

# THIBODAUX REGIONAL HEALTH SYSTEM

## 2025 Community Health Needs Assessment – Implementation Strategy

Mental Health				
Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
To help service the mental health needs of the community.	<p><b>Strategy 1:</b> Provide stress education classes, Behavioral Health assessments, counseling services and support groups to patients of the Cancer Institute.</p>	<ul style="list-style-type: none"> <li>• Cancer patients in our region</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Volumes</li> <li>• DASS-21</li> <li>• Suicide Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Providers</li> <li>• Cancer Institute Staff</li> <li>• LCSW</li> </ul>
	<p><b>Strategy 2:</b> Provide Stress Reduction education classes, behavioral Health assessments and counseling for WellFit patients.</p>	<ul style="list-style-type: none"> <li>• Patients participating in WellFit Classes</li> </ul>	<ul style="list-style-type: none"> <li>• Promis Assessment Scores</li> <li>• DASS-21</li> <li>• Suicide Risk Assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Providers</li> <li>• Hospitals</li> <li>• Outpatient Mental Health Clinics</li> <li>• Therapists</li> <li>• Nursing Homes</li> <li>• Local Businesses</li> </ul>
	<p><b>Strategy 3:</b> Provide Outpatient Counseling for hospital employees and their families through EAP services.</p>	<ul style="list-style-type: none"> <li>• Employees of the hospital and their family members</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Volumes</li> <li>• DASS-21</li> <li>• Suicide Risk Assessments</li> </ul>	<ul style="list-style-type: none"> <li>• Providers</li> <li>• Schools</li> <li>• Employee Assistance Program</li> <li>• Hospital managers</li> </ul>
	<p><b>Strategy 4:</b> Provide Behavioral Health Assessments and counseling to Cardiac Rehab patients.</p>	<ul style="list-style-type: none"> <li>• Members of the Cardiac Rehab program</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Volumes</li> <li>• DASS-21</li> <li>• Suicide Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Providers</li> <li>• Nurses</li> <li>• LCSW</li> </ul>

	<p><b>Strategy 5:</b> Provide Behavioral Health Assessments and counseling to Inpatient Physical Rehab Patients.</p>	<ul style="list-style-type: none"> <li>• Patients of the IP rehab Program</li> </ul>	<ul style="list-style-type: none"> <li>• Volume</li> <li>• DASS-21</li> <li>• Suicide Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• IP Rehab Staff and provides</li> <li>• LCSW</li> </ul>
	<p><b>Strategy 6:</b> LCSW to assist with management and oversight of the PEC placement process in the ED.</p>	<ul style="list-style-type: none"> <li>• Psychiatric patients in the community who need hospitalization</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce wait times of placement to the next level of care</li> <li>• Suicide Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• Providers</li> <li>• Nurses</li> <li>• LCSW</li> </ul>
	<p><b>Strategy 7:</b> Provide Behavioral Health Assessments and Counseling to post-surgical total joint replacement patients.</p>	<ul style="list-style-type: none"> <li>• Patients who are 6-8 weeks post-surgery for total joint replacement.</li> </ul>	<ul style="list-style-type: none"> <li>• Promis Assessment</li> <li>• DASS-21</li> <li>• Suicide Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• LCSW</li> <li>• Ortho LA</li> </ul>
	<p><b>Strategy 8:</b> Provide Behavioral Health Assessments and Counseling to post-surgical spine patients.</p>	<ul style="list-style-type: none"> <li>• Patients who are 6-8 weeks post-op spine surgery.</li> </ul>	<ul style="list-style-type: none"> <li>• PROMIS Assessment</li> <li>• DASS-21</li> <li>• Suicide Risk Assessments</li> </ul>	<ul style="list-style-type: none"> <li>• LCSW</li> <li>• Neurosurgery Clinic</li> </ul>
	<p><b>Strategy 9:</b> Provide Behavioral Health Assessments and Counseling to prenatal and postnatal patients.</p>	<ul style="list-style-type: none"> <li>• Patients who are Prenatal and Postnatal.</li> </ul>	<ul style="list-style-type: none"> <li>• Edinburgh</li> <li>• Social Determinants for Health</li> <li>• DASS-21</li> <li>• Suicide Risk Assessment</li> </ul>	<ul style="list-style-type: none"> <li>• LCSW</li> <li>• Nurses</li> <li>• Providers</li> <li>• Thibodaux Women’s Center</li> </ul>

Diabetes				
Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
To provide early detection and treatment of diabetes, and to help educate individuals diagnosed with diabetes on how to manage and live their healthiest life, resulting in decreased complications.	<b>Strategy 1:</b> Offer weekly glucose screenings to members of our community at no charge.	<ul style="list-style-type: none"> <li>Adults over 18 interested in assessing their blood glucose levels.</li> </ul>	<ul style="list-style-type: none"> <li>Participant Volumes</li> </ul>	<ul style="list-style-type: none"> <li>Community Members</li> </ul>
	<b>Strategy 2:</b> Focus on improving patients' Hemoglobin A1C levels through a multi-disciplinary team.	<ul style="list-style-type: none"> <li>Adults over 18 years old with T1, T2, &amp; Gestational diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Patient Volumes</li> <li>Hemoglobin A1C Levels</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> </ul>
	<b>Strategy 3:</b> Provide Diabetes Self-Management Program to assist patients in optimizing diabetes control.	<ul style="list-style-type: none"> <li>Adults over 18 years old with T1, T2, &amp; Gestational diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Annual               <ul style="list-style-type: none"> <li>A1C</li> <li>Weight loss</li> </ul> </li> <li>Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> </ul>
	<b>Strategy 4:</b> Evaluate gaps in care for diabetic patients and develop a plan to address gaps.	<ul style="list-style-type: none"> <li>Adults over 18 years old with T1, T2, &amp; Gestational diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Gaps in care decreased</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> </ul>
Cancer				
Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
Provide a full range of cancer screenings and education for early detection and prevention to improve the	<b>Strategy 1:</b> Provide education on cancer screenings for early detection and prevention. <ul style="list-style-type: none"> <li>Prostate Cancer</li> <li>Oral Cancer</li> <li>Lung Cancer</li> </ul>	<ul style="list-style-type: none"> <li>Community members throughout our Region</li> </ul>	<ul style="list-style-type: none"> <li>Participant Volumes</li> <li>Number of Abnormal Screening Results</li> <li>Number of Positive Screening Results</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> </ul>

survival rates of the community and surrounding areas.	<ul style="list-style-type: none"> <li>• Colon Cancer</li> <li>• Breast Cancer</li> </ul>			
	<p><b>Strategy 2:</b> Provide a Patient Navigation Program as a patient support service in which patients are guided through their Cancer Care.</p>	<ul style="list-style-type: none"> <li>• Patients receiving cancer treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Volumes</li> <li>• Number of Positive Pathologies</li> <li>• Patient Barriers to Care</li> </ul>	<ul style="list-style-type: none"> <li>• Providers</li> </ul>
	<p><b>Strategy 3:</b> Host and/or participate in local races and community events to increase awareness, raise funds, and provide support for cancer patients and their families.</p>	<ul style="list-style-type: none"> <li>• Community members throughout our region</li> <li>• Cancer patients</li> <li>• Family members of cancer patients</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Volumes</li> <li>• Funds Raised</li> <li>• Number of events</li> </ul>	<ul style="list-style-type: none"> <li>• Relay for Life</li> <li>• Providers</li> <li>• United Way</li> <li>• Nicholls State University</li> </ul>
	<p><b>Strategy 4:</b> Utilize grant funding to assist with transportation, financial support, preventative items, and nutritional support for cancer patients.</p>	<ul style="list-style-type: none"> <li>• Patients receiving cancer treatment</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Assisted</li> </ul>	<ul style="list-style-type: none"> <li>• Thibodaux Regional Auxilians</li> <li>• United Way</li> <li>• Individual Donors</li> </ul>
	<p><b>Strategy 5:</b> Identify oncology subspecialties that could provide services in the Cancer Institute.</p>	<ul style="list-style-type: none"> <li>• Patients afflicted with cancer that would benefit from care closer to home</li> <li>• Physician specialists that refer to cancer services</li> </ul>	<ul style="list-style-type: none"> <li>• Number of Subspecialists offered at the Cancer Institute</li> </ul>	<ul style="list-style-type: none"> <li>• LCMC, FMOL, LSU Health Sciences Center, MD Anderson, Mary Bird Perkins and Women’s Hospital, Medicus Search Firm</li> </ul>

## Nutrition, Physical Activity and Weight

Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
Improve the health and well-being of the region through prevention, fitness, education, rehabilitation, proper nutrition, and focused sports and wellness services.	<b>Strategy 1:</b> Continue to provide Well-Fit - an integrated medical care and fitness program to help individuals lead the highest quality, most active lifestyle possible.	<ul style="list-style-type: none"> <li>Adults over 18yrs old with medical issues or lifestyle improvement needs</li> </ul>	<ul style="list-style-type: none"> <li>Pre and Post                             <ul style="list-style-type: none"> <li>Walk Distance</li> <li>PROMIS Score</li> <li>Weight</li> </ul> </li> <li>Completion Rate</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> <li>Medical Advisory Council</li> <li>Thibodaux Regional Fitness Center</li> </ul>
	<b>Strategy 2:</b> Provide Diabetes Self-Management Program to assist patients in optimizing diabetes control.	<ul style="list-style-type: none"> <li>Adults over 18 years old with T1, T2, &amp; Gestational diabetes</li> </ul>	<ul style="list-style-type: none"> <li>Annual                             <ul style="list-style-type: none"> <li>A1C</li> <li>Weight loss</li> </ul> </li> <li>Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> </ul>
	<b>Strategy 3:</b> Provide individualized Medical Nutrition Therapy to assist with lowering cholesterol, promoting weight loss and optimizing diet.	<ul style="list-style-type: none"> <li>Adults interested in improving dietary lifestyle choices</li> </ul>	<ul style="list-style-type: none"> <li>Diagnosis Specific Metrics</li> <li>Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> </ul>
	<b>Strategy 4:</b> Provide Bariatric Nutrition Preparation for individuals prior to weight loss surgery and provide nutritional support and counseling for those undertaking medication management for weight loss.	<ul style="list-style-type: none"> <li>Adults who are pre or post bariatric surgery.</li> </ul>	<ul style="list-style-type: none"> <li>Weight Loss</li> <li>Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>General Surgeons</li> <li>Weight Management Specialist</li> </ul>

	<p><b>Strategy 5:</b> Offer Wellness Nutrition Sessions for individuals interested in weight loss nutrition counseling with a Registered Dietitian.</p>	<ul style="list-style-type: none"> <li>• Adults interested in improving dietary lifestyle choices</li> </ul>	<ul style="list-style-type: none"> <li>• Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>• Providers</li> </ul>
	<p><b>Strategy 6:</b> Offer Sports Nutrition Sessions to help athletes reach their specific fitness and/or sport related goals.</p>	<ul style="list-style-type: none"> <li>• Adolescents and college age adults with interest in improving nutrition for sports</li> </ul>	<ul style="list-style-type: none"> <li>• Participant Volumes</li> <li>• Individualized Personal Goals</li> </ul>	<ul style="list-style-type: none"> <li>• Regional High Schools</li> <li>• Nicholls State University</li> </ul>
	<p><b>Strategy 7:</b> Continue initiatives to increase the activity of children and improve their knowledge base of nutrition.</p>	<ul style="list-style-type: none"> <li>• School aged children throughout our region</li> </ul>	<ul style="list-style-type: none"> <li>• Playground equipment for schools</li> <li>• RISE volleyball club volumes</li> <li>• TRHS Swim team volumes</li> <li>• Educational sessions in 6<sup>th</sup> grade classes (3 parishes)</li> <li>• Sports complex youth events</li> <li>• Event volumes of trainers and dietitian sessions with schools</li> </ul>	<ul style="list-style-type: none"> <li>• Bayou Community Children’s Museum</li> <li>• Elementary schools and other entities</li> <li>• Thibodaux Regional Fitness Center</li> <li>• Thibodaux Regional Sports Complex</li> <li>• Regional Schools in Assumption, Lafourche &amp; St. James Parishes.</li> </ul>
	<p><b>Strategy 8:</b> Continue initiatives to increase the activity of adults and improve their knowledge base of nutrition.</p>	<ul style="list-style-type: none"> <li>• Community members throughout our region</li> </ul>	<ul style="list-style-type: none"> <li>• Education classes &amp; events offered (Wellfit, Wellness Nutrition, WellTalks, Cooking classes, Parkinson’s events)</li> <li>• Sports complex adult event volumes (leagues, lessons etc)</li> <li>• Fitness Center visits</li> </ul>	<ul style="list-style-type: none"> <li>• Thibodaux Regional Fitness Center</li> <li>• Thibodaux Regional Sports Complex</li> </ul>

	<b>Strategy 9:</b> Develop and implement a schedule of community events to increase physical activity in the way of running, walking and cycling.	<ul style="list-style-type: none"> <li>Community members throughout our region</li> </ul>	<ul style="list-style-type: none"> <li>Events Held</li> <li>Participants at Events</li> </ul>	<ul style="list-style-type: none"> <li>The Haven</li> <li>The American Cancer Society</li> <li>Nicholls State University</li> </ul>
	<b>Strategy 10:</b> Continue support of local food banks assisting in ensuring proper nutritional support for the underserved.	<ul style="list-style-type: none"> <li>Community members receiving support from local Food Banks</li> </ul>	<ul style="list-style-type: none"> <li>Pounds of food</li> <li>Events held</li> </ul>	<ul style="list-style-type: none"> <li>Good Samaritan Food Banks</li> </ul>
	<b>Strategy 11:</b> Prepare and serve complimentary hot meals through multiple community meal distributions throughout the surrounding parishes.	<ul style="list-style-type: none"> <li>All community members interested in a hot meal</li> </ul>	<ul style="list-style-type: none"> <li>Total count of meals distributed</li> <li>Feedback from recipients receiving meals</li> </ul>	<ul style="list-style-type: none"> <li>Team Members (Volunteer Group)</li> <li>Providers</li> <li>Local businesses in area of meal distribution</li> <li>United Way</li> </ul>
	<b>Strategy 12:</b> Develop and implement a plan to help regional businesses to improve the health risks of their employees.	<ul style="list-style-type: none"> <li>Adults between 18 - retirement</li> </ul>	<ul style="list-style-type: none"> <li>Number of Health Screenings</li> <li>Number of health fairs</li> </ul>	<ul style="list-style-type: none"> <li>City of Thibodaux</li> <li>Lafourche Parish Government</li> <li>Lafourche Parish Sheriff's Office</li> <li>Nicholls State University</li> <li>Regional Businesses</li> </ul>

## Housing Insecurity

Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
To partner with local community organizations and support their efforts to decrease housing insecurity and increase opportunities for	<b>Strategy 1:</b> Provide a list of resources including local organizations that provide housing assistance and emergency shelters available, when applicable.	<ul style="list-style-type: none"> <li>Patients requiring housing assistance.</li> </ul>	<ul style="list-style-type: none"> <li>Percent of patients in need of housing assistance provided with a list of resources</li> </ul>	<ul style="list-style-type: none"> <li>Bunk House Shelter</li> <li>START Corporation (Thibodaux and Houma locations)</li> <li>The Haven</li> </ul>

safe and affordable housing.	<b>Strategy 2:</b> Continue support of The Haven’s mission of empowering survivors of family violence and sexual assault to live safe, independent, and violence free lives.	<ul style="list-style-type: none"> <li>• Individuals and families receiving services from The Haven that may be in need of emergency shelter or rental assistance</li> </ul>	<ul style="list-style-type: none"> <li>• Impact made through community services offered by The Haven <ul style="list-style-type: none"> <li>○ # of nights of shelter</li> <li>○ # families helped with rental assistance</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• The Haven</li> </ul>
------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------

## Substance Abuse

Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
To provide help and resources to those in our community struggling with substance abuse disorders	<b>Strategy 1:</b> Provide outpatient resources to all ER patients with positive substance use/abuse screen.	<ul style="list-style-type: none"> <li>• ER patients that screen positive for current Substance abuse during triage</li> </ul>	<ul style="list-style-type: none"> <li>• Substance Abuse counseling/detox/therapy resources provided</li> </ul>	<ul style="list-style-type: none"> <li>• Lafourche Behavioral Health Clinic</li> <li>• Magnolia Family Services</li> <li>• Teche Action Clinics (Thibodaux, Galliano, Houma, Dulac, Morgan City, Franklin, Pierre Part)</li> <li>• Bayou Oaks Health Services</li> <li>• Psychological Healthcare of South LA</li> <li>• Terrebonne Mental Health Clinic</li> <li>• Compass</li> <li>• Terrebonne Addictive Disorders Clinic</li> <li>• St. Mary Behavioral Health Center</li> <li>• St. Mary Addictive Disorders Clinic</li> <li>• Assumption Mental Health Clinic</li> <li>• River Parishes Mental Health Clinic</li> <li>• Pain Management Physicians</li> <li>• START Corporation (Thibodaux and Houma locations)</li> <li>• Life Coast Community Health Center</li> </ul>

	<p><b>Strategy 2:</b> Provide a prescription for Narcan to anyone with an opioid overdose diagnosis.</p>	<ul style="list-style-type: none"> <li>Any ER patient with a diagnosis of overdose or substance abuse</li> </ul>	<ul style="list-style-type: none"> <li>A prescription for Narcan is provided to anyone with an opioid overdose diagnosis</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> </ul>
	<p><b>Strategy 3:</b> Utilize the Prescription Monitoring Program (PMP) to ensure patients are not seeking controlled substances from other providers.</p>	<ul style="list-style-type: none"> <li>New and established patients of the Pain Management Clinic</li> </ul>	<ul style="list-style-type: none"> <li>Prescriptions provided</li> </ul>	<ul style="list-style-type: none"> <li>Prescription Monitoring Program (PMP)</li> </ul>
	<p><b>Strategy 4:</b> Collect urine drug screens on all new patients to obtain a baseline and every 6 months on all established patients to monitor medication compliance.</p>	<ul style="list-style-type: none"> <li>Patients receiving prescriptions from Thibodaux Regional Pain Management Clinic Physicians</li> </ul>	<ul style="list-style-type: none"> <li>Compliance rates</li> </ul>	<ul style="list-style-type: none"> <li>Lab Corp</li> </ul>
	<p><b>Strategy 5:</b> Utilize non-medication interventions to treat pain when possible in place of or in order to wean medication regimens to the lowest possible therapy.</p>	<ul style="list-style-type: none"> <li>New and established patients of the Pain Management Clinic that are deemed good candidates for procedures</li> </ul>	<ul style="list-style-type: none"> <li>Percentage of patient volume that undergoes a procedure</li> </ul>	<ul style="list-style-type: none"> <li>HPG Contract Vendors</li> <li>Pain Management Physicians</li> </ul>

## Heart Disease and Stroke

Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
Provide Inpatient, Outpatient and Community Outreach Services related to heart disease and stroke prevention, screening and education.	<b>Strategy 1:</b> Growth of cardiac catheterization laboratory services to increase access to diagnostic and interventional cardiac catheterizations, peripheral artery disease evaluation and treatment, and electrophysiology care.	<ul style="list-style-type: none"> <li>Patients requiring heart care</li> </ul>	<ul style="list-style-type: none"> <li>Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>Thibodaux Regional Cardiology Clinic</li> <li>Cardiovascular Institute of the South (CIS)</li> <li>Cardiovascular Surgeons</li> <li>Providers</li> </ul>
	<b>Strategy 2:</b> Provide a Comprehensive Cardiac Rehabilitation Program to help heart patients recover and return to optimal health after a cardiac event.	<ul style="list-style-type: none"> <li>Adults over 18 with cardiac disease as determined by their physician.</li> </ul>	<ul style="list-style-type: none"> <li>Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)</li> <li>Providers</li> <li>Outpatient Rehabilitation</li> </ul>
	<b>Strategy 3:</b> Provide a Comprehensive Peripheral Arterial Disease Supervised Exercise Program (HEALTHY STEPS) for those suffering from Peripheral Arterial Disease and Intermittent Claudication.	<ul style="list-style-type: none"> <li>Adults over 18 with peripheral arterial disease as determined by their physician.</li> </ul>	<ul style="list-style-type: none"> <li>Patient Volumes</li> </ul>	<ul style="list-style-type: none"> <li>American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)</li> <li>Providers</li> <li>Outpatient Rehabilitation</li> </ul>
	<b>Strategy 4:</b> Provide Inpatient Rehabilitation Program for patients who are medically appropriate	<ul style="list-style-type: none"> <li>18-year-old and older patients. Patients under the age of 18 accepted</li> </ul>	<ul style="list-style-type: none"> <li>Patient Volumes</li> <li>Patient Outcomes                             <ul style="list-style-type: none"> <li>Case Mix Index</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> <li>Other Hospitals</li> <li>Commission on Accreditation of Rehabilitation Facilities</li> </ul>

	for IP Rehab but continue to need physical assistance following a stroke.	on a case-by-case basis.	<ul style="list-style-type: none"> <li>○ Pre and Post Functional Improvements</li> <li>○ Discharge Disposition</li> </ul>	<ul style="list-style-type: none"> <li>● American Stroke Association</li> </ul>
	<b>Strategy 5:</b> Provide a comprehensive Outpatient Rehabilitation Program consisting of physical, occupational and speech therapy following a stroke.	<ul style="list-style-type: none"> <li>● All post -stroke patients in our community and surrounding areas.</li> </ul>	<ul style="list-style-type: none"> <li>● Patient Volumes</li> <li>● Patient Outcomes</li> <li>● Patient Satisfaction</li> </ul>	<ul style="list-style-type: none"> <li>● Providers</li> <li>● Other Hospitals</li> <li>● Other Rehab centers</li> </ul>
	<b>Strategy 6:</b> Participate in community events to promote heart health and stroke prevention.	<ul style="list-style-type: none"> <li>● Community members throughout our region</li> </ul>	<ul style="list-style-type: none"> <li>● Participant Volume</li> <li>● Number of Events</li> </ul>	<ul style="list-style-type: none"> <li>● Thibodaux Regional Cardiology Clinic</li> <li>● Thibodaux Regional Neurology Clinic</li> <li>● Cardiovascular Institute of the South (CIS)</li> <li>● AHA</li> </ul>
	<b>Strategy 7:</b> Educate on the signs and symptoms of heart attack and stroke and actions that should be taken to improve outcomes.	<ul style="list-style-type: none"> <li>● Community members throughout our region</li> </ul>	<ul style="list-style-type: none"> <li>● Number of Events</li> </ul>	<ul style="list-style-type: none"> <li>● Providers</li> <li>● American Stroke Association</li> <li>● American Heart Association</li> </ul>
	<b>Strategy 8:</b> Monitor and improve strategies for early recognition and treatment of strokes.	<ul style="list-style-type: none"> <li>● Patients requiring stroke care</li> </ul>	<ul style="list-style-type: none"> <li>● Door to Tpa times</li> <li>● Door in to Door out for LVO</li> <li>● Mortality rates</li> <li>● Readmission rates</li> </ul>	<ul style="list-style-type: none"> <li>● Louisiana Emergency Response Network</li> <li>● American Stroke Association</li> <li>● Get w/ the Guideline Stroke Registry</li> <li>● LCMC Tele stroke Services</li> <li>● Area nursing homes for early pre-hospital stroke recognition</li> <li>● Acadian Ambulance Services</li> <li>● Providers</li> </ul>

## Access to Healthcare Services

Goal	Strategies	Target Population	Metrics/Measures	Potential Partnerships (Internal/External)
To provide timely and accessible care for the regional population seeking healthcare services.	<b>Strategy 1:</b> Continue to recruit primary and specialty care physicians to provide access to comprehensive healthcare services close to home.	<ul style="list-style-type: none"> <li>Individuals and families without primary care physicians</li> <li>New and existing patients seeking specialist care who do not wish to travel long distances for care</li> </ul>	<ul style="list-style-type: none"> <li>Number of Providers in network</li> <li>Covered lives in the region</li> </ul>	<ul style="list-style-type: none"> <li>Primary Care providers</li> <li>Specialist providers</li> </ul>
	<b>Strategy 2:</b> Utilize process improvement methodologies to improve appointment scheduling for physician visits.	<ul style="list-style-type: none"> <li>Patients seeking primary or specialty care services</li> </ul>	<ul style="list-style-type: none"> <li>Third next available appointment to be seen by providers</li> <li>Patient volume</li> <li>Wellness Visits Scheduled</li> </ul>	<ul style="list-style-type: none"> <li>Process Improvement leadership within the organization</li> <li>Providers</li> <li>Patient and Family Advisory Council</li> </ul>
	<b>Strategy 3:</b> Utilize process improvement methodologies to improve access to scheduling imaging services.	<ul style="list-style-type: none"> <li>Patients seeking imaging services</li> </ul>	<ul style="list-style-type: none"> <li>Number of days to schedule</li> </ul>	<ul style="list-style-type: none"> <li>Process Improvement leadership within the organization</li> <li>Providers</li> <li>Patient and Family Advisory Council</li> </ul>
	<b>Strategy 4:</b> Increase availability of primary and specialty care services in satellite clinics in an effort to have comprehensive services closer to populations seeking care.	<ul style="list-style-type: none"> <li>New and existing patients seeking primary and specialty care who do not wish to travel long distances for care</li> </ul>	<ul style="list-style-type: none"> <li>Third next available appointment to be seen by providers</li> <li>Patient volume</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> <li>Patient and Family Advisory Council</li> <li>Other Healthcare Partners in the Region</li> </ul>

## Additional Health Needs

Thibodaux Regional chose to focus on the top 7 needs identified by the CHNA Report, along with Access to Healthcare Services to be included in the CHNA Implementation Strategy. Additional health needs identified that may have strategies currently in place but are not listed separately in the plan include:

- **Tobacco Use** – Thibodaux Regional continues to assess tobacco status and provide educational resources on smoking cessation to inpatients and community events.
- **Disabling Conditions** – Thibodaux Regional believes that efforts outlined herein to improve chronic health conditions will have a positive impact on potentially disabling conditions and that a separate set of initiatives was not necessary.
- **Oral Health** – Thibodaux Regional believes more pressing health needs exist. Limited resources and lower priority excluded this as an area chosen for action.
- **Infant Health & Family Planning** – Thibodaux Regional provides classes on infant health and family planning. Resources are also in place via the parish health department and other community organizations.
- **Injury & Violence** – Other community organizations have infrastructure and programs in place to better meet this need. We partner with and support The Haven in their mission to empower survivors of family violence and sexual assault to live safe, independent, and violence free lives.
- **Sexual Health** – Thibodaux Regional believes that this priority area falls more within the purview of the parish health department and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.