtaining CSC Certification include:

- Providing the highest level of stroke care 24/7 for our community
- Being recognized in the community as a leader in stroke care
 - Becoming the preferred destination for stroke care in East County
- Establishing a consistent approach to care, reducing variation and the risk of error
- Increasing patient volume for emergent care
- Attracting physicians in specialty services (interventional services)

Key differences between Primary Stroke and Comprehensive Stroke Centers

Patient Care

Primary Stroke Centers

Take care of most cases of Ischemic (blood vessel blockage) types of stroke.

Comprehensive Stroke Centers

Cares for **all types of stroke** patients, including bleeding (or hemorrhagic) strokes, such as those caused by brain aneurysms.

Neurointerventional Procedures

Primary Stroke Centers

Not required.

Comprehensive Stroke Centers

On-site Neurointerventional availability 24/7 with the ability to perform complex neurovascular procedures, such as clot retrieval, brain aneurysm coiling, brain tumor and Arteriovenous malformation embolizations, and carotid stenting.

Specialized Intensive Care Unit For Stroke Patients

Primary Stroke Centers

No requirement for a separate intensive care unit for stroke patients.

Comprehensive Stroke Centers

Dedicated **neurointensive care unit** for stroke patients.

Key differences between Primary Stroke and Comprehensive Stroke Centers

Neurosurgery

Primary Stroke Centers

Access to neurosurgery within 2 hours.

Comprehensive Stroke Centers

On site neurosurgical and vascular availability 24/7 with the ability to perform complex neurovascular procedures, such as brain aneurysm clipping, vascular malformation surgery and carotid endarterectomy.

Patient Transfers

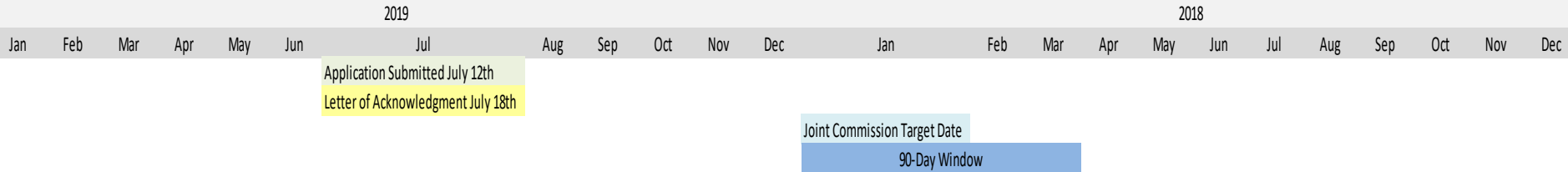
Primary Stroke Centers

Sends complex patients to a Comprehensive Stroke Center.

Comprehensive Stroke Centers

Receives patients from Primary Stroke Centers

Timeline



- Application submitted July 12, 2019
- Letter of acknowledgment of receipt July 18, 2019
- Target date for Joint Commission visit is January 13, 2020
 - This date opens a 90-day window for when the 2-day certification visit will take place.
- 30-day notice will be given prior to the visit
- 4 months of data required



Application Submitted!

Big Thank You to Grossmont Healthcare District!



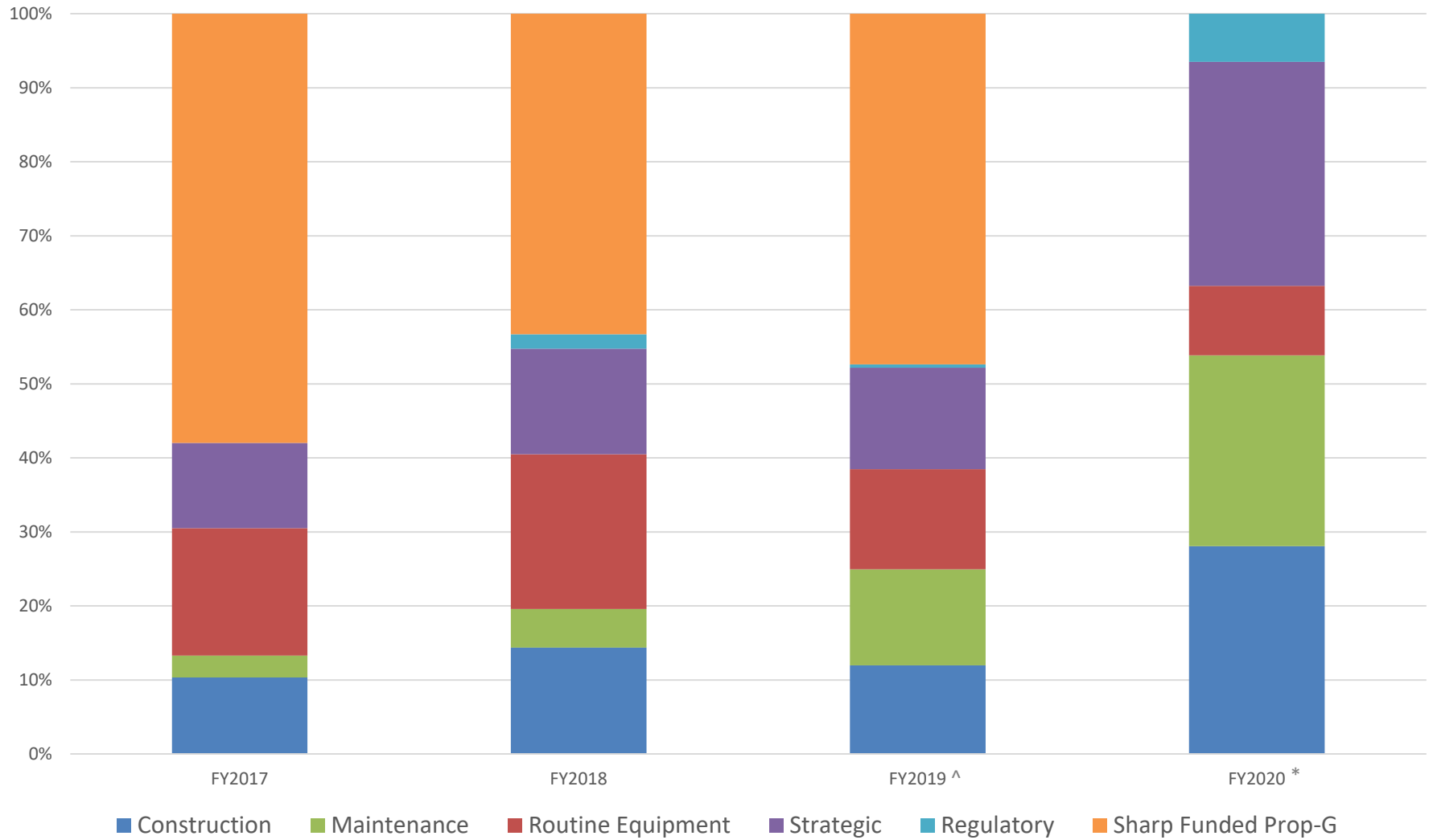
Capital Investments

Daniel Kindron
Chief Financial Officer

SGH Capital Investments

Category	Actual FY2017	Actual FY2018	Actual FY2019	Budget FY2020
Construction	\$ 5,301,436	\$ 5,490,242	\$ 2,783,819	\$ 8,686,000
Maintenance	1,525,036	1,996,885	3,008,345	7,972,000
Routine Equipment	8,826,424	7,978,738	3,139,671	2,900,000
Strategic	5,896,406	5,445,559	3,187,243	9,365,000
Regulatory	-	739,452	100,000	2,007,000
Total Constraint	21,549,302	21,650,876	12,219,078	30,930,000
Additional Foundation Funds	2,041,249	1,399,650	-	1,000,000
Adjust. Constraint	23,590,551	23,050,526	12,219,078	31,930,000
Sharp Funded Prop-G	29,717,146	16,538,000	11,000,584	-
Grand Total	\$ 53,307,697	\$ 39,588,526	\$ 23,219,662	\$ 31,930,000

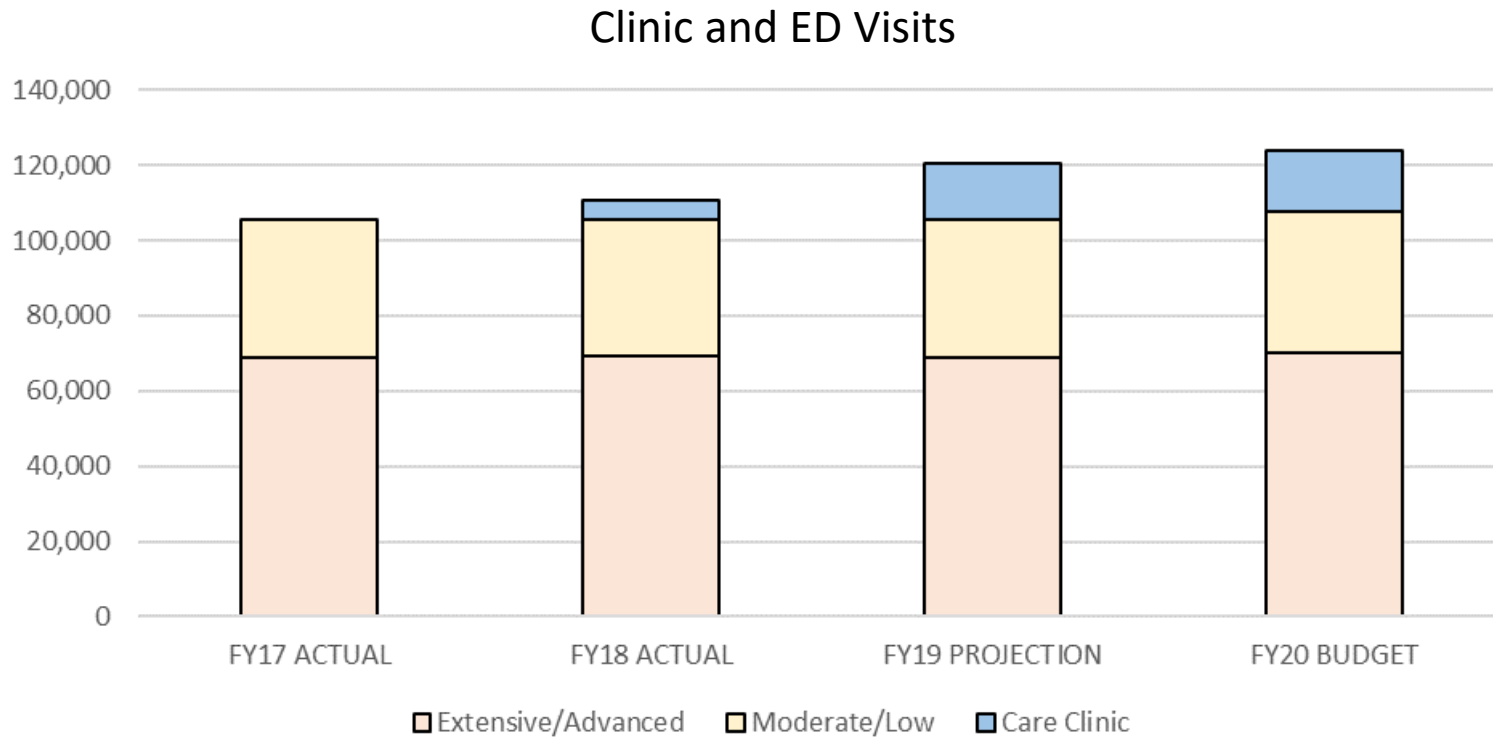
SGH Capital Investments



^ Projected

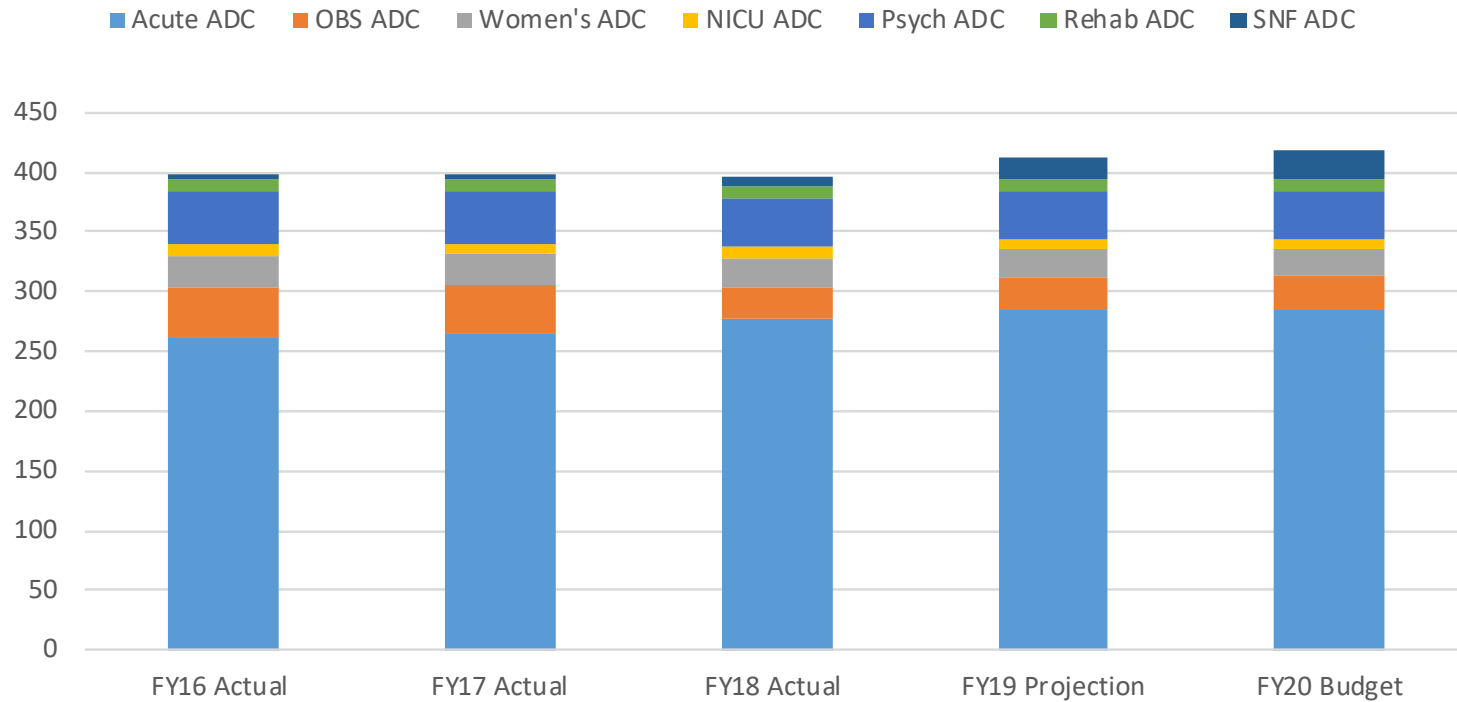
* Budgeted

Key Volume Trends



Key Volume Trends

Trended Census



Market Assessment

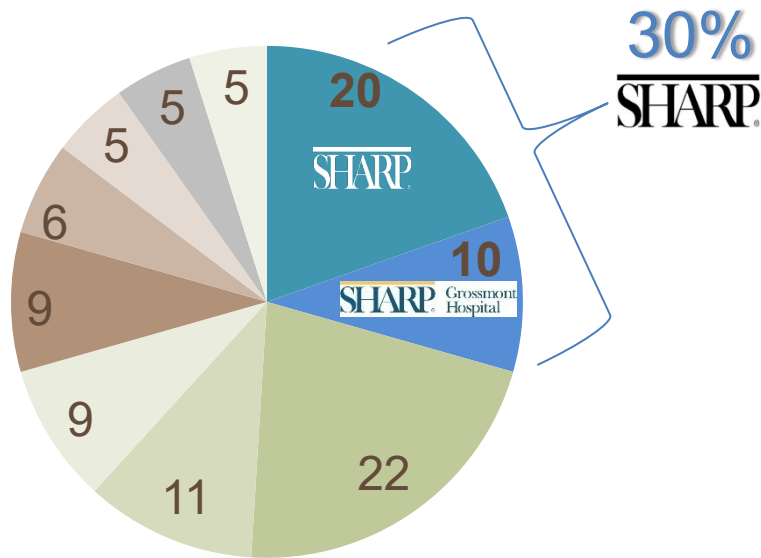
Jason Broad

Vice President, Facilities & Support Services

Market Share Growth

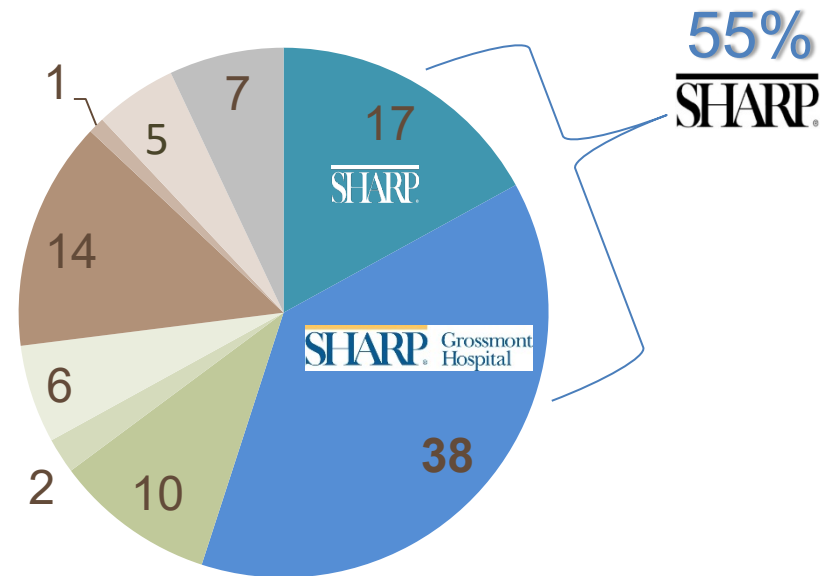
Sharp HealthCare is the only San Diego health care system to have 18 consecutive years of market share growth

San Diego County Inpatient Market Share



- Sharp (excl. SGH)
- Sharp Grossmont
- Scripps
- Palomar
- UCSD
- Kaiser
- Rady's
- Tri-City
- Prime
- Other

East County Inpatient Market Share



- Sharp (excl. SGH)
- Sharp Grossmont
- Scripps
- Palomar
- UCSD
- Kaiser
- Rady's
- Tri-City
- Prime

Sharp Grossmont Hospital Service Area Map

Based on fiscal year 2018 inpatient discharges

65%

Primary Service Area	
91941	La Mesa
91942	La Mesa
91945	Lemon Grove
91977	Spring Valley
92019	El Cajon
92020	El Cajon
92021	El Cajon
92040	Lakeside
92071	Santee
92114	Encanto

15%

Secondary Service Area	
91901	Alpine
91978	Spring Valley
92102	East San Diego
92105	City Heights
92113	Southeast San Diego
92115	College Area
92119	San Carlos
92120	Grantville



Hospital Service Area Distribution of Growth: 2018–2023

The hospital service area is projected to grow 4.0% to 874,824

45-64

23%

- 0.7%

18-44

35%

+0.2%



0-17

25%

+ 3.5%

65+

17%

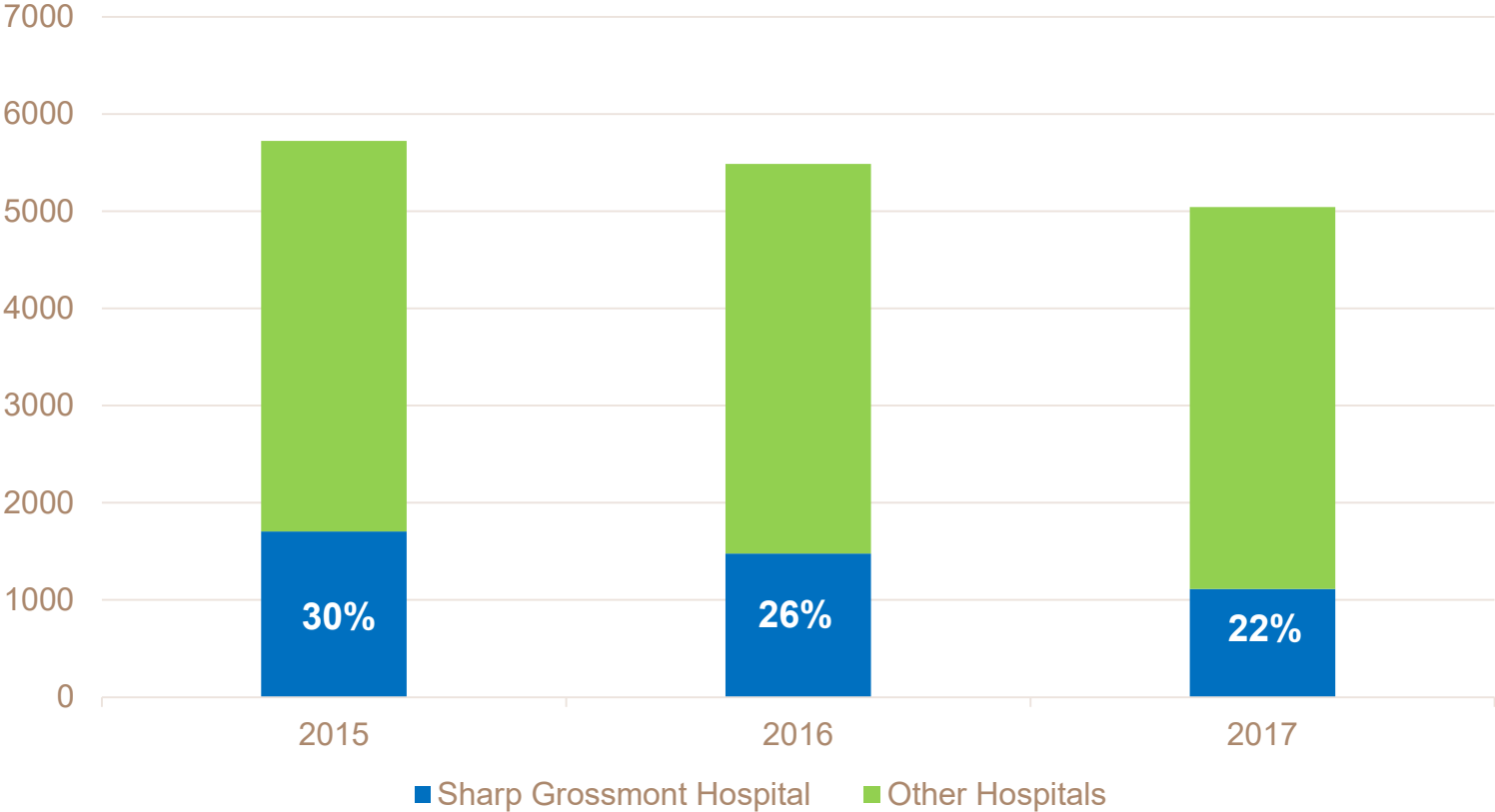
+22.6%

Sharp Grossmont Hospital Service Area Demographic Profile: 2018–2023

Race/ Ethnicity	2018 Population	2018 Percentage of Total	2023 Population	2023 Percentage of Total	2018-2023 Change	2018-2023 % Change
White	356,979	42.4%	361,644	41.3%	4,665	1.3%
Hispanic	306,453	36.4%	327,131	37.4%	20,678	6.7%
Asian/Pacific Islander	72,489	8.6%	77,663	8.9%	5,174	7.1%
Black	70,226	8.3%	71,022	8.1%	796	1.1%
Multiracial	29,263	3.5%	31,219	3.6%	1,956	6.7%
Native American	4,351	0.5%	4,638	0.5%	287	6.6%
Other	1,507	0.2%	1,507	0.2%	0	0%
Total	841,268		874,824		33,556	4.0%

Hospital Service Area Distribution of Normal Newborns (CY 2015-17)

(Percentage is Service Area Market Share)

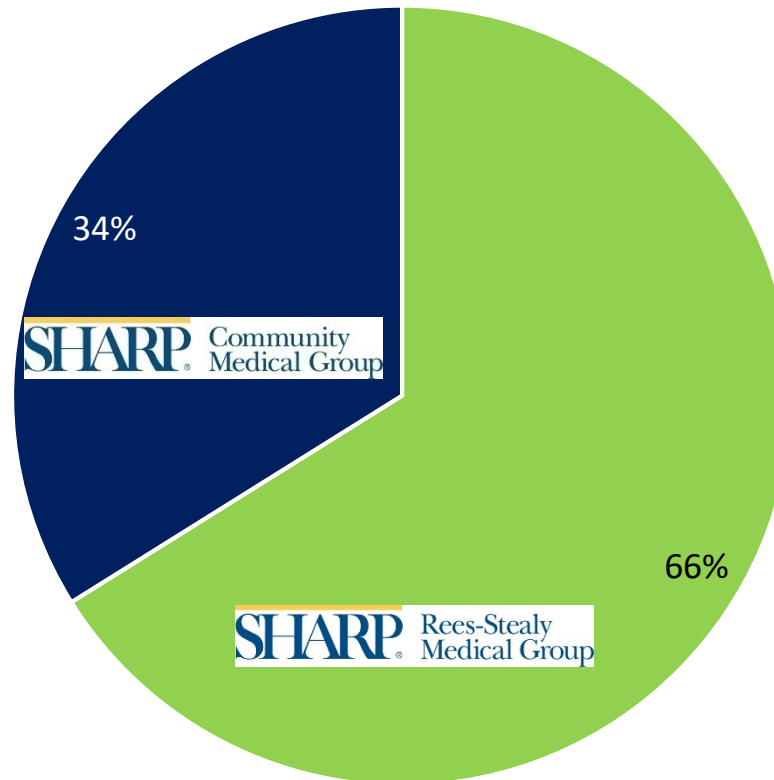


Data Sources: OSHPD Inpatient Hospital Discharge Data; SpeedTrack, Inc. CUPID



Sharp Health Plan Members in SGH Service Area (as of Dec. 2018)

**Sharp Community Medical Group
has 30,134 enrollees in Sharp
Grossmont Hospital's service area**



**Sharp Rees-Stealy
Medical Group has
59,865 enrollees in
Sharp Grossmont
Hospital's service area**

The Grossmont Experience

Jason Broad
Vice President
Facilities & Support Services

Louise White
CNO & Vice President,
Patient Care

The Grossmont Experience

YOU...

... are part of a cause, not a job.

... are a great story gatherer
and story teller.

... will treat the whole of the person,
not just the part that's the problem.

... will create the health care
each patient deserves.

 **SHARP**[®] Grossmont
Hospital

THE
SHARP
EXPERIENCE 

YOU  Unity

 **SHARP**[®]

Sharp Grossmont Experience Journey

Top
Quartile



Top
Quartile



Average



Physician Experience

Employee Experience

Patient Experience

Physician Partnership & Satisfaction

- Service Line Steering Committees
- Performance Improvement Teams



- Communication Forums



- Reward & Recognition

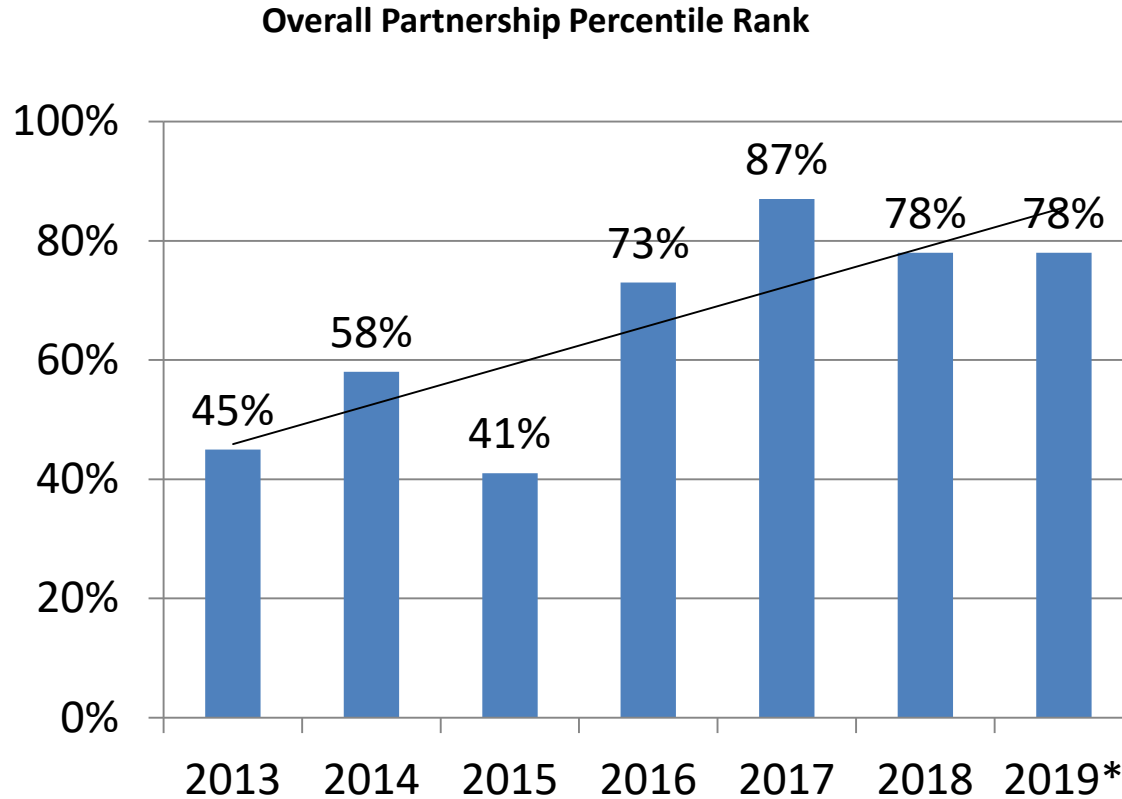


- CAREforYou program
- Strategy Development



Physician Partnership Scores

Combination of physicians' overall satisfaction and overall engagement



* 2019 final results available in October

Employee Engagement

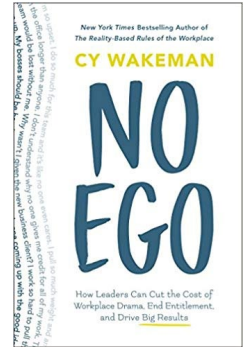
- CEO breakfast (new employees)
- Grossmont Family Nights



- Daily Leader Rounding
- Weekly CEO message
- Executive Rounding
- CAREforYou program
- Reward & Recognition Committee

- Sharp Best Health
- Unit Practice Councils & PI Teams
- Employee Forums
- Leadership Forum

- Grossmont Celebrates
- Grossmont Experience Steering
- Grossmont Welcomes You (onboarding)



Employee Engagement Percentile Rank

Top
Quartile



2017

Top
Quartile



2018

Top
Quartile



2019
Preliminary

2019 Employee Engagement survey response rate 75% with 87.7% favorability

Patient Satisfaction Percentile Rank



FY 2017

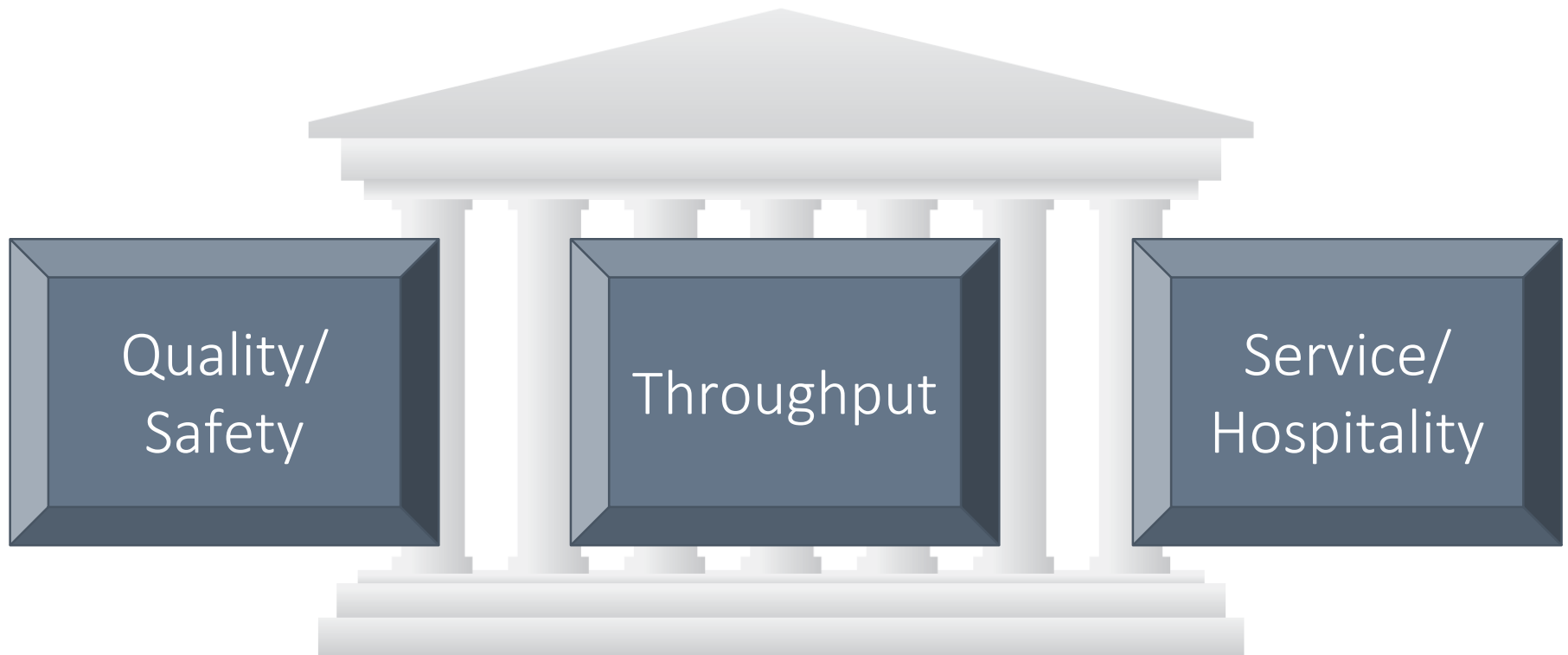


FY 2018

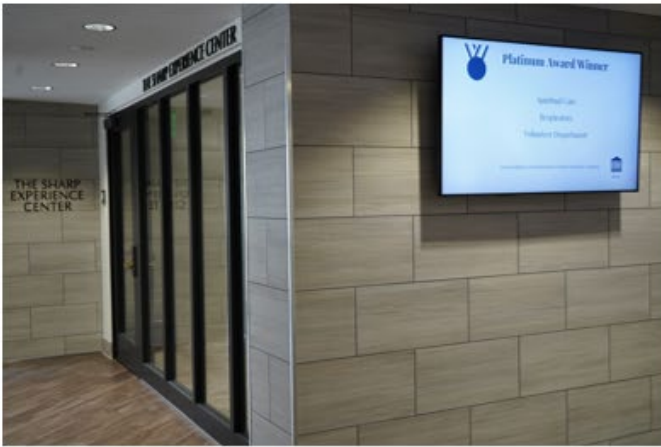


FY 2019 TD

Patient Experience



The Sharp Experience Center

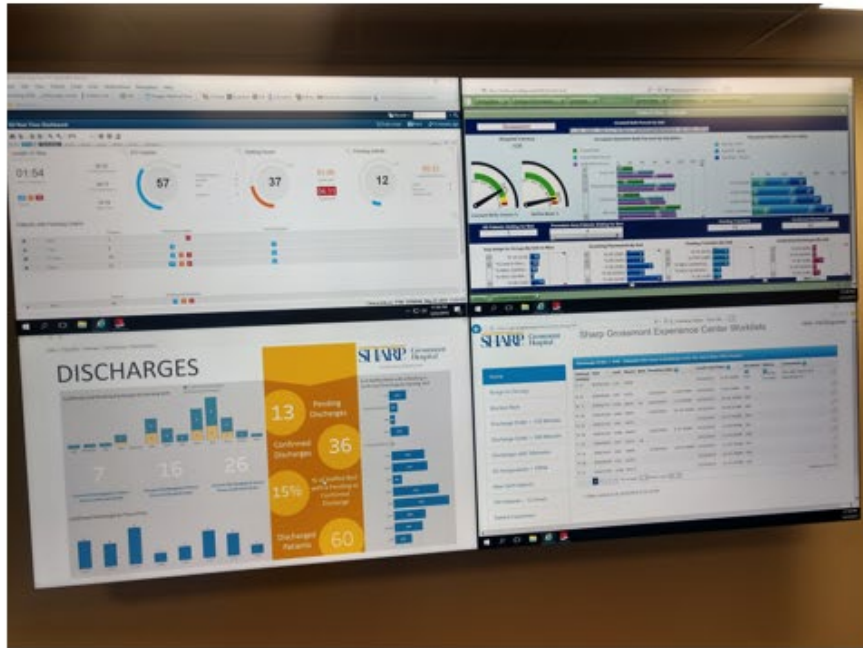


Public-facing displays for performance data, recognition and announcements



Entity HRO Huddle

The Sharp Insight Center

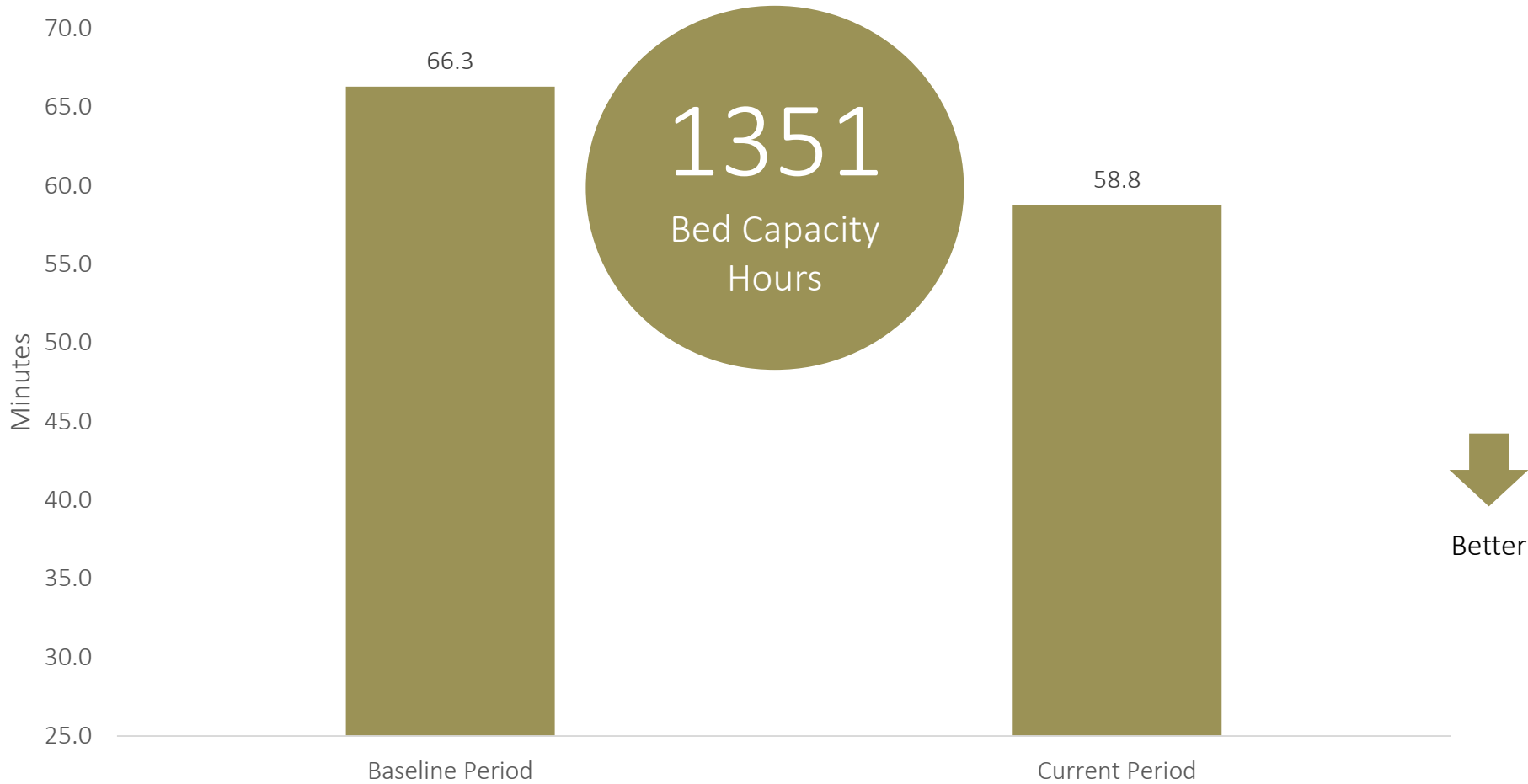


Live Entity Dashboard



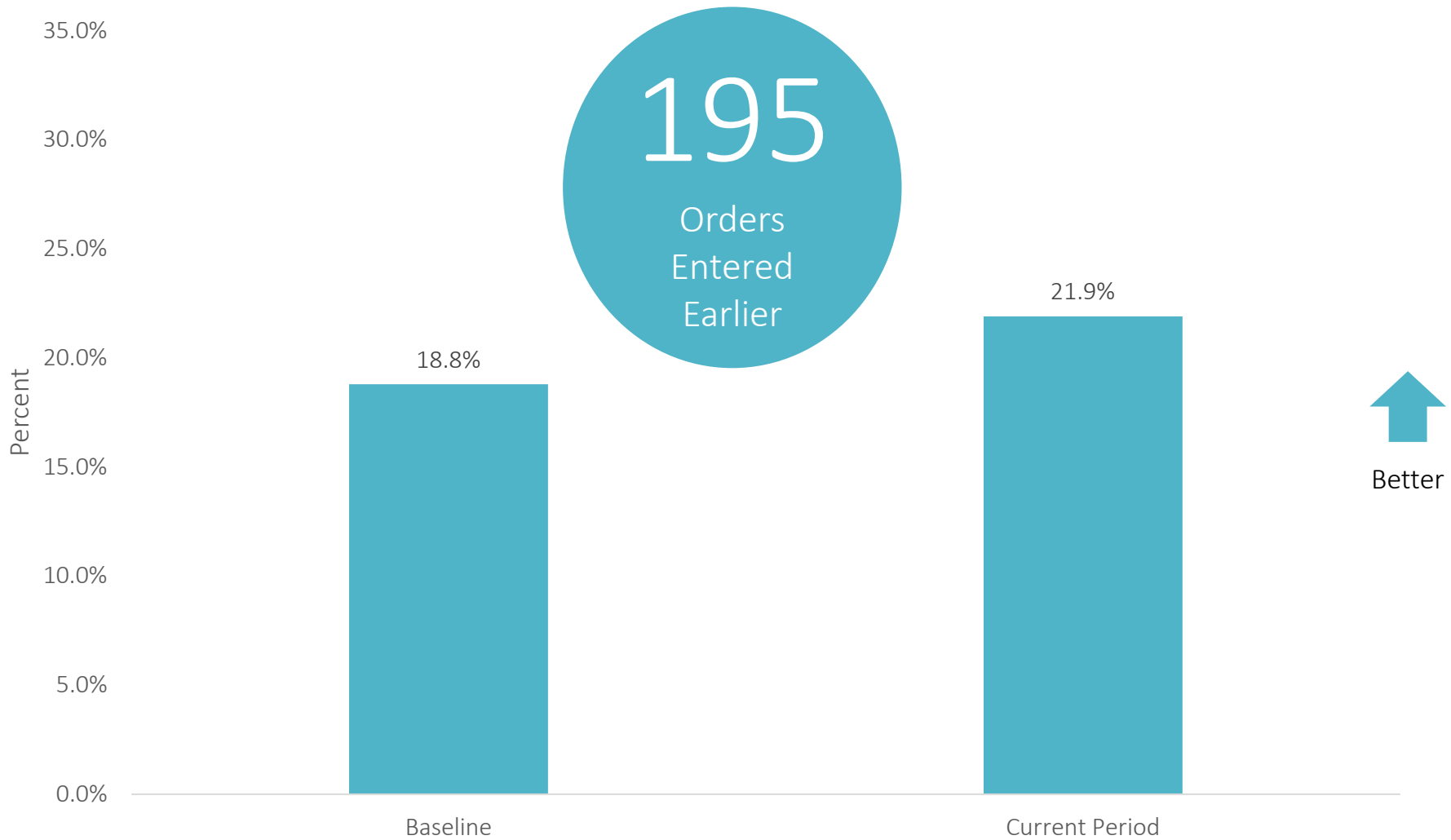
Redeployed staff focused on entity metrics

Overall EVS Turnaround Time



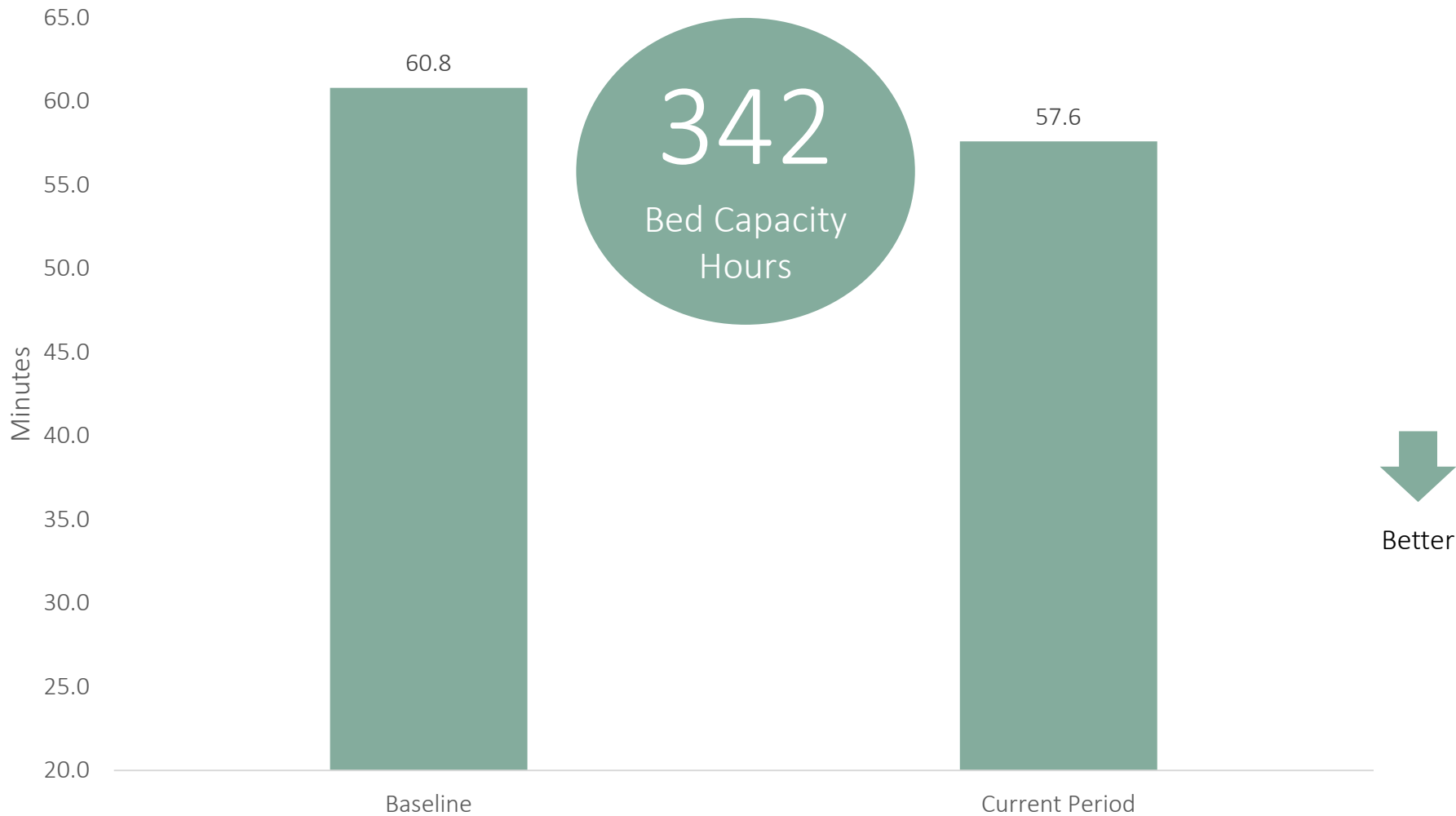
Data Source: Teletracking. Baseline: 90 days prior to February 6, 2019, Current Period: 5/6– 08/15

Percent of Discharges With Confirmed Order Prior to 1000



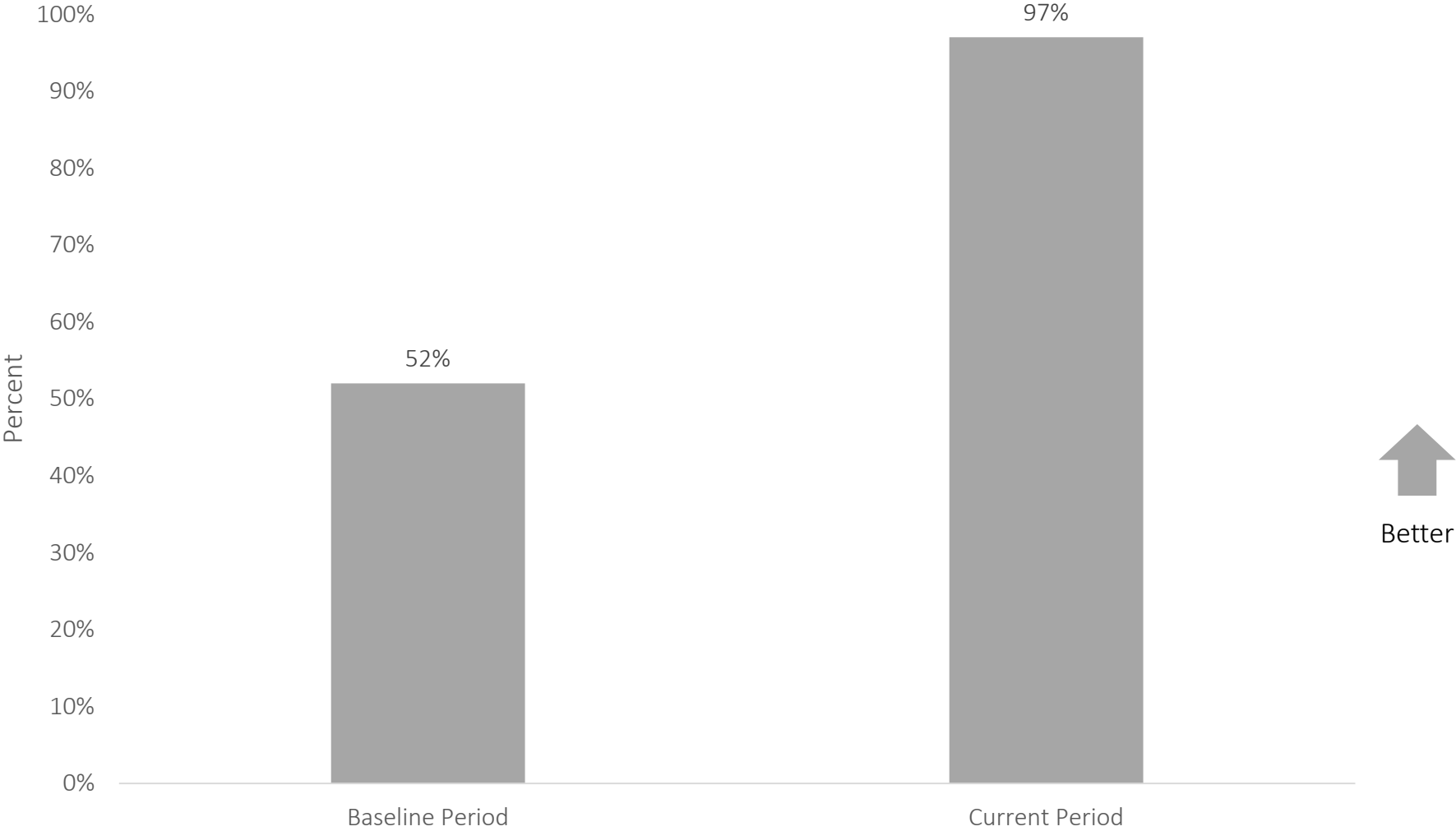
*Data Source: Teletracking. Baseline: 90 days prior to February 6, 2019, Current Period: 5/6– 08/15
Data includes patients discharged the same day discharge order written*

Average Assign to Occupy



Data Source: Teletracking. Baseline: 90 days prior to February 6, 2019, Current Period: 5/6– 08/15

Utilization of Internal Communication in Teletracking

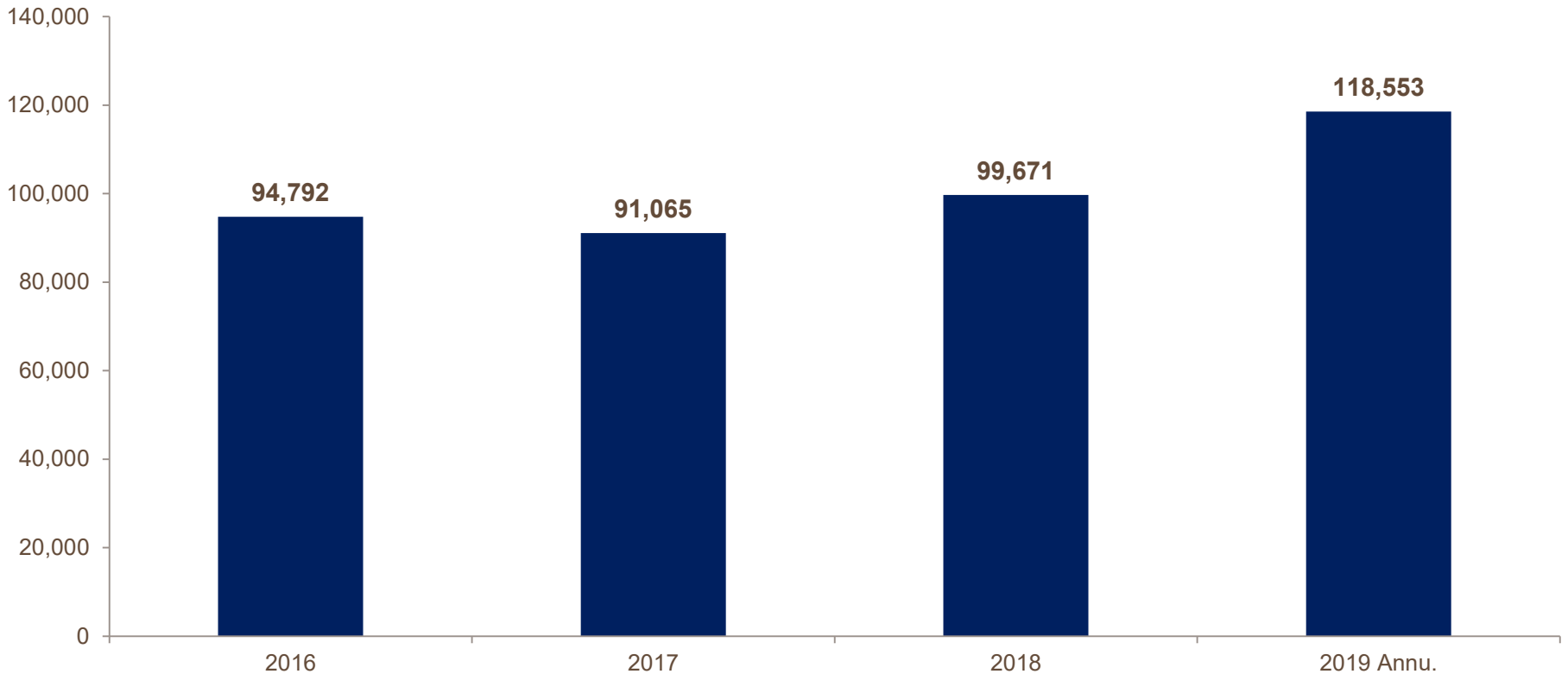


Data Source: Teletracking. Baseline: 90 days prior to February 6, 2019, Current Period: 5/6– 08/15

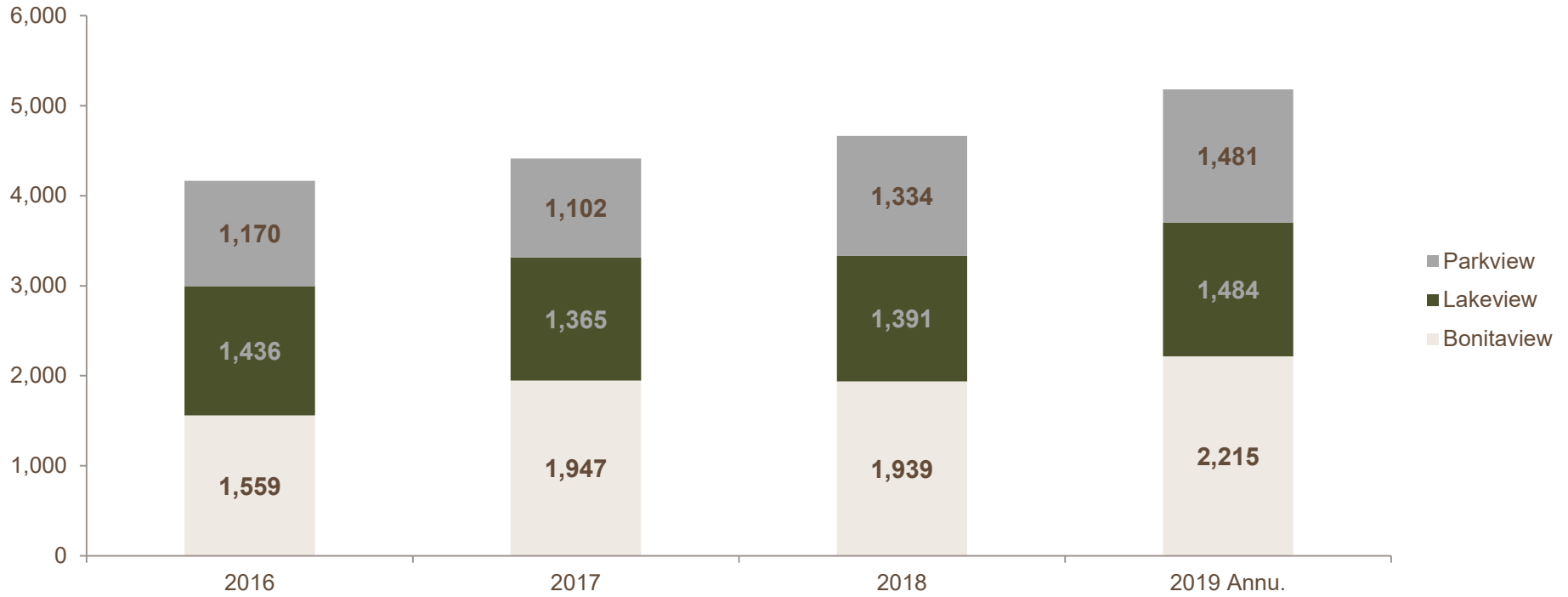
Hospice Summary

Suzi Johnson
Vice President, Hospice

Hospice - Patient Days (Excl. Homes, Transitions & ACP)



Hospice Homes - Patient Days



Community Needs Health Assessment

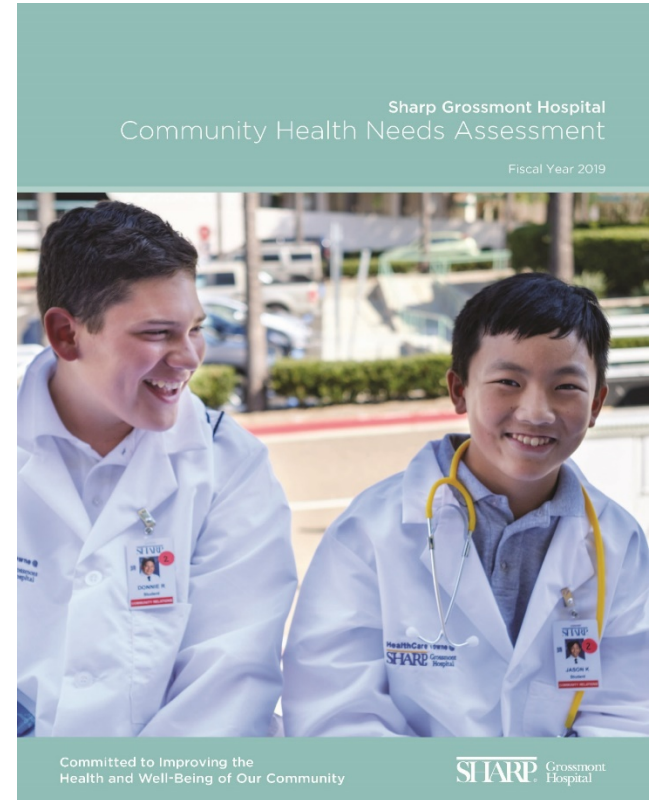
Jillian Warriner, MPH

Manager, Community Benefit and Health Improvement

Background:

Community Health Needs Assessments (CHNA)

- Not-for-profit hospitals to develop a triennial CHNA to identify community health needs (**SB 697**)
- Since the Affordable Care Act:
 - CHNAs required for individually licensed hospitals
 - Implementation strategies required for individually licensed hospitals



Sharp participates in a collaborative, countywide CHNA process AND conducts Sharp-specific activities to develop its hospital CHNAs.

HASD&IC 2019 CHNA (Collaborative)



2019 CHNA Committee:

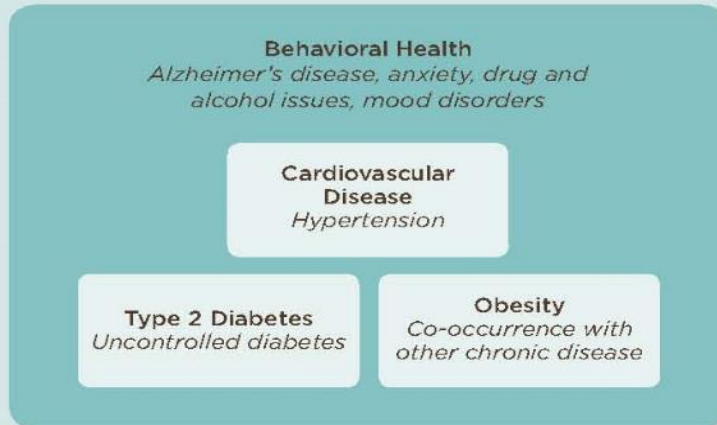


UC San Diego Health

2016 CHNA: Findings

2016 CHNA Priority Health Needs

Findings of the Collaborative CHNA



Findings of the Sharp-Specific CHNAs



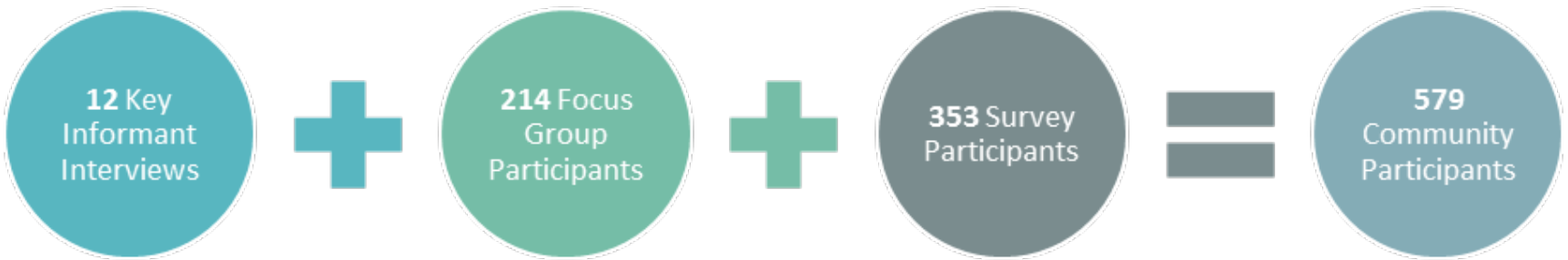
2016 CHNA Social Determinants of Health (in Rank Order)

1. FOOD INSECURITY AND ACCESS TO HEALTHY FOOD	6. CULTURAL COMPETENCY
2. ACCESS TO CARE OR SERVICES	7. TRANSPORTATION
3. HOMELESS/HOUSING ISSUES	8. INSURANCE ISSUES
4. PHYSICAL ACTIVITY	9. STIGMA
5. EDUCATION/KNOWLEDGE	10. POVERTY

HASD&IC. Institute for Public Health, San Diego State University, 2016. Sharp HealthCare Community Benefit, 2016.

2019 CHNA Process: Community Engagement

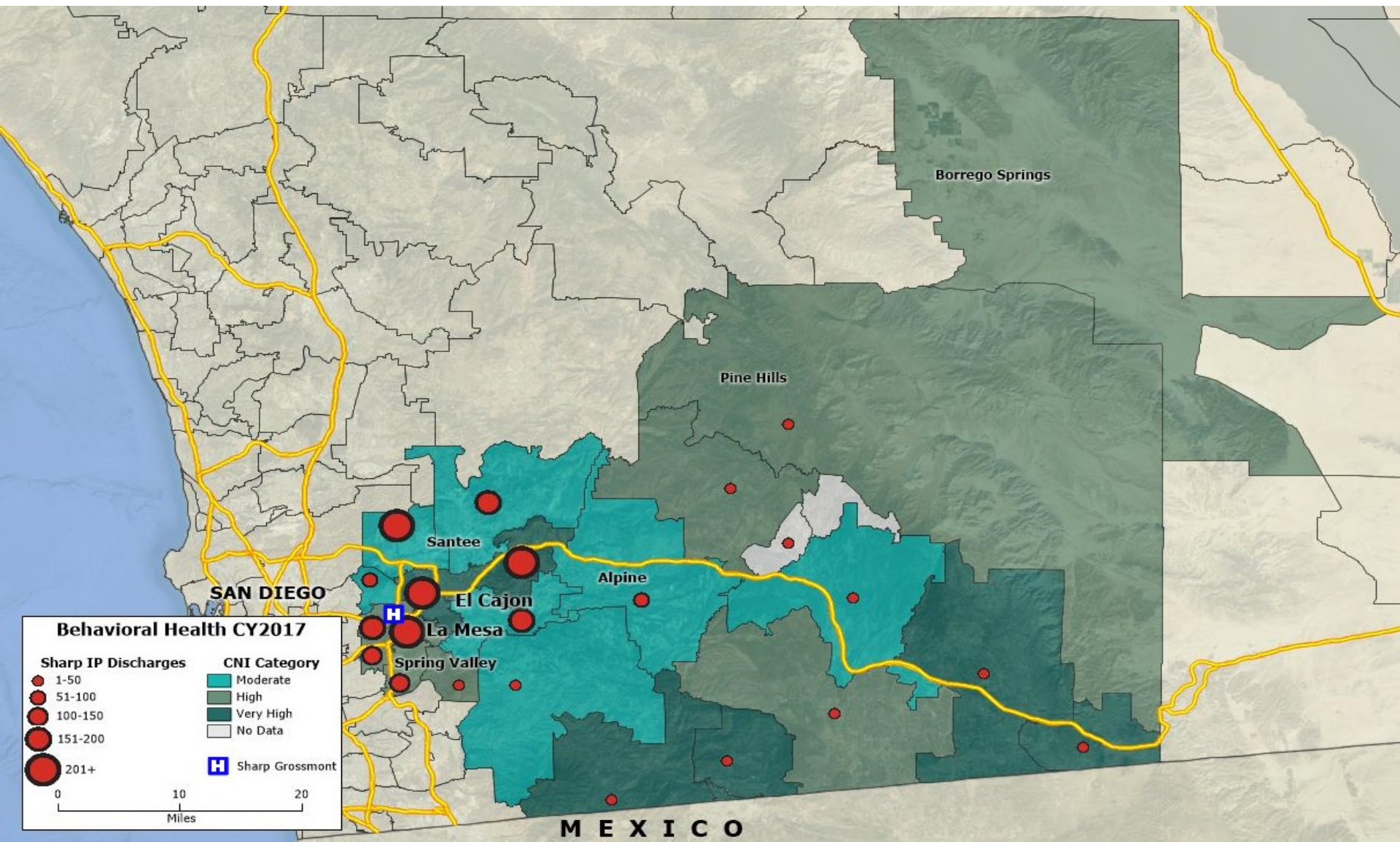
HASD&IC:



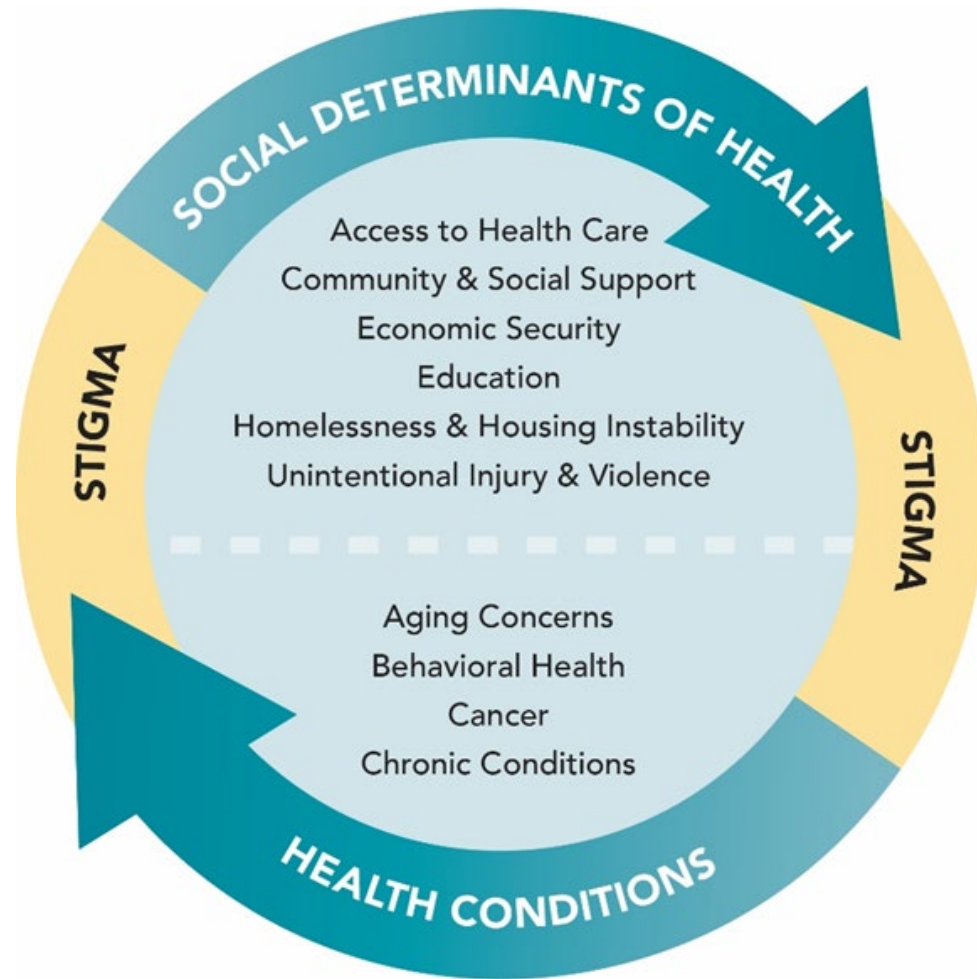
SGH:



SGH 2019 CHNA: Community Defined



2019 CHNA: Overall Findings



SGH: Maternal and Prenatal Care, including High-Risk Pregnancy

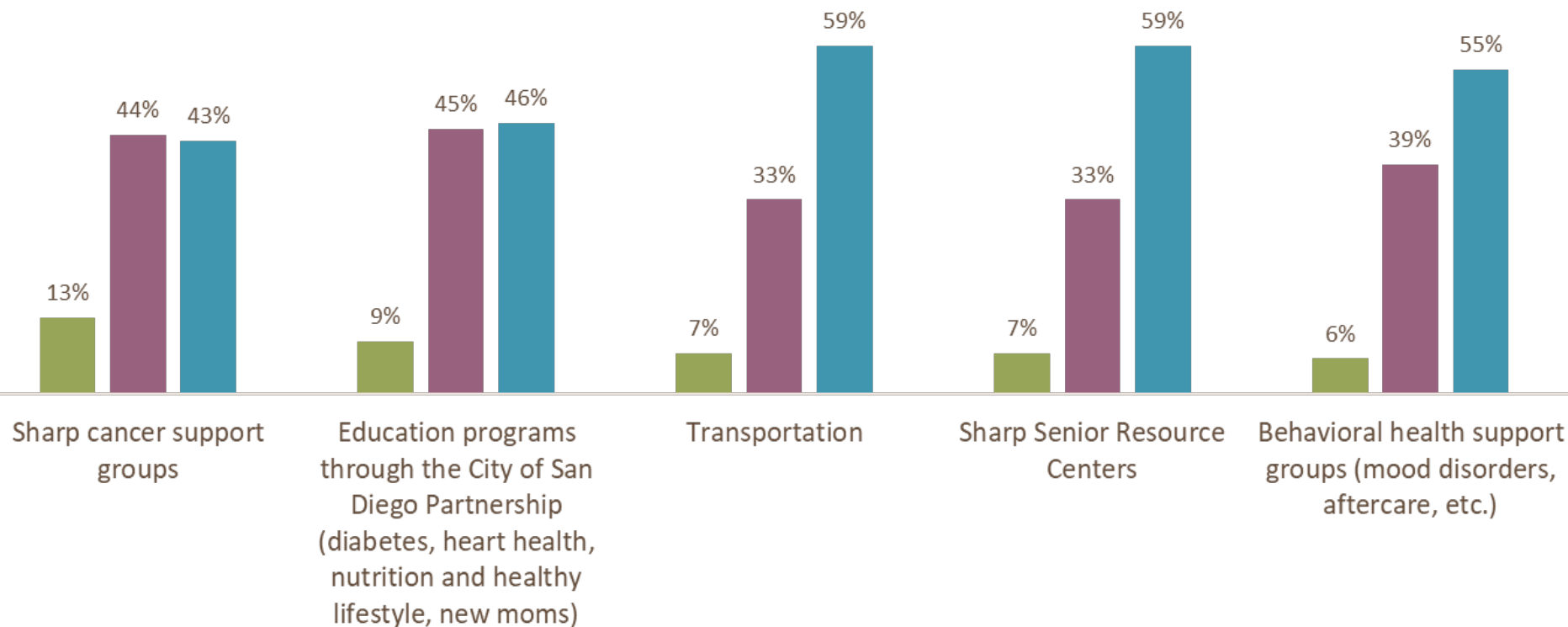
SGH 2019 CHNA: Sharp Insight Community Survey

	Health Condition/ Social Issue	Ranking Score
1	Health insurance (understanding, securing, and using)	1,941
2	Access to care (primary/dental/specialty care, behavioral health)	1,863
3	Aging concerns (arthritis, falls, Alzheimer's, etc.)	1,808
4	Behavioral/mental health (e.g. substance use, suicide, etc.)	1,618
5	Cancer (all types)	1,528
6	Obesity	1,317
7	Economic security (healthy food access, financial stability)	1,280
8	Heart disease	1,188
9	Health behaviors (diet, physical activity, tobacco use)	1,187
10	Diabetes	951
11	Homelessness (overcrowding, substandard, affordability)	831
12	High blood pressure	725
13	Care management (disease management, social service linkages)	621
14	Education (health literacy, workforce development and mobility)	587
15	Screenings (BMI, blood pressure, diabetes, cancer, depression)	542

SGH 2019 CHNA: Sharp Insight Community Survey (cont'd)

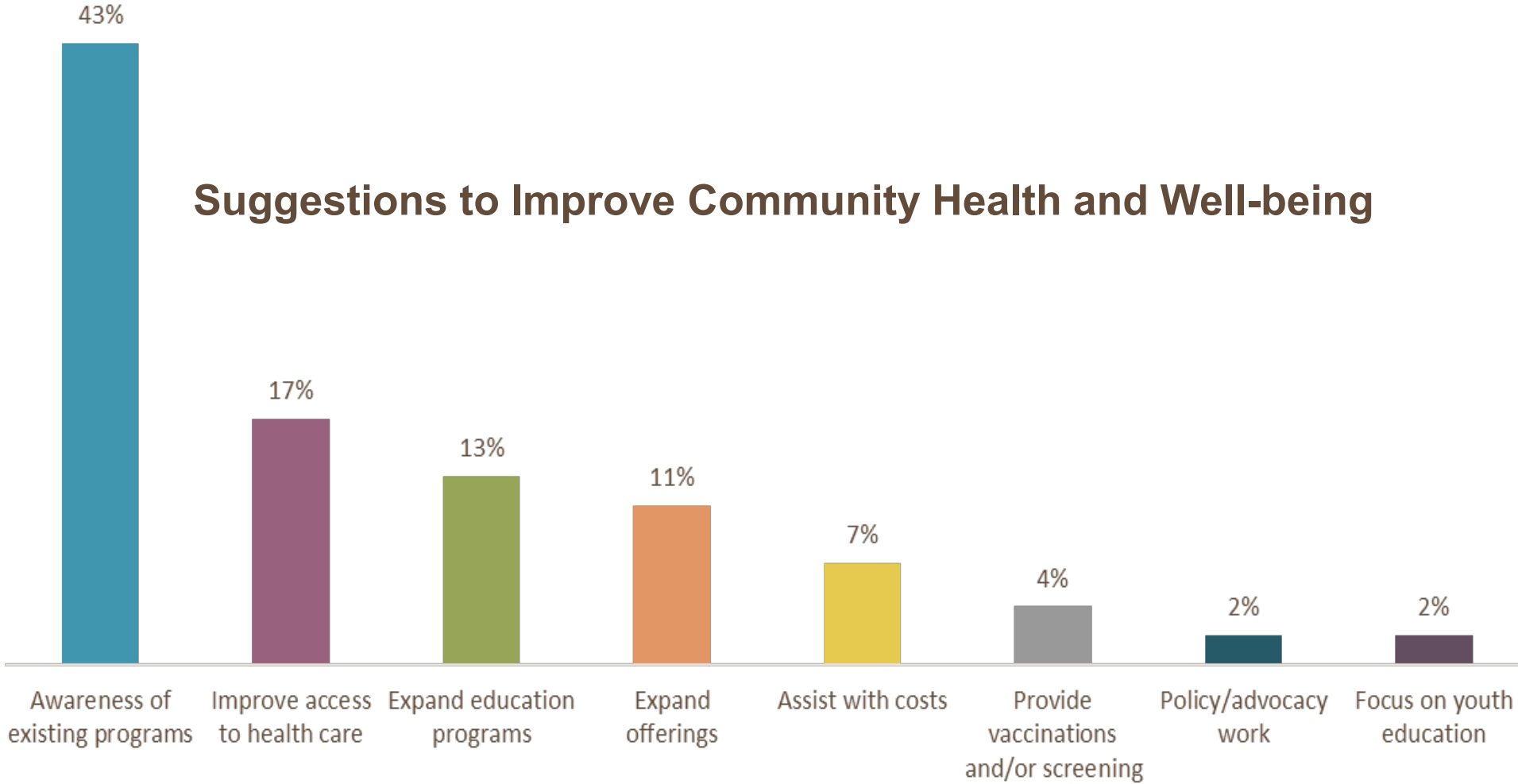
Awareness of Sharp HealthCare Community Outreach Programs

Very familiar Somewhat familiar Not at all familiar



SGH 2019 CHNA: Sharp Insight Community Survey (cont'd)

Suggestions to Improve Community Health and Well-being



Sharp Grossmont Hospital Implementation Strategy

Access to Care

- Patient Access Services: PointCare, CalFresh, ClearBalance; Integrated Care Management collaboration; Public Resource Spec.
- Project Help and other financial support

Aging Concerns:

- Senior Resource Center: robust community education, screenings and support for seniors & caregivers; Telephone Reassurance Calls

Behavioral Health:

- Clinical programs through SGH Behavioral Health
- PET evaluations in the SGH Emergency Department

Cancer:

- Robust community education events, screenings, support groups
- New Cerner PowerForm and Distress Screening to support Cancer Navigators and Social Workers; improve care/community referrals

Sharp Grossmont Hospital Implementation Strategy

Cardiovascular disease:

- Community education, screenings and support groups
- Community Events
- SD County Stroke Consortium participation; data sharing

Community & Social Support:

- 2-1-1 San Diego Community Information Exchange (CIE)
- Care Transitions Intervention (CTI Program)
- Ongoing Case Management and Social Work support and community referrals



Diabetes:

- Community education and event participation
- Culturally appropriate material development
- *Community clinic partnerships:* Family Health Centers of San Diego Diabetes Management Care Coordination Program;

Sharp Grossmont Hospital Implementation Strategy

Economic Security:

- CIE
- CTI
- Access to Care Programs

Education

- Student/intern preceptorship and supervision
- Career Pipeline Programs: I Inspire; Health Sciences High and Middle College; Health-Explorations Summer Institute; HealthCare Towne
- City of San Diego Partnership

Homelessness & Housing Instability:

- Integrated Care Management: systemwide process & dashboard
- Community collaboration for recuperative care options
- CIE



Sharp Grossmont Hospital Implementation Strategy

Maternal & Prenatal Care, including High-Risk Pregnancy

- Education, outreach and support for women around prenatal care, breastfeeding and parenting
- Community collaboration providing low-income, underserved women with critical services & support



Obesity:

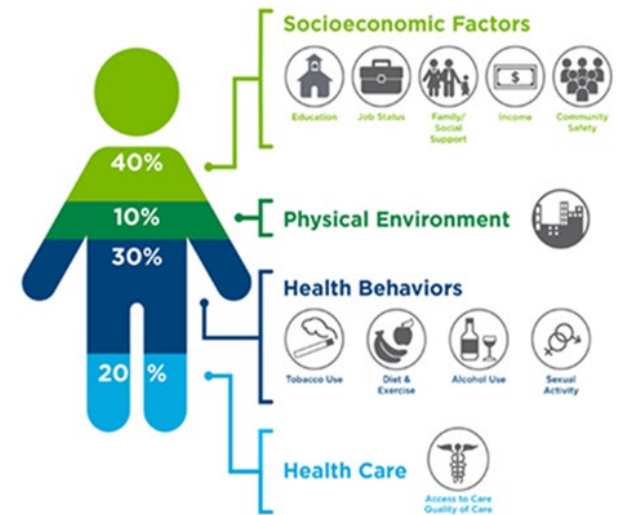
- Community education and screenings (e.g., body composition) with SGH Dietitians
- San Diego Oasis Collaboration

Unintentional Injury & Violence:

- Community education on injury prevention through Sharp ThinkFirst/Sharp on Survival and Health and Science Pipeline Initiative (HASPI) partnerships

Sharp Grossmont Hospital CHNA: Next Steps

- Ongoing HASD&IC and SDC Hospital collaboration:
 - 2019 CHNA Phase 2 – HASD&IC, Sharp, *AND Grossmont Healthcare District*
 - Explore stigma
 - Community outreach and communication; advocacy
- Implementation strategies
- Community Information Exchange



Continued best-practice sharing and CHNA evolution!

Open Discussion

GHD and GHC Board Members

Adjournment

A business meeting of the Grossmont Hospital Corporation Board of Directors will take place following adjournment of the public meeting