



LCMC East Jefferson General Hospital

2025-2027

COMMUNITY HEALTH
IMPLEMENTATION PLAN

East Jefferson 
General Hospital
LCMC Health

Adopted by hospital facility [05/15/2025]

CHIP Background

This 2025-2027 Community Health Implementation Plan (CHIP) for East Jefferson General Hospital (EJGH) is a companion piece to the [CHNA](#). EJGH 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 EJGH 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, and 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 East Jefferson General Hospital and approved.



Maternal and
Child Health



Chronic Disease
Prevention



Cultural
Competency



Health Literacy

Figure 1. Health Needs Prioritized by East Jefferson General Hospital

Priority Health Needs and Workplans

Below is a summary of findings for each priority health need along with East Jefferson General Hospital corresponding CHIP workplans. Each table describes the workplan to address one of the four priority health needs chosen by EJGH 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: Provide more access to quality prenatal, delivery and postpartum care and education to reduce maternal and infant mortality rates.						
Intervention Strategy: Expand prenatal care programs and increase awareness of maternal health resources and support groups for expectant and new mothers.						
Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
EJGH	Expand LAPQC ICSED Naloxone Project by 2027	Pregnant women.	Implementation of distribution of Naloxone to at risk mothers who screen positive for substance use disorder.	Percentage of pregnant patients that screen positive for SUD receiving Naloxone upon discharge	Resources: Staff time, Availability of the drug Partners: Pharmacy, Care Management and Women's Services	Women's Services

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
EJGH	Implement Birth Ready + by 2027	Expecting Mothers	<p>Participation & Collaboration: Monthly coaching calls, topic calls, and Charter Chat participation.</p> <p>Attendance at all required events.</p> <p>Designated Nurse Champions for labor & delivery and the emergency department.</p>	<p>Tracking of births per month/year and reporting process measures.</p> <p>Evaluation of key metrics, including:</p> <ul style="list-style-type: none"> NTSV (Nulliparous, Term, Singleton, Vertex) cesarean rates. Timely hypertension treatment rates. Hemorrhage risk assessments and quantification of blood loss. <p>Implementation of Plan-Do-Study-Act (PDSA) cycles to improve screening and interventions.</p>	<p>Resources: Staff time</p> <p>Partners: OBGYN Providers, Emergency Department,</p>	Women's Services

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
EJGH	Increase education and support opportunities by 2027	Mothers & their community	<p>Mother-Baby Classes</p> <p>Childbirth Education Series – Covers labor stages, early labor signs, pain management, medical interventions, cesarean birth, postpartum, and newborn care.</p> <p>Prenatal Breastfeeding – Teaches breastfeeding basics, including anatomy, breastfeeding techniques, and milk storage.</p> <p>Breastfeeding Support Group</p> <p>Diabetic Education for expecting mothers</p> <p>Family Supporting Newborn and Mother</p> <p>Grandparenting 101 – Educates grandparents on updated infant care practices, safety, and supporting new parents.</p> <p>Infant/Child CPR Training – Teaches CPR and choking relief for infants and children (not a certification course).</p> <p>Newborn essentials class- Educates on transition of a newborn to home environment</p> <p>Safe Sitter Course</p>	<p>Attendance</p> <p>Patient vs. Regular Person</p> <p>Post Test Knowledge assessment</p>	<p>Resources: Staff Time; marketing materials</p> <p>Partners: Women and Newborn Staff, Pediatric physicians, Marketing</p>	Women's Services; Marketing

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: The goal of these initiatives is to ensure that healthcare services remain accessible, data-driven, and impactful for the community. East Jefferson General Hospital aims to enhance overall community well-being by focusing on Chronic Diseases and access to care. By focusing on high-risk populations and prevalent health concerns, these efforts are designed to create sustainable improvements in patient outcomes and healthcare accessibility. Programs are structured to support vulnerable populations, increase accessibility, and provide education to empower individuals in managing their health effectively.

Intervention Strategy: Improve access to care through increasing clinic access and adding additional sub specialty services.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
East Jefferson	Offer more accessible Cancer service for patients and decrease barriers to services at East Jefferson by 2027	Patients identified in Jefferson Parish area who have been diagnosed with Cancer	<p>Increase Cancer center volume through the expansion of Cancer Care Coordination starting Summer 2025</p> <p>Expanding Access to Care in Breast Cancer Clinic by increasing provider time and resources</p> <p>Launching Lung Nodule Program using EON software for incidental nodules</p>	<p>Cancer Center clinic volume 2022- 13,173 2023- 15,454 2024- 17,445</p> <p>No show rates 2022- 6.3% 2023- 5.1% 2024 4.1%</p> <p>Breast Surgery Clinic Volume 2022-86 2023-690 2024-1,424</p>	LSU School of Medicine, Tulane School of Medicine and the American Cancer Society	Cancer Service Line/Urology Service Line

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
East Jefferson	Offer more accessible Cancer service for patients and decrease barriers to services at East Jefferson by 2027	Patients identified in Jefferson Parish area who have been diagnosed with Cancer	<p>In 2025, Launching Urology/Prostate Cancer Program in partnership with Dr. Sartor</p> <p>Increase in Radiation due to additional PET Scanner and increase usage of radiopharmaceuticals</p>	<p>Increase visibility and continued engagement within the community by participating in monthly screening events.</p> <p>Clinic Volume/Procedural Volume</p> <p>PET Volume</p>	LSU School of Medicine, Tulane School of Medicine and the American Cancer Society	Cancer Service Line/Urology Service Line
East Jefferson	Offer more accessible Cardiology service for patients and decrease barriers to services at East Jefferson by 2027	Patients identified in Jefferson Parish area who need Cardiology services	<p>Addition of new Cardiology program (Heart/Lung Transplant)</p> <p>In 2025, initiation of new VAD program for critical patients</p> <p>Increase visibility and community engagement by participating in: Jefferson Parish senior expo, Heart and Vascular Support Groups, Defibrillator Support Groups</p> <p>Increase heart failure appointment scheduling to 85% of heart failure patients</p> <p>Increase Cardiology New Patient Volume by providing better access to clinic</p> <p>Increase Cardiology EP New Patient Volume by providing better access to clinic</p>	<p>1st Heart will take place in 2025</p> <p>2025- 3 VADs placed year to Date</p> <p>Cardiology will participate in 3 community outreach events every year</p> <p>Post Discharge Appts</p> <p>2022 87%</p> <p>2023 94%</p> <p>2024 89%</p> <p>Cardiology New Patient Volume</p> <p>2023 Volume 2,368</p> <p>2024 Volume 2,820</p> <p>Cardiology EP New Patient Volume</p> <p>2023 Volume 247</p> <p>2024 Volume 545</p>	LSU School of Medicine, Tulane School of Medicine, American Heart Association, American College of Cardiology	Cardiology Service Line

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
East Jefferson	Offer more accessible Urology service for patients and decrease barriers to services at East Jefferson by 2027	Patients identified in Jefferson Parish area who require Urology services .	<p>To improve and demonstrate increase access, Urology volume will increase by 15% over the next year through the expansion of added specialties and clinic locations</p> <p>Urology will participate in 3 community outreach events every year. At these events, free urology prostate screenings will be offered to the community</p> <p>To increase access for Female Urology patients, EJ will provide the addition of a Female Urogynecology (Female Pelvic Medicine) program focused on Women's Urological Medicine.</p> <p>Adding collateral marketing material and education opportunities for the community on various Urology health topics</p>	<p>Urology clinic volume 2022- 7,130 2023- 5,901 2024- 11,387 (4 Physicians added)</p> <p>Man Up Screening event to community for free prostate screening</p> <p>Female Urogynecology clinic volume 2024-905 visits</p> <p>Increase visibility and engagement within community by participating in 3 community-based outreach events, attending education symposiums or hosting an event circled around Urology health</p>	LSU School of Medicine, Tulane School of Medicine	Urology Service Line

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
EJGH	Create culturally tailored content focusing on language barriers, health disparities, historical context, and healthcare access for African American, Hispanic, and Vietnamese communities by December 2025	LCMC Health hospitals’ clinical staff. LCMC Health employed physicians 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. Partner with cultural experts, community leaders, or organizations to ensure accurate and authentic content.	Will design surveys and focus group materials. Will obtain responses from a representative sample of all three underserved populations.	Members of LCMC Health’s Community Advisory Council Members of hospital Mosaic Teams Pilot hospital units and groups	Opportunity & Social Responsibility Department

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

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Department
EJGH	Conduct analysis of data, refine training and upload finished products into the learning center to launch in Q1 2026.	<p>LCMC Health hospitals' clinical staff.</p> <p>LCMC Health employed physicians</p> <p>LCMC Health largest underserved populations, African American, Hispanic and Vietnamese.</p>	<p>Conduct pre- and post-implementation patient , clinical staff and physician surveys.</p> <p>Upload staff training modules in LCMC Health Learning Center to launch Q1 2026.</p>	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	<p>Pilot group respondents.</p> <p>LCMC Health Learning Center</p>	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’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.

Intervention Strategy: LCMC Health System Opportunity & 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.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
EJGH	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.	LCMC Health’s most frequently requested languages from our Limited English Proficiency (LEP) patients are the following: 1. Spanish 2. Vietnamese 3. Portuguese	LCMC’s Health’s System OSR Department will develop and expand the range of their Health Literacy program, “ <i>Be in the KNOW</i> ”, to encompass a health literacy toolkit and two learning modules for staff.	The patient education toolkit and the staff training modules will be piloted within the system with the following groups:	Marketing Nursing Education Physician Education Mosaic Teams Clinical Members Community Advisory Council Members	OSR Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
EJGH	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: 1. Spanish 2. Vietnamese Portuguese	Ensure all materials are written at a 6th-grade reading level or lower and include visuals to accommodate diverse patient populations by June 2025.	Patient Toolkit – 10 members of LCMC Health hospital's Community Advisory Council's Educational modules 10 clinical members of LCMC Health's hospital Mosaic Teams	Marketing Nursing Education Physician Education Mosaic Teams Clinical Members Community Advisory Council Members	OSR Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
EJGH	<p>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.</p> <p>Feedback will be obtained and improvements will be made.</p>	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)	<p>Pilot patient toolkit and staff training modules among a select group of clinical evaluators and achieve an evaluation score of at least 80% of clinical staff on effective patient communication and how to use the toolkit by August 2025</p> <p>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</p>	Achievement of an evaluation score of at least 80% from both groups	<p>Marketing</p> <p>Nursing Education</p> <p>Physician Education</p> <p>Mosaic Teams</p> <p>Mosaic Teams Clinical Members</p> <p>Community Advisory Council Members</p>	OSR Department

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
EJGH	Pilot educational modules to clinical staff members and physicians by	Pilot Participants will include: 10 clinical members of each pilot unit.	Pilot staff and physician education modules with a select group of clinical staff from each unit. Nursing leadership approval will be obtained and an in-service presentation will be provided to staff of pilot units. 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 Chief Medical Officers (CMOs)	OSR Department
EJGH	Pilot educational modules to clinical staff members and physicians by October 2025.	Pilot Participants will include: 10 clinical members of each pilot unit.	Pilot staff and physician education modules with a select group of clinical staff from each unit. Nursing leadership approval will be obtained and an in-service presentation will be provided to staff of pilot units. 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 Chief Medical Officers (CMOs)	OSR Department.

Facility	Objective	Population(s) of Focus	Activities	Measurement	Partners & Resources	Lead Dept
EJGH	Launch an informational campaign in partnership with Organizational Development Team in the learning center and upload training modules in learning center by December 2025.	<p>Upload toolkit contents into OSR “store” on the LCMC Health intranet along with instructions for utilization.</p> <p>Socialize the launch of the “Be in the KNOW: Health Literacy Campaign” to run from December 1, 2025 – January 31, 2026. This will provide teammates with an awareness of the importance of this topic and introduce it to our annual learning platform.</p> <p>Upload staff training modules in LCMC Health Learning Center to launch Q1 2026.</p>	<p>Implementation of both the health literacy toolkit and Staff training modules with a “Be in the KNOW” Campaign.</p> <p>We will be working in collaboration with our Local & System Marketing Departments and hospital Mosaic Teams.</p>	We will ensure that all hospitals participate in the campaign.	<p>Marketing (Hospital and System)</p> <p>Hospital Mosaic Teams</p> <p>Organizational Development Team</p>	OSR Department.

Health Needs Not Selected for Prioritization

While all health needs identified in the CHNA process are of concern and importance, East Jefferson General Hospital commits to focusing on key issues where they can be most impactful. To maximize resources available for the priority health needs listed above, the EJGH 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
Socioeconomic Challenges	East Jefferson is unable to address this significant need due to limited resources and financial challenges
Environmental Health	This is outside the scope of healthcare. We are unable to meet this need at East Jefferson
Crime and Violence	This is outside the scope of healthcare. We are unable to meet this need at East Jefferson
Affordability of Care	While this is not addressed as a standalone priority, East Jefferson does incorporate this need throughout multiple other strategic focuses. Specifically by increasing access to care and certain specialties we are able to support uninsured and underinsured populations in Jefferson Parish
Access to & Awareness of Behavioral Health	East Jefferson is unable to prioritize a standalone initiative for Access to & Awareness of Behavioral Health services due to resource constraints.
Sexual Health Services	East Jefferson is unable to prioritize a standalone initiative for Sexual Health services due to resource constraints.

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. East Jefferson General Hospital 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 East Jefferson General Hospital 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.