

Community Health Needs Assessment 2016



the children's center
REHABILITATION HOSPITAL

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Introduction

Internal Revenue Code (IRC) Section 501(r) requires health care organizations to assess the health needs of their communities and adopt implementation strategies to address identified needs. Per IRC Section 501(r), a byproduct of the *Affordable Care Act*, to comply with federal tax-exemption requirements, a tax-exempt hospital facility must:

- ✓ Conduct a community health needs assessment (CHNA) every three years.
- ✓ Adopt an implementation strategy to meet the community health needs identified through the assessment.
- ✓ Report how it is addressing the needs identified in the CHNA and a description of needs that are not being addressed with the reasons why such needs are not being addressed.

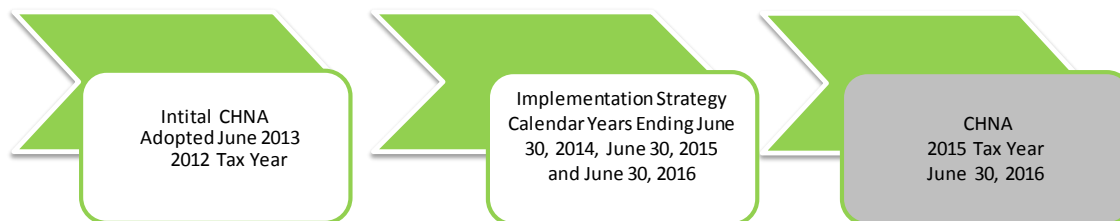
The CHNA must take into account input from persons including those with special knowledge of or expertise in public health, those who serve or interact with vulnerable populations and those who represent the broad interest of the community served by the hospital facility. The hospital facility must make the CHNA widely available to the public.

This CHNA, which describes both a process and a document, is intended to document The Children's Center Rehabilitation Hospital's (Hospital or Children's) compliance with IRC Section 501(r)(3). Health needs of the community have been identified and prioritized so that the Hospital may adopt an implementation strategy to address specific needs of the community.

The *process* involved:

- ✓ An evaluation of the implementation strategy for fiscal years ended June 30, 2014 through June 30, 2016, which was adopted by the Hospital board of directors in 2013.
- ✓ Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and data provided by the Hospital.
- ✓ Obtaining community input through interviews with key stakeholders who represent a) persons with specialized knowledge in public health; b) populations of need; or c) broad interests of the community.

This *document* is a summary of all the available evidence collected during the CHNA conducted in tax year 2015. It will serve as a compliance document, as well as a resource, until the next assessment cycle. Both the *process* and *document* serve as the basis for prioritizing the community's health needs and will aid in planning to meet those needs.



Summary of Community Health Needs Assessment

The purpose of the CHNA is to understand the unique health needs of the community served by The Children's Center and to document compliance with new federal laws outlined above.

The Hospital engaged **BKD, LLP** to conduct a formal CHNA. **BKD, LLP** is one of the largest CPA and advisory firms in the United States, with approximately 2,000 partners and employees in 34 offices. BKD serves more than 900 hospitals and health care systems across the country. The CHNA was conducted from January 2016 to June 2016.

Based on current literature and other guidance from the treasury and the IRS, the following steps were conducted as part of the Hospital's CHNA:

- An evaluation of the impact of actions taken to address the significant health needs identified in the tax year 2013 CHNA was completed to understand the effectiveness of the Hospital's current strategies and programs.
- The "community" served by the hospital was defined by utilizing inpatient data regarding patient origin. This process is further described in the *Community Served by the Hospital* section of this report.
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties (see references in *Appendices*). The health status of the community was then reviewed. Major health problems facing Children's patients were analyzed using data at a state and national level.
- Community input was provided through six key stakeholder interviews. Results and findings are described in the *Key Stakeholder Interviews* section of this report.
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and minority groups and the community as a whole. Health needs were ranked utilizing a weighting method that weighs 1) the size of the problem, 2) the seriousness of the problem, 3) the impact of the issues on vulnerable populations, 4) the prevalence of common themes and 5) how important the issue is to persons served by Children's.
- An inventory of health care facilities and other community resources potentially available to address the significant health needs identified through the CHNA was prepared and collaborative efforts were identified.

Health needs were then prioritized taking into account the perceived degree of influence the Hospital has to impact the need and the health needs impact on overall health of the community.

General Description of the Hospital

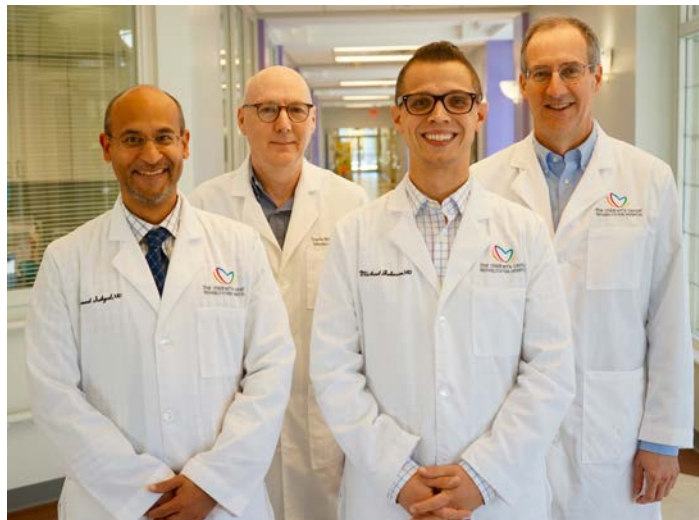
The Hospital is a private non-profit hospital, located in Bethany, Oklahoma, which offers 24-hour medical care, comprehensive rehabilitative therapies, respiratory care, and special education. The state-of-the-art facility is home to four main areas of service: Complex Care, Pediatric Medical Rehabilitation, Pediatric Clinic and Outpatient Therapy Services.

Services Provided by the Hospital

The Hospital offers a wide range of medical services, rehabilitative care and social services to children with complex medical needs. These services include:

- Complex Care Program
- Pediatric Medical Rehabilitation
- Pediatric Clinic
- Outpatient Therapy

The Hospital is dedicated to maximizing the potential of all children who come through its doors. The Hospital is now a multifaceted hospital with more than 550 employees and an operating budget of more than \$36 million.

**Mission**

Because we believe life is sacred, an inherent gift from a loving Creator, and that all children are of equal worth, we dedicate ourselves to maximizing the potential of every child by providing state-of-the-art pediatric medical and rehabilitative services in a compassionate environment consistent with the Christian principles on which we were founded.

Evaluation of Prior Implementation Strategy

The implementation strategy for fiscal years ended June 30, 2014 to June 30, 2016 focused on four points to address identified health needs. A summary of the Hospital's evaluation regarding these priorities is below.

Priority 1: Increase Access to Specialists

The use of pediatric specialists has continued to increase. The Hospital currently utilizes more than 20 different specialists for inpatient and outpatient needs. In the most recently completed fiscal year, the Hospital avoided more than 1,300 transfers for patient appointments at other facilities. Employed and contracted specialists will continue to play a vital role in caring for patients with complex needs.

Priority 2: Continuum of Care

The Hospital continues to rely on social workers to meet with families to develop appropriate transition plans. The facility is still not in a position to care for patients beyond the age of 18; however, the transition process is starting earlier in order to give families and caregivers more time to determine the most appropriate placement for patients. Social workers continue to engage case managers at adult facilities that might be appropriate for patients discharging from the Hospital. No patient will be discharged before an appropriate facility/home can be found that will meet the patient's needs.

Priority 3: Expand Facility and Services Offered at Hospital

Work has begun on a 100,000 square foot, four-story bed tower that will be connected to the existing hospital. The new building will have a total of 40 inpatient beds, including 24 private rooms, an entire floor dedicated to outpatient services, and expanded diagnostic facilities as well as larger conference room space. There will be 20 inpatient beds on both the third floor and fourth floor to help expand ventilator programming, palliative care, and care for other types of patients from pediatric ICU's around the state and region. One entire floor will be dedicated to outpatient services, which will double the current square footage used by outpatient services. The first floor will include expanded diagnostic services for both inpatients and outpatients, and the expanded conference room area will also double as an EF-5 rated storm shelter for patients and employees. The official groundbreaking for the building was in September 2015 and is expected to be completed by December 2017.

Priority 4: Education and Prevention Training

The Children's Center Rehabilitation Hospital has become the sponsor agency for the Oklahoma SafeKids Coalition. The Hospital will provide direct oversight to the program as well as offer financial stability. The Hospital employs all SafeKids personnel and is a hosting site for child safety training, car seat safety checks, and other injury prevention programs through SafeKids. The Hospital continues to participate in and sponsor events for ATV RideSafe Oklahoma in order to decrease the incidence of injuries and fatalities from ATV use. The Hospital also seeks to educate the community at large about many best practices for children's health using newsletters, website updates and pamphlets available in outpatient settings.

Summary of Findings – 2015 Tax Year CHNA

The following health needs were identified based on the information gathered and analyzed through the 2015 CHNA conducted by the Hospital.

Based on the prioritization of identified health needs gathered through the CHNA process, The Children's Center will focus on the following areas for fiscal years 2017 – 2019:

- Expansion of Facility & Services
- Education & Prevention
- Transitional Care

The Hospital's next steps include developing an implementation strategy to address these priority areas.

Community Served by the Hospital

The Hospital is located in Bethany, Oklahoma, in Oklahoma County, 12 miles northwest of Oklahoma City, Oklahoma. The Hospital is accessible from Route 66, located off of Interstate 44.

Defined Community

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the CHNA considers other types of health care providers, the Hospital is the single largest provider of acute care services. For this reason, the utilization of Hospital services provides the clearest definition of the community.

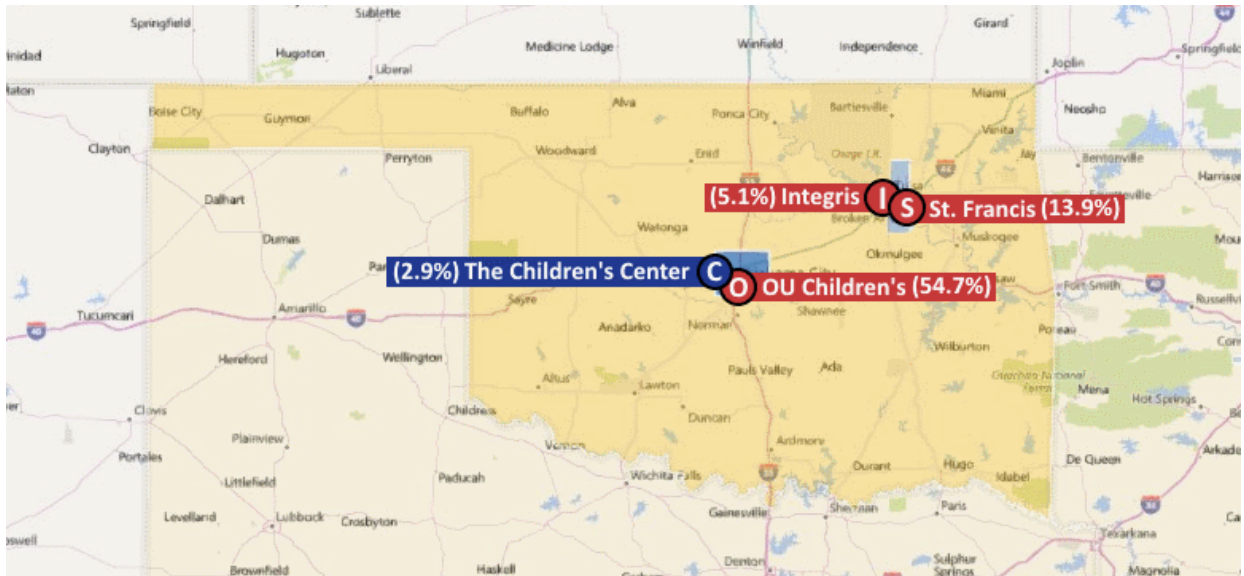
Based on the patient origin of inpatient discharges from July 1, 2014 to June 30, 2015, management has identified the state of Oklahoma as the defined CHNA community. The Hospital provides services to children from all across the state and is, therefore, the best representation of the Hospital's community. The CHNA will utilize state data and input from statewide sources to analyze health needs for the community.

Exhibit 1
The Children's Center CHNA Community
Summary of Inpatient Discharges
7/1/2014 - 6/30/2015

Referring Facility	Discharges	Percent of Total Discharges
OU Children's Hospital	75	54.7%
Home	19	13.9%
St. Francis Children's Hospital	19	13.9%
Integris	7	5.1%
DHS Shelter	5	3.6%
Children's Center Outpatient	4	2.9%
Tulsa (pediatric clinic referrals)	3	2.2%
Other	3	2.2%
Arkansas Children's (Little Rock)	1	0.7%
Children's Medical Center Dallas	1	0.7%
	<u>137</u>	

Identification and Description of Geographical Community

A community is defined as the geographic area from which a significant number of the patients utilizing the Hospital's services reside. The Hospital is the only hospital of its type in the state of Oklahoma and patients are admitted from all over the state, as well as out of state. The Hospital's patients are referred from other hospitals with the majority of those referrals being admitted from The Children's Hospital at OU Medical Center, INTEGRIS Baptist Hospital and St. Francis Hospital. The map below shows the three hospitals, where nearly 83% of the Hospital's admissions came from.



Community Population and Demographics

The U.S. Bureau of Census has compiled population and demographic data. *Exhibit 2* below shows the total population of the community. It also provides the breakout of the community by sex, age and race/ethnicity.

Exhibit 2
Demographic Snapshot
The Children's Center

DEMOGRAPHIC CHARACTERISTICS				
	Total Population			Oklahoma
Oklahoma	3,785,742		Total Male Population	1,873,875
United States	311,536,591		Total Female Population	1,911,867

POPULATION DISTRIBUTION				
Age Distribution				
Age Group	Oklahoma	Percent of Total OK	United States	Percent of Total U.S.
0-4	264,159	6.98%	20,052,112	6.44%
5-17	671,200	17.73%	53,825,364	17.28%
18-24	386,085	10.20%	31,071,264	9.97%
25-34	512,819	13.55%	41,711,276	13.39%
35-44	464,680	12.27%	40,874,160	13.12%
45-54	513,248	13.56%	44,506,268	14.29%
55-64	451,937	11.94%	37,645,104	12.08%
65+	521,614	13.78%	41,851,043	13.43%
Total	3,785,742	100.00%	311,536,591	100.00%

RACE/ETHNICITY				
Race/Ethnicity Distribution				
Race/Ethnicity	Oklahoma	Percent of Total OK	United States	Percent of Total U.S.
White Non-Hispanic	2,582,335	68.21%	197,050,416	63.25%
Black Non-Hispanic	269,717	7.12%	38,093,996	12.23%
Hispanic	345,139	9.12%	51,786,592	16.62%
Asian & Pacific Island Non-Hispanic	70,928	1.87%	15,550,057	4.99%
All Others	517,623	13.67%	9,055,530	2.91%
Total	3,785,742	100.00%	311,536,591	100.00%

Source: Community Commons

Socioeconomic Characteristics of the Community

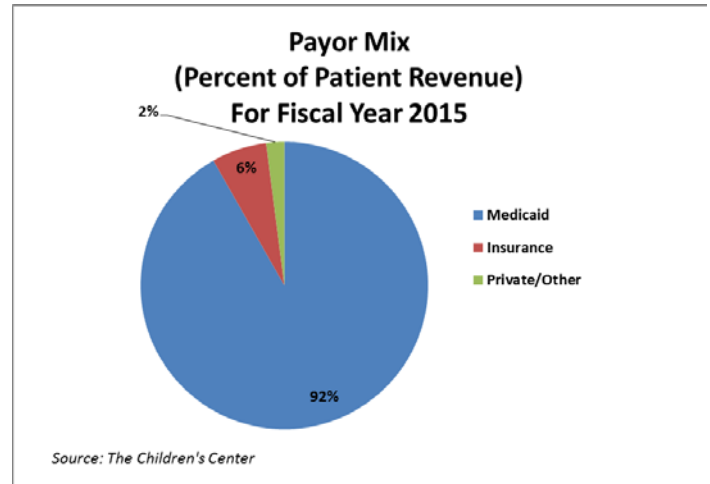
The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. The economic status of an area may be assessed by examining multiple variables within the CHNA community. The following exhibits are a compilation of data that includes sources of Hospital revenue, per capita income, poverty, unemployment rates, uninsured population and educational attainment for the CHNA community.

Sources of Revenue for the Hospital

Sources of Patient Revenue

The Hospital is almost exclusively funded by Medicaid, with only 8% of patient revenue being paid by private insurance or other sources of funding.

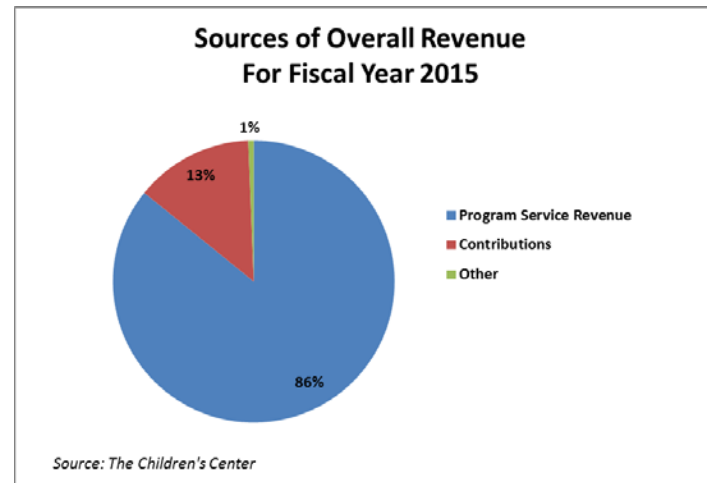
Exhibit 3.1



Sources of Overall Revenue

86% of the Hospital's overall revenue is supported by program service revenue, with the remaining amounts consisting of 13% of contributions and 1% of other sources of revenue.

Exhibit 3.2

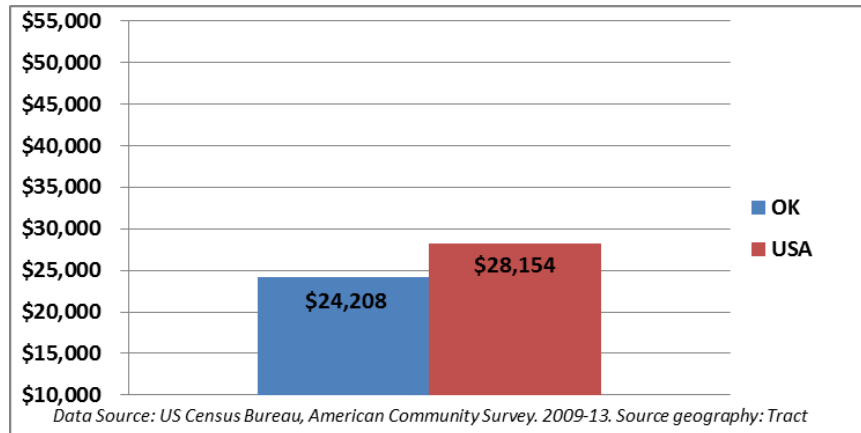


Income, Poverty and Employment

The following graphs present the median household income for the CHNA community. The median household income for the state of Oklahoma is \$24,208, which is slightly lower than the national median household income which is \$28,154.

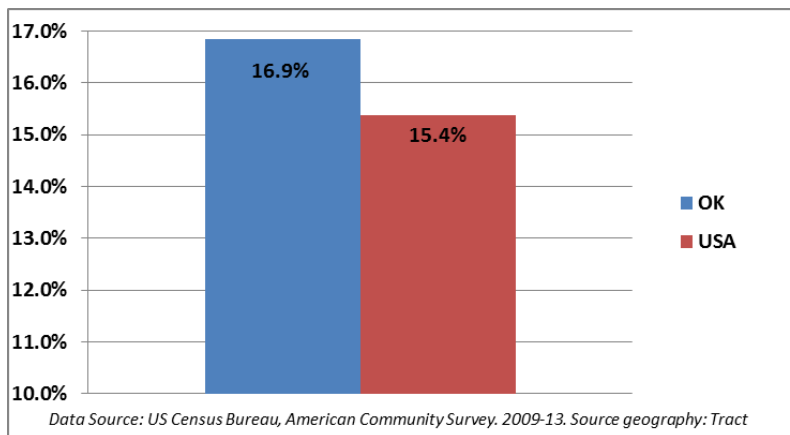
Exhibit 4

Per Capita Income



Oklahoma's percentage of the population living below the federal poverty line (\$23,050 for a family of four in 2013) at 16.9% is slightly higher than the national percentage of 15.4%.

Exhibit 5

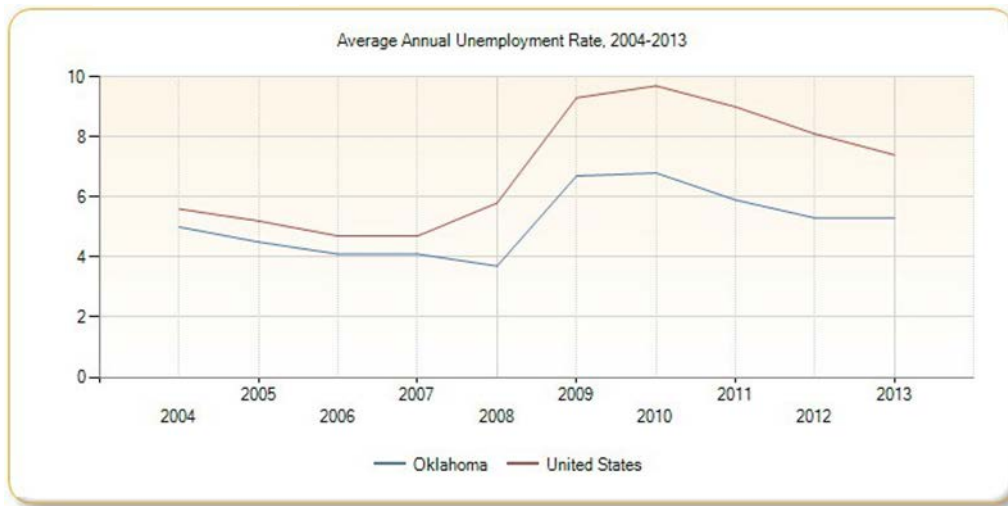


Percentage of Population in Poverty

Unemployment Rate

Exhibit 6 presents the average annual unemployment rate from 2004 - 2013 for Oklahoma and the United States. On average, the unemployment rates for the state of Oklahoma are lower than the United States.

Exhibit 6



Data Source: US Department of Labor, Bureau of Labor Statistics. 2015 - May. Source geography: County

Uninsured

Exhibit 7 reports the percentage of the total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to health care access, including regular primary care, specialty care and other health services that contribute to poor health status. Just fewer than 680,000 persons are uninsured in the CHNA community.

Exhibit 7
The Children's Center CHNA Community
Uninsured Status – Total Population

	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Oklahoma	3,702,515	679,478	18.35%
United States	306,448,480	45,569,668	14.87%

Source: Community Commons

Exhibit 8 reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status. Just over 104,000 children are uninsured in the CHNA community.

Exhibit 8
The Children's Center CHNA Community
Uninsured Status – Children Under Age 19

	Total Population Under Age 19	Population Without Medical Insurance	Percent of Population Without Medical Insurance
Oklahoma	980,187	104,214	10.63%
United States	76,195,402	5,724,663	7.51%

Source: Community Commons

Education

Exhibit 9 presents the high school graduation rate and the population with an Associate's level degree or higher in each county of Oklahoma versus the United States.

Exhibit 9
The Children's Center CHNA Community
Educational Attainment – Ages 25 and Over

County/State	High School Graduates*	Associate's Degree or Higher**
Oklahoma	77.30%	30.45%
United States	75.50%	36.65%

*2008-09

**2009-13

Source: Community Commons

Education levels obtained by community residents may impact the local economy. Higher levels of education generally lead to higher wages, less unemployment and job stability. These factors may indirectly influence community health. As noted in *Exhibit 9*, the percent of residents within the CHNA community graduating from high school is slightly higher than the national average, while the percent of the population obtaining an Associate's Degree or higher is slightly below the national average.

Health Care Resources

The availability of health care resources is a critical component to the health of a county's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers are vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of indigent care.

Hospitals

There are six hospitals that offer pediatric services in the state of Oklahoma. *Exhibit 10* summarizes hospitals with pediatric services available to the residents of the state of Oklahoma.

Exhibit 10
The Children's Center CHNA Community
Summary of Oklahoma Hospitals Offering Specialized Pediatric Services

Facility	Address	City	State	Zip Code	Miles from the Center
1 Children's Hospital at Saint Francis	6161 S. Yale Avenue	Tulsa	OK	74136	111
2 The Children's Hospital at OU Medical Center	1200 N. Children's Avenue	Oklahoma City	OK	73104	11
3 Hillcrest Medical Center	1120 South Utica Avenue	Tulsa	OK	74104	110
4 J. D. McCarty Center for Children With Developmental Delays	2002 East Robinson Street	Norman	OK	73071	32
5 Cedar Ridge	6501 N.E. 50th Street	Oklahoma City	OK	73141	15
6 Willow Crest Hospital and Moxxasin Bend Ranch	130 "A" Street SW	Miami	OK	74354	195

Source: The Agape Center

Health Status of the Community

Inpatient and Outpatient Services Summary – The Children's Center

The Hospital's primary services provided are as follows:

- Complex Care – average length of stay is 30 days to several years
- Pediatric Medical Rehabilitation – average length of stay is 25 days
- Pediatric Clinic
- Outpatient Therapy Services

Primary Conditions – The Children's Center

The primary conditions for admission to the Hospital are the following:

- Congenital birth defects
- Brain/spinal cord injuries
- Complex pulmonary issues (ventilator dependent)
- Neurologic disorders
- Developmental delay
- Orthopedic disorders
- Trauma rehabilitation

The primary conditions of the Hospital's patients are further analyzed on pages 15 through 18.

Congenital Birth Defects

According to the Centers for Disease Control and Prevention, about 3% of babies are born with a birth defect. Babies born with birth defects have a greater chance of illness and long-term disability than babies without birth defects.

Birth defects occur before a baby is born. Most birth defects occur in the first three months of pregnancy, when the organs of the baby are forming.

In the state of Oklahoma, data indicates that 42.11 infants per 1,000 live births were born with a birth defect from 2004 through 2008 (Oklahoma State Department of Health). Almost 70% of mothers had prenatal care or delivery services paid for by Medicaid/SoonerCare.

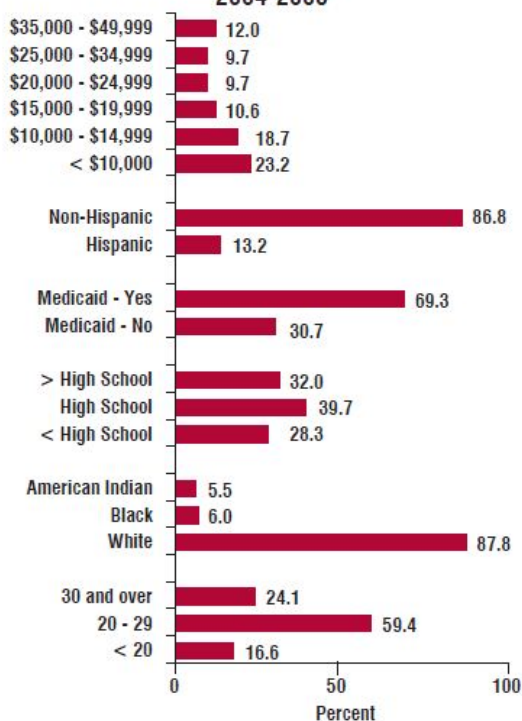
The tables below are from Oklahoma Pregnancy Risk Assessment Monitoring System's "PRAMSGRAM" Report and detail health behaviors and characteristics of Oklahoma mothers of babies born with a birth defect.

Exhibit 11.1

Table 1. Health behaviors and characteristics of Oklahoma mothers of singleton infants born with a birth defect, Oklahoma PRAMS-OBDR linked data, 2004-2008		
Maternal Characteristic	(%)	95% C.I. (Confidence Interval)
PREVIOUS LIVE BIRTH		
NONE	45.2	37.9 - 52.7
1 OR MORE	54.8	47.3 - 62.1
MULTIVITAMIN/FOLIC ACID USE PRIOR TO PREGNANCY		
NONE TAKEN	66.4	59.2 - 73.0
1-3 TIMES/WEEK	5.8	3.4 - 9.7
4-6 TIMES/WEEK	4.0	1.9 - 8.3
EVERY DAY	23.7	18.1 - 30.5
SMOKING 3 MONTHS PRIOR TO PREGNANCY		
NO	59.4	51.7 - 66.6
YES	40.6	33.4 - 48.3
SMOKING LAST 3 MONTHS OF PREGNANCY		
NO	74.6	67.3 - 80.8
YES	25.3	19.2 - 32.7
ALCOHOL USE 3 MONTHS PRIOR TO PREGNANCY		
NO	46.7	39.3 - 54.3
YES	53.2	45.7 - 60.7
ALCOHOL USE LAST 3 MONTHS OF PREGNANCY		
NO	96.6	92.7 - 98.5
YES	3.4	1.5 - 7.3
BODY MASS INDEX (BMI)		
Underweight (< 18.5)	15.0	10.3 - 21.4
Normal (18.5-24.9)	49.8	42.4 - 57.2
Overweight (25.0-29.9)	16.6	11.9 - 22.8
Obese (30.0+)	18.6	13.5 - 25.1

Exhibit 11.2

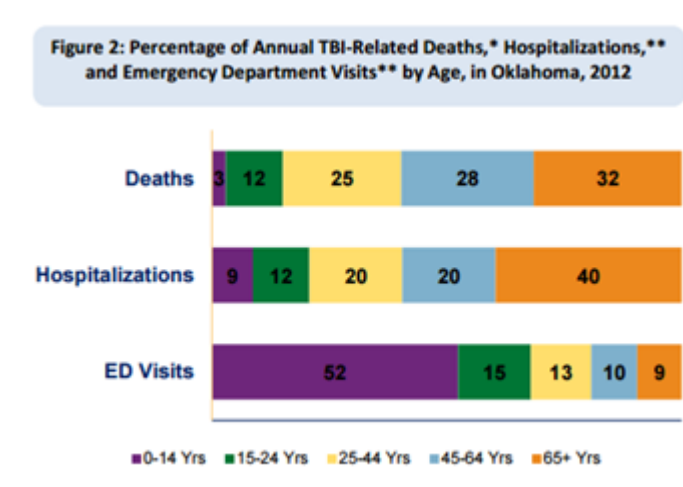
Figure 2. Selected characteristics of Oklahoma mothers of singleton infants born with a birth defect, PRAMS 2004-2008



Traumatic Brain Injury

According to the Centers for Disease Control and Prevention, each year, traumatic brain injuries (TBI) contribute to a substantial number of deaths and cases of permanent disability. A TBI is caused by a bump, blow or jolt to the head or a penetrating head injury that disrupts the normal function of the brain. The severity of a TBI may range from “mild” to “severe.” The graph below breaks out the percentage of TBI-related deaths, hospitalizations, and emergency department visits by age in Oklahoma. The majority of TBI-related deaths and hospitalizations occur in individuals 65 years and older, while TBI emergency department visits occur in individuals zero to 14 years of age.

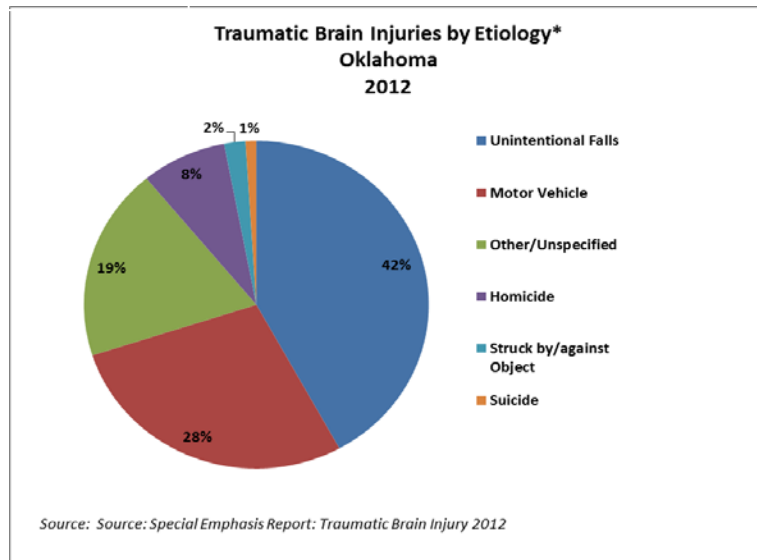
Exhibit 12



Source: Special Emphasis Report: Traumatic Brain Injury 2012

During 2012 in the state of Oklahoma, TBI was sustained by 4,365 people. Out of those 4,365 individuals, 841 died and 3,524 were hospitalized. There were also 11,429 Medicaid recipients treated and released from emergency departments either due to a TBI alone or in conjunction with other injuries (Oklahoma State Department of Health).

Exhibit 13

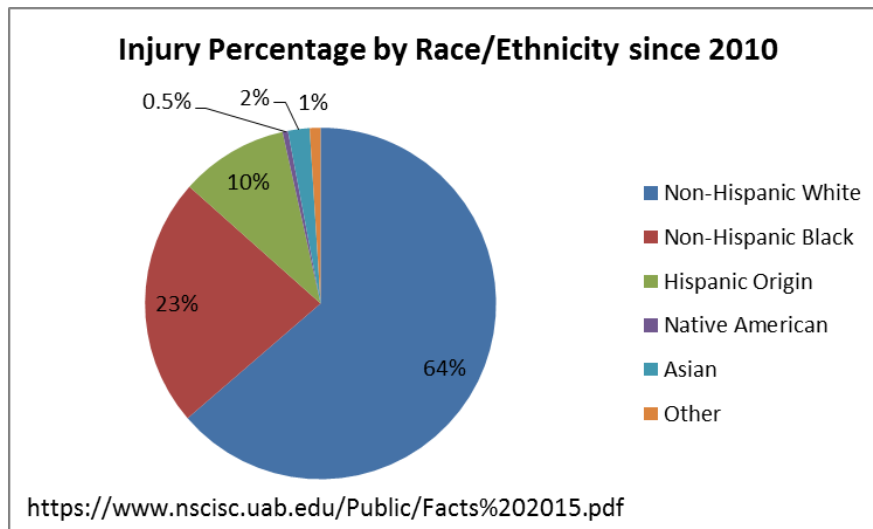
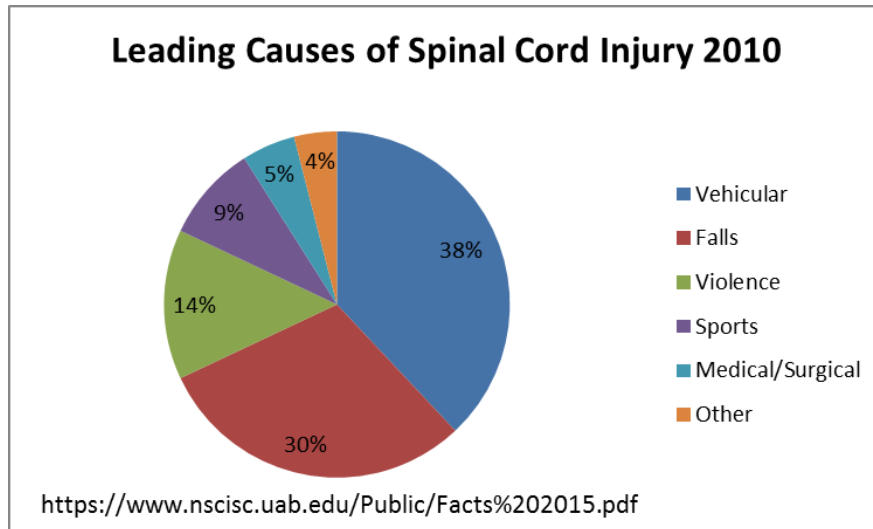


In 2012 the leading causes of TBI-related hospitalizations were related to unintentional falls (42%) and motor vehicle accidents (28%). Other causes include homicide, suicide, and being struck by or against an object.

Spinal Cord Injuries

According to the National Spinal Cord Injury Statistical Center, the estimated incident of spinal cord injury (SCI) is about 40 cases per million population or 12,500 new SCI cases each year. There are approximately 276,000 individuals living in the U.S. with SCI. Males account for 80% of SCIs with the average age of SCI's being 42. The majority of spinal cord injuries occur in non-Hispanic whites per *Exhibits 14* below.

Exhibits 14



Secondhand Smoke Exposure in Homes and Vehicles

According to the Oklahoma Toddler Survey, children and infants exposed to secondhand smoke have an increased risk for respiratory infections, asthma attacks, ear infections, and sudden infant death syndrome. The risk for secondhand smoke exposure was greater for that of toddlers with Medicaid. In *Exhibit 15* below, 98.6% of non-Medicaid households in Oklahoma were smoke-free compared to only 87.9% of households with Medicaid.

Exhibit 15

Figure 1. Smoke-free Rules in the Household and Vehicle by Toddler's Medicaid Status, TOTS 2011-2012

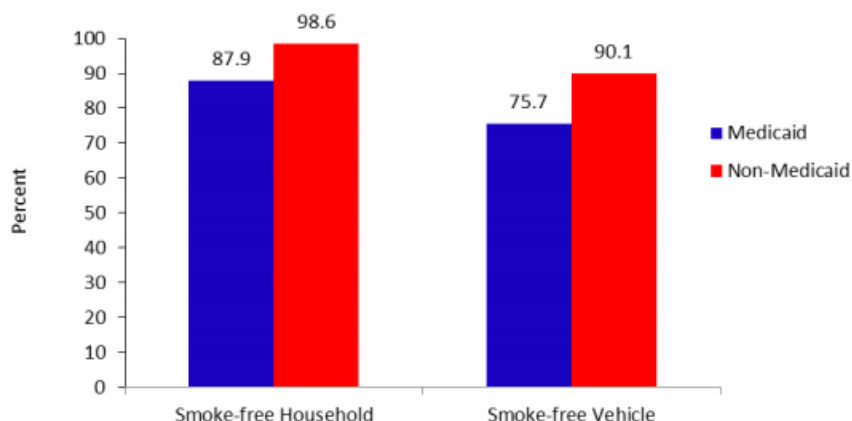
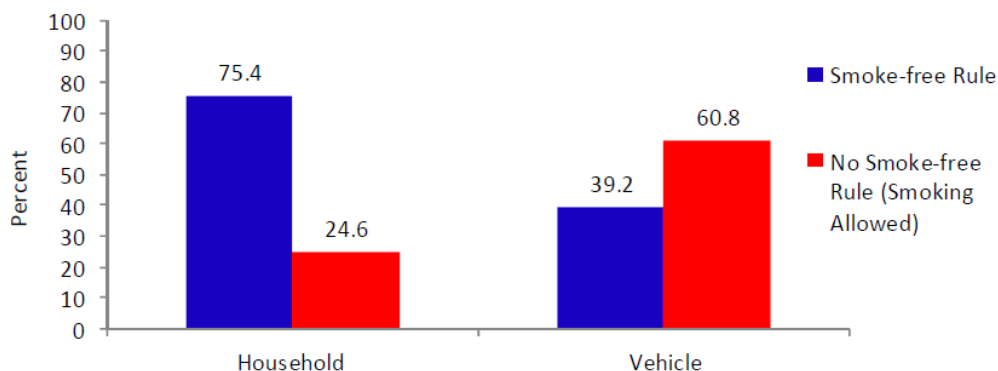


Exhibit 16 below illustrates the percentage of maternal smokers that have smoke-free rules in the household and in the vehicle. The Oklahoma Toddler Survey also reports that married mothers who smoked were more likely to have a smoke-free home compared to unmarried mothers who smoked (85.6% vs. 69.3%).

Exhibit 16

Figure 2. Rules in the Household and Vehicle among Maternal Smokers, TOTS 2011-2012



Community Input – Key Stakeholder Interviews

Interviewing key stakeholders (persons with knowledge of or expertise in public health, community members who represent the broad interest of the community or persons representing vulnerable populations) is a technique employed to assess public perceptions of health status and unmet needs. These interviews are intended to ascertain opinions among individuals likely to be knowledgeable about Hospital services and the CHNA community and are more likely to be influential over the opinions of others about health concerns impacting children in the state of Oklahoma.

Methodology

Key informant interviews were conducted with six individuals with specialized knowledge regarding health needs of individuals served by the Hospital during February 2016.

All interviews were conducted by BKD personnel. Participants provided comments on the following issues:

- ✓ Health and quality of life for residents of the primary community
- ✓ Underserved populations and communities of need
- ✓ Barriers to improving health and quality of life for residents of the community
- ✓ Opinions regarding the Hospital's programs, initiatives and services

Interview data was initially recorded in narrative form asking participants a series of 14 questions. This technique does not provide a quantitative analysis of the stakeholders' opinions but reveals community input for some of the factors affecting the views and sentiments about overall health and quality of life within the community.

Key Stakeholder Profiles

Key stakeholders from the community (see *Appendix B* for a list of key stakeholders) worked for the following types of organizations and agencies:

- ✓ The Children's Center
- ✓ Local school systems
- ✓ Public health agencies
- ✓ Other medical providers
- ✓ Community members

Key Stakeholder Interview Results

The questions on the interview instrument are grouped into four major categories for discussion. The interview questions for each key stakeholder were identical. The following is a summary of the stakeholders' responses by each of the categories. This section of the report summarizes what the key stakeholders said without assessing the credibility of their comments.

1. Health and Quality of Life for Residents of the Primary Community

Key stakeholders stated that the quality of care patients receive at the Hospital is excellent and the partnership with Bethany Public Schools is important to the quality of life of the patients. Many of the stakeholders indicated that the special education teachers at the Hospital are terrific and the services they provide to the patients are important in keeping a sense of normalcy within the lives of the children. A couple of stakeholders mentioned educational transition for patients who are being discharged (especially those who are 18) could be improved between the nursing home/place of discharge and the educational services. Social interactions are important for the mental health of the patients and more involvement with educational services after discharge and within the community was suggested.

2. Underserved Populations and Communities of Need

Children who are 18 and older were seen as an underserved population by a majority of the stakeholders. Due to being a pediatric hospital, patients who turn 18 need more adult services not typically offered by a children's hospital. Long-term care facilities for this population are limited within the state of Oklahoma. Stakeholders stated that although the Hospital may not have the ability or capacity to keep patients after they turn 18, more collaboration with organizations who can serve this population could be helpful in aiding the continued care of these patients.

Another group mentioned as being underserved were children with complex pulmonary issues that require a ventilator. The Hospital's ventilator beds are usually at capacity since there is a shortage of pulmonary specialists within the community; however, many stakeholders are hopeful that the expansion of the Hospital will increase the number of ventilator beds available.

3. Barriers

Full capacity and waiting lists for certain services (especially ventilator beds) were noted by stakeholders as a barrier. As mentioned above, the expansion of the Hospital is much anticipated and will be helpful in expanding both inpatient and outpatient services.

A shortage of pediatric nurses and specialists within the community was also mentioned as a health barrier. Traveling specialists were mentioned by stakeholders as a great service to the Hospital and community. More specialist knowledge and availability to patients in rural communities via satellite sites were noted as a way to get resources to other parts of Oklahoma.

Getting the mission of the Hospital out into the community was also noted by a few stakeholders as being a barrier. Due to the Hospital's isolated location from major highways and lack of awareness by some across the state of Oklahoma, some stakeholders feel the message and purpose of the Hospital is not fully understood by those in the community.

4. Opinions on the Hospital's Programs, Initiatives and Services

Key stakeholders noted their awareness of several programs the Hospital facilitates and participates in, namely the SafeKids car seat program, the home ventilator clinic and the pediatric conference. Stakeholders noted teachers and therapists can acquire training and certification to properly install car seats and suggested a coordinator or instruction may be needed due to the overall growth of the program. The pediatric conference was noted as a great way for specialists to come and interact with each other and learn about the Hospital, and an expansion of the conference was suggested to bring in other providers to share knowledge and expertise.

Priority Community Health Needs Identified

The Hospital completed an analysis of these inputs to identify community health needs by using findings obtained through the key stakeholder interview process and the collection of primary and secondary data. Once the health needs were identified, management of the Hospital responded to the needs with their explanation/plan for implementing change.

After analyzing primary causes for inpatient hospitalization as well as reviewing health needs identified through key stakeholder interviews, the following health needs were identified:

1. **Expansion of Facility & Services** – The Hospital is licensed for 120 beds by the Oklahoma State Department of Health. An expansion of the Hospital has begun to add 40 additional inpatient beds, including 24 private rooms. Due to the success of the Hospital's ventilator weaning program, multiple hospitals have asked the Hospital to admit more ventilator-dependent patients, which the expansion will help address. The expansion is expected to be completed by December 2017.
2. **Education/Prevention** – Many of the injuries patients at the Hospital have sustained could have been prevented with education and proper training. The Hospital is the sponsor agency for the SafeKids Coalition, which helps train personnel on child safety, car seat safety and other injury prevention programs. Stakeholders noted a pediatric conference was hosted by the Hospital and is a great way to bring specialists together to share knowledge and learn more about what The Children's Center has to offer. Many suggested making the conference longer to bring in even more pediatric specialists.
3. **Transitional Care** – The Children's Center currently serves children with long-term and short-term rehabilitation needs from birth to age 18 on both an inpatient and outpatient basis. Once an inpatient reaches the age of 18, the Hospital works to find an alternative placement if the patient's family is unwilling or unable to care for the patient at home. Although there are limited facilities in Oklahoma for patients who reach the age of 18, many stakeholders noted the transition of these patients from the Hospital to a facility or nursing home could be combined with more education and a more hands-on approach to make the change more seamless.

Management's Response Including Next Steps & Adoption Approval

1. Expansion of Facility and Services – The Hospital broke ground on a four-story, 100,000 square foot expansion in September 2015. The new building will add a total of 40 inpatient beds, double the current outpatient service area, increase diagnostic services and double the amount of conference room space available to staff and clinical students. The Hospital will continue to seek feedback from referral sources and families about what service lines would be most helpful for the pediatric rehabilitation population. The Hospital is also in the early stages of exploring the possibility of outreach clinics across Oklahoma to increase access to outpatient services closer to where many patients live.
2. Education/prevention – The Hospital recognizes the importance of injury prevention in the pediatric population of Oklahoma and as a result became the sponsoring organization for SafeKids Oklahoma in 2016. The Oklahoma Safe Kids Coalition is the Oklahoma Chapter of Safe Kids Worldwide. The main goal of the Oklahoma Safe Kids Coalition is to protect children from unintentional injuries. The Hospital has also teamed up with community partners to form ATV Ride Safe Oklahoma. ATV Ride Safe Oklahoma is a collaborative initiative to decrease the incidence of injuries and fatalities from ATV use, increase the awareness of ATV safety guidelines and provide ATV safety courses for riders.

The Hospital hosted a pediatric conference in September 2015 with a focus on the pediatric rehabilitation process and has begun planning to host another pediatric conference in the near future. The Hospital also joined the Pediatric Complex Care Association in 2016.

In addition to the aforementioned prevention activities, the Hospital also seeks to educate the community at large through website updates, newsletters, and pamphlets available in our outpatient clinic. Some of the education information includes helpful tips during cold/flu season, information about staying safe during summer activities, and needed immunizations.

3. Transitional Care – The Hospital will continue to work with families who cannot care for a child at home as that child transitions to adulthood. As a pediatric facility, our primary focus is caring for children. However, the social workers and case managers employed by the Hospital will continue to work to educate families on options available to them as their child reaches the age of 18. One of the main goals for each family is to provide them with the necessary information and tools to allow them to be successful once their child leaves the Hospital. The Hospital has also been successful in recent years in re-integrating the child back into the home setting before age becomes an issue. This issue will continue to be a high priority for the Hospital because it has a very deep impact on families and patients.

APPENDIX A

DATA TYPE	SOURCE	YEAR(S)
Discharges by Zip Code and Referrals	The Children's Center	FY 2015
Population Estimates	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Demographics - Race/Ethnicity	Community Commons via American Community Survey http://www.communitycommons.org/	2015
Sources of Revenue	The Children's Center	FY 2015
Demographics - Income	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Socioeconomic Characteristics	The U.S. Census Bureau, Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Unemployment	Community Commons via US Department of Labor http://www.communitycommons.org/	2015
Poverty	Community Commons via US Census Bureau, Small Areas Estimates Branch http://www.census.gov	2009 - 2013
Uninsured Status	Community Commons via US Census Bureau, Small area Health Insurance Estimates http://www.communitycommons.org/	2009 - 2013
Education	Community Commons via American Community Survey http://www.communitycommons.org/	2009 - 2013
Congenital Birth Defects	PRAMSGRAM - Birth Defects in Oklahoma	2004 - 2008
Traumatic Brain Injury	Special Emphasis Report: Traumatic Brain Injury 2102 https://www.ok.gov/health2/documents/TBI_Special_Report_OK_2012.pdf	2012
Spinal Cord Injury	National Spinal Cord Injury Statistical Center	2010
Secondhand Smoke Exposure	Oklahoma Toddler Survey	2013
Health Care Resources	Community Commons, CMS.gov, HRSA, The Agape Center http://www.theagapecenter.com/Hospitals/Childrens.htm#Oklahoma	2015

APPENDIX B

Key Stakeholders

Thank you to the following individuals who participated in our key stakeholder interview process:

Darrin Brannan, Medical Director, The Children's Center Rehabilitation Hospital

Kim Grant, Mother of Patient

Shannon Filosa, Executive Director, St. Francis Children's Hospital

Amy Hulsey, Advanced Practice Nurse, The Children's Center Rehabilitation Hospital

Cori Loomis, Board Member

Ashley Terneus, Coordinator, Bethany Public Schools