

## **Barlow Respiratory Hospital- Equity Measures Report**

### **Supplemental Attachment**

Hospital HCAI ID: 106090793

Report Period: 01/01/2024 - 12/31/2024

Hospital Web Address for Equity Report: <https://www.barlowhospital.org>

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### **Overview**

California State Assembly Bill No. 1204 requires the Department of Health Care Access and Information (HCAI) to develop and administer a Hospital Equity Measures Reporting Program to collect and post summaries of key hospital performance and patient outcome data regarding sociodemographic information, including but not limited to age, sex, race/ethnicity, payor type, language, disability status, and sexual orientation and gender identity.

Hospitals are required to annually submit their reports to HCAI. These reports contain summaries of each measure, the top 10 disparities, and the plans intended to address the identified disparities.

In addition, hospitals are required to provide hospital equity plans that address the top 10 disparities by identifying population impact and providing measurable objectives and specific timeframes. For each disparity, hospital equity plans will address performance across priority areas: person-centered care, patient safety, addressing patient social drivers of health, effective treatment, care coordination, and access to care.

### **Data Collection**

Barlow Respiratory Hospital has a contracted Electronical Medical Record (EMR) vendor that will be up updating our current EMR to allow capture of all the required data elements to be reported, within the required reporting deadlines.

### **Addressing Disparities**

In addition to developing the ability to capture relevant health disparity data, we have begun a multidisciplinary team effort to develop and implement plans to address disparities identified in the equity report, consistent with our pre-existing Community Health Benefits Needs Survey and Plan.

In general, we provide consistently compassionate care founded on knowledge, grounded in evidence-based practice, demonstrated by competence, and guided by ethical values. We build relationships with effective communication based on empathic and caring behavior. Our consistently exceptional care reflects our understanding of patients' emotional, physical and spiritual needs. We support our diverse community through health literacy promotion, ethnic concordance, and translation and interpretive services for language and hearing barriers. We respect the health care needs of individuals through all stages of life.

In particular: we work to address our community health needs and possible health equity disparities by utilizing a multidisciplinary care team process that combines care coordination, patient education, social support, and community partnerships. For example:

- Every inpatient is included every day in multidisciplinary rounds.
- Every inpatient has an educational assessment completed and is evaluated by a case manager.
- 100% of admitted patients receive discharge planning services to assure a safe discharge plan according to their unique life situation. Case managers refer patients to services covered by their insurance and in their geographic location based on the patient and their family's preferences.

- We provide health literacy promotion as identified and needed.
- We provide complete translation and interpretive services for all language needs and hearing barriers.
- We screen 100% of admitted patients using social determinants of health (SDOH). Using specific questions upon admission and discharge, we identify food insecurity, transportation and difficulty paying utilities as our patient population's most frequent challenges for our patients with Medi-Cal and Medicare.
- As needed, we refer patients and families to local food banks/pantries and soup kitchens.
- As needed, we refer Medicare patients and families to paratransit for help with transportation to their medical appointments as well as certain Medi-Cal patients whose insurance plan allows. We also provide other local transportation options as needed.
- For patients whose plans do not offer home health care, we ensure they have a safe discharge and to reduce the risk of readmission.

### **Other Community Benefit Initiatives**

#### **Improved Health Insurance Coverage for Under-Insured Patients**

Most people who are over 65 have Medicare insurance coverage. However, many of these individuals in Barlow's service area lack the financial resources to pay for costs Medicare does not cover, including extended long term (post-acute) care. A significant number of these financially disadvantaged patients are actually eligible for MediCal. These "dual eligible" patients receive improved benefits and coordinated care management services which often result in them having increased options for placement post-discharge from Barlow. Unfortunately, due to various barriers, many individuals are either unaware they are eligible for this additional service and the associated benefits, or unable to complete the necessary application process to qualify.

In response to this need we developed and deployed a process to identify underinsured patients upon admission and link to coverage by providing assistance with the application process and follow-up support.

In 2023 our screening process identified 26 underinsured patients that might qualify for dual eligibility. All patients and/or their families were contacted within 7 days of admission and offered education and application assistance. All 26 accepted assistance and submitted applications to MediCal, and 21 of those applications were approved.

### **Initiatives Focused on Community Building**

Barlow representatives hold membership in numerous local community groups. Barlow representatives are involved in discussions which identify/clarify community issues, development and implementation strategies to address the issues, and monitoring and evaluating progress toward established goals.

Barlow representatives serve as liaisons between community groups and civic/business leaders. Currently we are involved with the Echo Park Chamber of Commerce, Los Angeles Chamber of Commerce, Los Angeles Rotary Club, and Valley Industry & Commerce Association.

### **Initiatives Focused on Long-Term Strategic, Community Health Improvement**

The need for additional specialty services and a better referral system for specialty care are ranked third and tenth, respectively, among community health priorities identified in the Healthcare Association of Southern California (HASC) Regional Report 1998. According to the Barlow Respiratory Hospital 2020 Community Needs Assessment, the community has access to medical care primarily through their primary care physicians, urgent care and the emergency room.

We aim to continually grow and expand to bring our expertise in ventilator weaning, pulmonary rehabilitation, and treatment of the chronically critically ill to other communities.

We currently support the operations of two (2) satellites – one in Presbyterian Intercommunity Hospital in Whittier, the other within Valley Presbyterian Hospital in the San Fernando Valley. The current satellite units continue to be successful in delivering care to the community. Our medical staff membership continues to grow primarily due to these successes. We have added individual physicians and physician groups to our staff and enhanced our working relationships with local acute care hospitals and health systems, including UCLA, PIH and Good Samaritan. This provides patients within these health care facilities and systems enhanced access to our services.

In addition, Barlow Respiratory Hospital serves as an educational center for the training of medical students from USC and UCLA. The students round with a physician over a three (3) to four (4) week time period on critically ill patients, many of whom are ventilator dependent with multiple comorbidities. Didactic teaching is performed using printed educational material as supplement to bedside teaching.

The Barlow Respiratory Hospital Nursing Residency Program is an in-depth three-month training required for all newly hired nurses at Barlow Respiratory Hospital. It provides hands-on acute care experience and education specific to the critical care needs of Barlow patients and specialized training to serve patients with respiratory illness. Program participants are both new grads and seasoned Registered Nurses who care for Barlow Respiratory Hospital patients at all three locations; Barlow Main in Los Angeles, Barlow at Valley Presbyterian Hospital in Van Nuys and Barlow at PIH Health Hospital–Whittier.

We also partner with local community colleges to serve as a rotation training site for Nurses and Respiratory Therapists. Students serve with on-site educators at all three locations; Barlow Main in Los Angeles, Barlow at Valley Presbyterian Hospital in Van Nuys and Barlow at PIH Health Hospital–Whittier.

In addition, the hospital awards an annual Nursing Scholarship to a fourth semester nursing student. Criteria for selection include financial need and academic performance to promote excellence in the field of nursing and to develop the next generation of highly trained healthcare professionals.

#### **NON-QUANTIFIABLE COMMUNITY BENEFITS**

Barlow is committed to excellence in outcomes for chronic lung diseases, and other disease processes in the respiratory and medically complex patient. Barlow contributes to the knowledge base of pulmonary and critical care medicine, and shapes the health care decisions for patients with ventilator dependency, respiratory failure and other disease processes in the respiratory and medically complex patient. Barlow Respiratory Research Center (BRRC) established in 1990 and in operation until 2016, and the Center for Outcomes and Value established in 2016, have focused on outcomes-based research in respiratory illnesses.

Barlow's benefits to the community are many, and impossible to measure. Most far-reaching are scientific publications and presentations that benefit Southern California and world communities through the education of physicians and allied health professionals responsible for the communities' health care. Since 1990 over eighty publications, and more than eighty presentations have been provided to thousands of medical professionals, Barlow's leadership role in weaning patients from prolonged mechanical ventilation.