# LCMC West Jefferson Medical Center

## 2025-2027
## COMMUNITY HEALTH IMPLEMENTATION PLAN

West Jefferson Medical Center
LCMC Health

Adopted by hospital facility [05/15/2025]

## CHIP Background

This 2025-2027 Community Health Implementation Plan (CHIP) for West Jefferson Medical Center WJMC is a companion piece to the (CHNA). WJMC adopted the Greater New Orleans Area 2024 Community Health Needs Assessment in December 2024. The CHNA identified significant health needs by reviewing data and soliciting input from people who represent the broad interests of the community. This CHIP builds upon the CHNA findings by detailing how WJMC intends to leverage resources and relationships with partner organizations to address the priority health needs identified in the CHNA over the next three years.

This CHNA and CHIP were conducted as part of a collaborative process with Ochsner and LCMC facilities in the Greater New Orleans area. Children's Hospital New Orleans, East Jefferson General Hospital, New Orleans East Hospital, Ochsner Medical Center – New Orleans, Ochsner Medical Center – Kenner, Ochsner Rehabilitation Hospital, Touro Infirmary, Lakeside Hospital, University Medical Center New Orleans and West Jefferson Medical Center contracted with the Louisiana Public Health Institute (LPHI) to develop CHNAs and provide technical assistance and oversight on CHIP reports.

## Community Served

The geographic region of focus for this CHIP is reflective of that described in the CHNA. This community includes five Louisiana parishes, Jefferson, Orleans, St. Bernard, St. Charles, and St. John the Baptist parishes. These parishes and county are referred to as Greater New Orleans" for the purpose of the CHNA-CHIP process. This community includes medically underserved, low-income, and minority populations.

## Priority Health Needs

Community input in the CHNA process drove the determination of significant health needs, which were then prioritized in the CHIP process. During the CHNA process, community input was gathered through interviews, focus groups, and an online survey, targeting participants with special knowledge of public health and representatives of vulnerable populations in the communities served by the hospitals. By triangulating community input from assessment participants with secondary data, nine health needs were identified as significant drivers of health in the Greater New Orleans area CHNA. These included: socioeconomic challenges, environmental health, crime and violence, affordability of care, access to & awareness of behavioral health, health literacy, cultural competency and discrimination, maternal and infant health services, sexual health services, chronic disease prevention. In December 2024, CHNA leads from the Greater New Orleans area hospitals gathered to review data from the assessment and conducted an initial prioritization activity of the health needs. This was done by presenting results to the CHNA Steering Committee Members and hosting a facilitated discussion to narrow down priorities, upon which the results and priorities were presented to the Board of LCMC's West Jefferson Medical Center and approved.


*Figure 1.Health Needs Prioritized by West Jefferson Medical Center*

## Priority Health Needs and Workplans

Below is a summary of findings for each priority health need along with West Jefferson Medical Center corresponding CHIP workplans. Each table describes the workplan to address one of the four priority health needs chosen by WJMC leadership. While leadership chose four priorities to focus on, the workplan features multiple objectives housed under each priority to allow for a multi-pronged approach for improvement. Other elements of the plan include target populations, success measures, actions, objective leads and timeframes, and resources and partners. The activities outlined in these workplans are subject to change over time and should be updated on an ongoing basis.

### *Priority 1: Maternal and Child Health*

Prenatal care is a crucial service that supports long-term health of birthing parents as well as infants and children. Access to prenatal services especially for young or single mothers emerged as a concern in the CHNA, with teen birth rates in many parishes and the state overall being far higher than the national rate. Underlying these issues are also racial disparities especially for rates of low birthweight babies.

**Maternal and Child Health**

**Goal 1**: Increase the Rate of Exclusive Breastfeeding at Discharge

**Intervention Strategy:** Achieve 50% exclusive breastfeeding at discharge for mothers who intend to breastfeed.

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Department |
|---|---|---|---|---|---|---|
| WJMC | Support infant health and development by promoting breast milk as optimal nutrition, enhanced immune system, cognitive development, promoting maternal health, preventing early childhood obesity and chronic diseases, promote long term health benefits, enhance bonding and emotional development, cost effective, etc. | Mothers and Newborn infants in Westbank geographical area. | Educate at monthly breastfeeding class at WJMC, discharge postpartum care education. Develop materials for clinics and JP Wick office | Monitor the % of newborns who are exclusively breastfed at the time of discharge through chart audits and patient surveys. | WJMC Labor and Delivery Department, Women's Health POB-S250, Womens Medical Plaza 516 WB Exp. Gretna, Jefferson Parish Wick, LCMC/WJMC Marketing dept. | Kelli Arnold |

**Goal 2:** Reduce Cesarean Section Rates

**Intervention Strategies**: Reduce the overall cesarean delivery rate to below 23.9% (as recommended by the World Health Organization), specifically 20%.

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Department |
|---|---|---|---|---|---|---|
| WJMC | Improving maternal and neonatal health outcomes for faster recovery, reduced surgical risks, future pregnancies, fewer birth injuries, and shorter hospital stays. | Mothers during pregnancy and delivery. The geographical location is the Westbank of Jefferson Parish. | Promote evidence-based guidelines, provide comprehensive prenatal education, continuous labor support, managing risk factors, induce labor only when medically necessary, active management of labor, training and education for healthcare providers, tailor birth plans to mothers preference, early detection of fetal distress, and reduce the rate of elective cesareans. | Track the cesarean section rate across the L&D department and identify opportunities to reduce unnecessary cesarean delivers through improved labor management practices. | Dr. Zelespie, Dr. Treudeau, Dr. Blanton, LA Perinatal Quality Collaborative (LAPQC), Academy College of Obsetrics & Gynecology (ACOG), Association of Women's Health Obstetrics and Neonates (AWHONN) | Kelli Arnold |

*Priority 2: Chronic Disease Prevention*

Chronic diseases of the greatest concern to CHNA respondents included obesity, hypertension, diabetes, and cancer. Parishes in Greater New Orleans are all impacted by high rates of these chronic diseases, and many participants also connected them to aforementioned environmental challenges that affected access to healthy food or opportunities for physical activity. Cancer screening rates were consistent with or slightly lower among respondents than recommended guidelines, underscoring the need for continued prevention efforts.

## Chronic Disease Prevention

**Goal 1:** Improve Access to Preventative Services

**Intervention Strategy**: Increase the percentage of the eligible population who receives preventative visits and services (wellness exams, diagnostic screenings, vaccinations, etc.) by 15% in 2025.

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Department |
|---|---|---|---|---|---|---|
| NOPS Family Doctors Primary Care Clinics | Enhance access to eligible individuals for preventative/wellness health visits and ensure preventative diagnostic services are offered and ordered to address their individual healthcare needs. | Marrero, Harvey, Algiers, Gretna, Belle Chasse, Westwego, Avondale, Luling | Work with LHP data to identify who needs health screenings. Review patient appointment reports to validate same day access. | Track the % of patients who receive a primary care appointment within 7 days after requesting one. | LCMC LA Healthcare Partners (LHP). NOPS Schedule Center for Primary Care LCMC/WJMC Marketing Department. | Dean Roy Kristy Hebert Terri Massett Cheri Miller Cherie Brage, MD |

| **Goal 2**: Increase the availability of primary care appointments<br><br>**Intervention Strategy**: Ensure that 80% of patients who require an urgent primary care appointment are able to schedule an appointment within 7 days. | | | | | | |
|---|---|---|---|---|---|---|
| **Facility** | **Objective** | **Population(s) of Focus** | **Activities** | **Measurement** | **Partners & Resources** | **Lead Department** |
| NOPS Family Doctors Primary Care Clinics | Enhance access to healthcare, improve overall health outcomes, and reduce the burden on emergency and specialty care services. Individuals receive timely care that address their needs. | Marrero, Harvey, Algiers, Gretna, Luling, Belle Chasse, Westwego, Avondale | Work with LHP data to identify who needs health screenings. Review patient appointment reports to validate same day access. | Track the % of patients who receive a primary care appointment within 7 days after requesting one | LCMC LA Healthcare Partners (LHP). NOPS Schedule Center for Primary Care, LCMC/WJMC Marketing dept. | Dean Roy<br>Kristy Hebert<br>Terri Massett<br>Cherie Miller<br>Cherie Bragg, MD |

*Priority 3: Cultural Competency*

For both physical and mental health, finding providers who would meet cultural needs of different groups was a consistent theme in the CHNA. Participants felt that for racial minorities and immigrants, discrimination and language issues contributed to reduced access to needed care. Cultural stigmas against mental illness were raised as issues preventing some groups from seeking out care when needed. Outdated medical practices that resulted in differential clinical thresholds for certain racial groups were identified as a barrier to effective care.

## Cultural Competency

**Goal:** LCMC Health's anticipates that by prioritizing cultural competency and providing training for teammates we will create an environment where we will experience improved patient trust and satisfaction, improved health outcomes and obtain a reduction in health care disparities. We anticipate our strategy will enable our teammates to effectively interact and work with people from diverse cultural backgrounds, fostering respect, understanding, and equitable outcomes.

**Intervention Strategy:** LCMC Health System Opportunity & Social Responsibility Department (OSR) will develop and implement a cultural competency and cultural humility toolkit to enhance cultural competency and cultural humility for clinical staff working with African American, Hispanic, and Vietnamese populations in all LCMC Health hospitals and to enhance patient-provider communication. The program aims to increase staff understanding and improve patient care to be added to all hospitals' mandatory competencies by January 2026.

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | Increase cultural competency and humility training for clinical staff<br><br>Create culturally tailored content focusing on language barriers, health disparities, historical context, and healthcare access for African American, Hispanic, and Vietnamese communities. | LCMC Health hospitals' clinical staff.<br><br>LCMC Health employed physicians<br>LCMC Health largest underserved populations, African American, Hispanic and Vietnamese. | Conduct a survey and focus groups to understand the specific cultural challenges faced by each population.<br><br>Partner with cultural experts, community leaders, or organizations to ensure accurate and authentic content. | Will design surveys and focus group materials.<br><br>Will obtain responses from a representative sample of all three underserved populations. | Members of LCMC Health's Community Advisory Council<br><br>Members of hospital Mosaic Teams<br>Pilot hospital units and groups | Opportunity & Social Responsibility Department |

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | Design and deliver culturally relevant training programs | LCMC Health hospitals' clinical staff.<br><br>LCMC Health employed physicians | Utilize information obtained from subject matter experts (SBE) to design training.<br><br>Ensure that all materials and training align with national cultural competency standards and address key patient demographics in the hospital's community.<br><br>Initial training program design completed by August 2025.<br><br>Pilot the training in three high-diversity departments (e.g., Maternity, Emergency, and Primary Care Physician Offices).<br><br>Provide pilot training to hospital clinical staff and employed physicians in cultural competency, cultural humility and inclusive communication by September 2025, gathering feedback for revisions. | Will finalize the information gathering process by June 2025<br><br>Review all national cultural competency standards for alignment by June 2025<br><br>Final version of pilot approved by team by August 2025.<br><br>Pilot program implemented by September 2025 with all identified groups.<br><br>All feedback and revisions will be obtained by October 2025 | Members of LCMC Health's Community Advisory Council<br><br>Members of hospital Mosaic Teams<br><br>Pilot hospital units and groups | Opportunity & Social Responsibility Department |

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | Foster a culturally responsive clinical environment. | LCMC Health hospitals' clinical staff.<br><br>LCMC Health employed physicians<br><br>LCMC Health largest underserved populations, African American, Hispanic and Vietnamese. | Conduct pre- and post-implementation patient, clinical staff and physician surveys.<br><br>Upload staff training modules in LCMC Health Learning Center to launch Q1 2025. | Conduct analysis of survey responses and pre- and post-test scores aiming for at least an 85% positive response rate regarding cultural competency and cultural humility in care by December 2025 | Pilot group respondents.<br><br>LCMC Health Learning Center | Opportunity & Social Responsibility Department |

*Priority 4:Health Literacy*

Health literacy is key to maintaining and improving health including both knowledge of health behaviors and ability to understand and seek out accurate health information from doctors or other sources. Digital tools are an important component of health literacy. While broadband access was generally high in target parishes, CHNA participants described varying levels of quality of service by place and challenges understanding digital technology, including accessing telehealth. Community members felt that improving overall health literacy would be crucial to increasing overall health knowledge and patient engagement.

## Health Literacy

**Goal:** LCMC Health System Diversity & Social Responsibility Department (OSR) will develop and implement a comprehensive health literacy toolkit to improve patient understanding of medical information, ensuring that at least 80% of patients report improved comprehension of their diagnoses, treatment plans, and medication instructions by the end of Q4 2025. Our three-pronged approach will also empower our clinical staff and physicians with an increased awareness and skill set to address the literacy needs of our patient populations by at least an 80% achievement in post-test scores by the end of Q4 2025.

**Intervention Strategy:** LCMC Health System's anticipated outcomes are to empower our patient's ability to access, understand, and use health information and services effectively, enabling them to make informed decisions and actively participate in maintaining and improving their own health and the health of their communities.

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | In a three-pronged approach LCMC Health's System OSR Department will address the topic of health literacy by developing educational and informational tools for clinical staff and physicians.<br><br>Develop a multilingual, accessible health literacy toolkit that includes brochures, digital resources, and learning modules covering common medical conditions and concerns. | LCMC Health's most frequently requested languages from our Limited English Proficiency (LEP) patients are the following:<br>1. Spanish<br>2. Vietnamese<br>3. Portuguese | LCMC's Health's System OSR Department will develop and expand the range of their Health Literacy program, "*Be in the K**NO**W",* to encompass a health literacy toolkit and two learning modules for staff.<br><br>Ensure all materials are written at a 6th-grade reading level or lower and include visuals to accommodate diverse patient populations by June 2025. | The patient education toolkit and the staff training modules will be piloted within the system with the following groups:<br>1. Patient Toolkit – 10 members of LCMC Health hospital's Community Advisory Council's<br>Educational modules – 10 clinical members of LCMC Health's hospital Mosaic Teams | Marketing<br><br>Nursing Education<br><br>Physician Education<br><br>Mosaic Teams Clinical Members<br><br>Community Advisory Council Members | |

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | Pilot the toolkit to the Community Advisory Council members and achieve an evaluation score of 85%≥ from Council members on ease of understanding and effectiveness of patient communication by August 2025.<br><br>Feedback will be obtained and improvements will be made. | Select members of LCMC Health hospital's Community Advisory Council's and clinical members of LCMC Health's hospital Mosaic Teams (formerly Diversity Action Teams) | Pilot patient toolkit and staff training modules among a select group of clinical evaluators and achieve an evaluation score of at least 805 of clinical staff on effective patient communication and how to use the toolkit by August 2025<br><br>The evaluation of all materials will include the following processes. Identification of pilot group members, distribution of materials with instructions for evaluation and scoring process, collection of evaluation tools and feedback, recommendations for improvements will be incorporated into tools and final versions will be created by marketing, final versions will be prepared for implementation on pilot units | Achievement of an evaluation score of at least 80% from both groups | Marketing<br><br>Nursing Education<br><br>Physician Education<br><br>Mosaic Teams<br><br>Mosaic Teams Clinical Members<br><br>Community Advisory Council Members | |

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | Pilot the toolkit to the Community Advisory Council members and achieve an evaluation score of 85%≥ from Council members on ease of understanding and effectiveness of patient communication by August 2025.<br><br>Feedback will be obtained and improvements will be made. | Pilot Participants will include:<br>10 low-risk patients will be selected from each pilot unit and 10 clinical members of each pilot unit. | Pilot the toolkit in three high-traffic departments (e.g., Emergency, Primary Care, and Cardiology) by September 2025, gathering feedback for improvements from patients, staff and physicians.<br>Pilot the toolkit to the Community Advisory Council members and achieve an evaluation score of 85%≥ from Council members on ease of understanding and effectiveness of patient communication by August 2025.<br><br>Nursing leadership approval will be obtained and an in-service presentation will be provided to staff of pilot units.<br>Pilots will launch for 1-week at each location. | Conduct patient surveys before and after implementation, aiming for at least an 80% improvement in patient-reported understanding of their health information. | Nursing unit leadership<br><br>Chief Medical Officers (CMOs) | |

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | Pilot the toolkit to the Community Advisory Council members and achieve an evaluation score of 85%≥ from Council members on ease of understanding and effectiveness of patient communication by August 2025.<br><br>Feedback will be obtained and improvements will be made. | Pilot Participants will include:<br>10 clinical members of each pilot unit. | Pilot staff and physician education modules with a select group of clinical staff from each unit.<br>Nursing leadership approval will be obtained and an in-service presentation will be provided to staff of pilot units.<br>Pilots will launch for 1-week at each location. | Conduct staff pre- and post-tests aiming for at least an 80% improvement of their skill set regarding health literacy. | Nursing unit leadership<br><br>Chief Medical Officers (CMOs) | |
| | Pilot the toolkit to the Community Advisory Council members and achieve an evaluation score of 85%≥ from Council members on ease of understanding and effectiveness of patient communication by August 2025.<br><br>Feedback will be obtained and improvements will be made. | Upload toolkit contends into OSR "store" on the LCMC Health intranet along with instructions for utilization.<br><br>Socialize the launch of the "Be in the K**NO**W: Health Literacy Campaign" to run from December 1, 2025 – January 31, 2026. This will prepare teammates to upload staff training modules in LCMC Health Learning Center to launch Q1 2025. | Implementation of both the health literacy toolkit and Staff training modules with a "Be in the K**NO**W" Campaign.<br>We will be working in collaboration with our Local & System Marketing Departments and hospital Mosaic Teams. | We will ensure that all hospitals participate in the campaign. | Marketing (Hospital and System)<br><br>Hospital Mosaic Teams | |

| Facility | Objective | Population(s) of Focus | Activities | Measurement | Partners & Resources | Lead Dept |
|---|---|---|---|---|---|---|
| WJMC | In a three-pronged approach LCMC Health's System OSR Department will address the topic of health literacy by developing educational and informational tools for clinical staff and physicians.<br><br>Develop a multilingual, accessible health literacy toolkit that includes brochures, digital resources, and learning modules covering common medical conditions and concerns. | LCMC Health's most frequently requested languages from our Limited English Proficiency (LEP) patients are the following:<br>Spanish<br>Vietnamese<br>Portuguese | LCMC's Health's System OSR Department will develop and expand the range of their Health Literacy program, "*Be in the K**NO**W",* to encompass a health literacy toolkit and two learning modules for staff.<br><br>Ensure all materials are written at a 6th-grade reading level or lower and include visuals to accommodate diverse patient populations by June 2025. | The patient education toolkit and the staff training modules will be piloted within the system with the following groups:<br>2. Patient Toolkit – 10 members of LCMC Health hospital's Community Advisory Council's<br>Educational modules – 10 clinical members of LCMC Health's hospital Mosaic Teams | Marketing<br><br>Nursing Education<br><br>Physician Education<br><br>Mosaic Teams Clinical Members<br><br>Community Advisory Council Members | |

*Health Needs Not Selected for Prioritization*

While all health needs identified in the CHNA process are of concern and importance, West Jefferson Medical Center commits to focusing on key issues where they can be most impactful. To maximize resources available for the priority health needs listed above, the WJMC leadership determined that the following issues would not be explicitly prioritized and addressed in this CHIP because of resource constraints and a relative lack of expertise or competency to effectively address these needs:

**Significant needs not being addressed and why:**

If the hospital facility does not intend to address a significant health need identified in the CHNA, providing a brief explanation of its reason for not addressing the health need is sufficient. Reasons for not addressing a significant health need may include, but are not limited to:

Resource constraints,
Other facilities or organizations in the community are addressing the need,
Outside the scope of healthcare delivery, and/or
A lack of identified effective interventions to address the need.

| Significant Need | Why is it not addressed |
|---|---|
| Access to and Awareness of Behavioral Health | Beyond the scope of what we do |
| Sexual Health Services | Beyond the scope of what we do |

All the health needs identified in the CHNA process are interconnected and impact one another as they drive health outcomes. Thus, progress on the priority health needs should positively impact the health needs not selected for prioritization. Furthermore, there are community organizations and leaders working to address these health needs. The CHNA-CHIP process creates an opportunity for additional partnerships between hospital facilities and community organizations to improve all aspects of community health.

## Next steps

Improving the health of communities is a long-term, continuous process that occurs in a constantly changing environment and requires ongoing partnership and trust building. Rather than remain a static document, the CHIP workplans should evolve as hospital facilities work with community, and those changes should be tracked and evaluated. West Jefferson Medical Center will monitor progress and revise the CHIP workplans as needed over the next three years. Progress will be reported in the next CHNA. For additional information on the West Jefferson Medical Center CHIP, please contact Toni Flowers (toni.flowers@lcmchealth.org) .

*LPHI assisted in the compilation of this initial Community Healthy Implementation Plan Report. LPHI is a statewide 501(c)(3) nonprofit public health institute that has proudly served the residents of Louisiana for over 25 years.*