COMMUNITY HEALTH NEEDS ASSESSMENT

2024

THE CONNECTICUT HOSPICE

2024 COMMUNITY HEALTH NEEDS ASSESSMENT

Introduction

The Connecticut Hospice is a not-for-profit licensed inpatient hospital, providing inpatient hospice and palliative care, as well as hospice and palliative home care services, located in Branford Connecticut. The mission of the Connecticut Hospice is to honor patients and families affected by life-limiting illnesses with integrity, support, and compassion. The leadership and staff of The Connecticut Hospice shall be guided by the statement of values below and the core values captured by the acronym **C.A.R.E.S.** *We are guided by these values --***C***ompassion,* **A***ccountability,* **R***espect,* **E***xcellence and* **S***ervice.*

Definition of Hospice and Palliative Care

Connecticut Hospice is part of the post-acute care continuum. Many of the patients transferred to The Connecticut Hospice inpatient facility and/or hospice home care program come from acute care hospitals, skilled nursing facilities or assisted living facilities. In keeping with its mission, Connecticut Hospice focuses on end-of-life care with specialization in the care of cancer patients with complex care needs, dementia care as well as a wide range of other diagnoses. The Connecticut Hospice provides hospice services that are intended to meet the physical, psychosocial, practical, and spiritual needs of hospice patients and family/caregivers. The core hospice team members (registered nurse, medical social worker, physician, and bereavement counselors) are available to patients and family/caregivers seven (7) days a week, 24 hours a day. Other disciplines will be available as needed to meet patient and family/caregiver care needs.

To qualify as a Hospice Program, Connecticut Hospice must meet Medicare's Conditions of Participation.

Hospice patients have an overall severity of illness that is greater than any other post-acute care setting. Connecticut Hospice patients require frequent physician oversight and advanced nursing care.

Community Health Needs Assessment Rationale

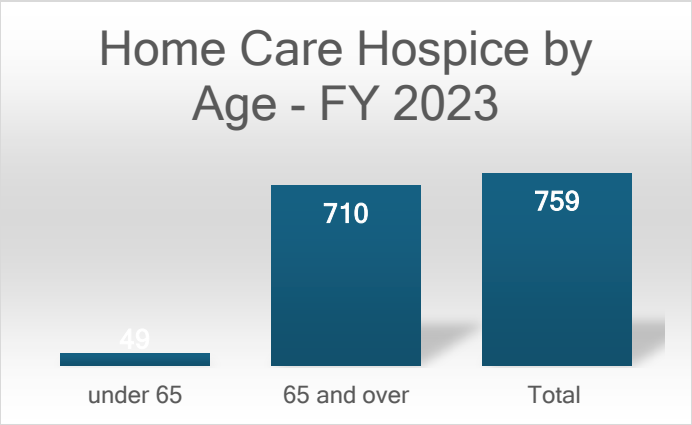
In March 2010, the U.S. Congress passed the Patient Protection and Affordable Care Act that included new requirements for private not-for-profit hospitals. For tax years beginning March 2012, each hospital must:

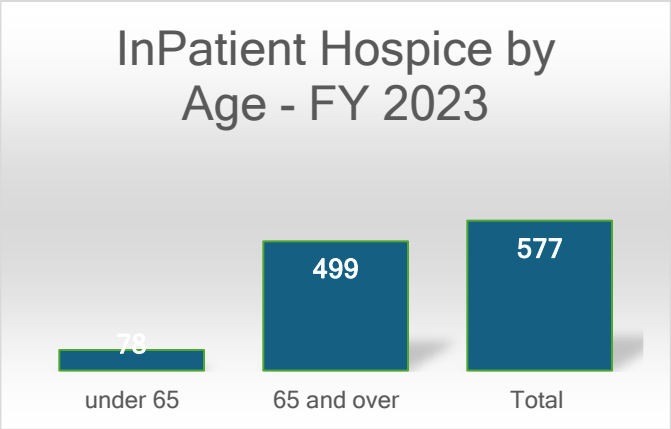
- *Conduct a Community Needs Assessment once every three years, including public health and community input. The Community Needs Assessment is a systematic process to identify and analyze community health needs and prioritize these needs.*
- *Develop action plans to address community needs by adopting an implementation strategy which must be approved by the Board of Directors.*
- *Report the process and plan to the community and on IRS Form 990.*

The Community Connecticut Hospice Serves

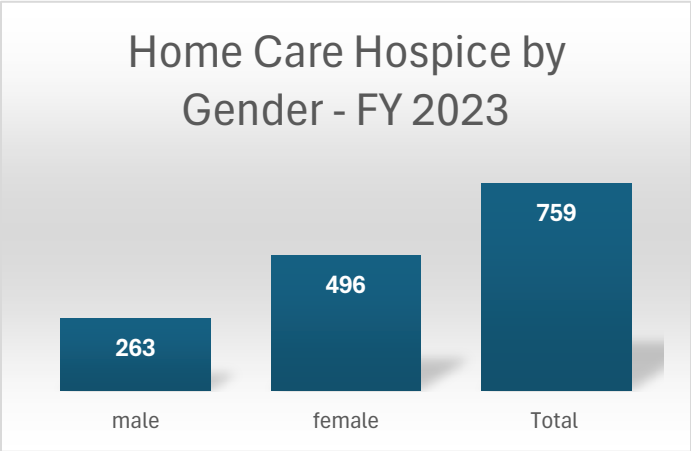
Connecticut Hospice includes the Hospice Inpatient facility, located in Branford, Connecticut, which provides general inpatient care as well as advanced palliative and respite care. Additionally, Connecticut Hospice has a hospice home care program headquartered in Branford, Connecticut at the Hospice Inpatient site which provides home care services in New Haven, Fairfield, and Middlesex counties. Because Connecticut Hospice is licensed by the State of Connecticut Department of Public Health as a short-term hospital, a large percentage of its inpatient population originates from acute care hospitals. Patients are admitted to Connecticut Hospice once their medical condition is no longer deemed acute, yet still require intensive medical care.

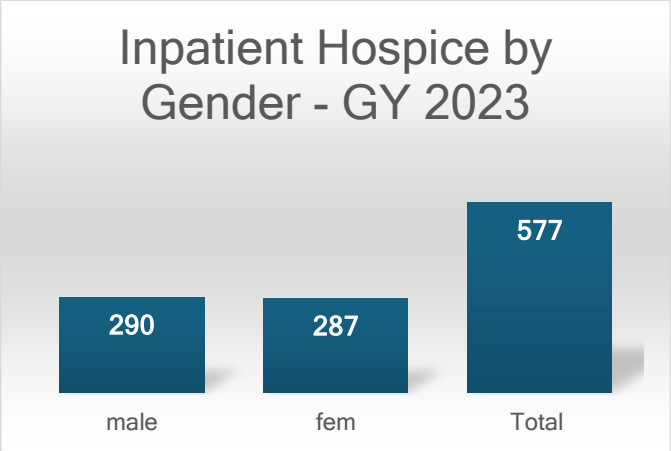
The largest percentage of patients cared for by Connecticut Hospice are over 65 years of age





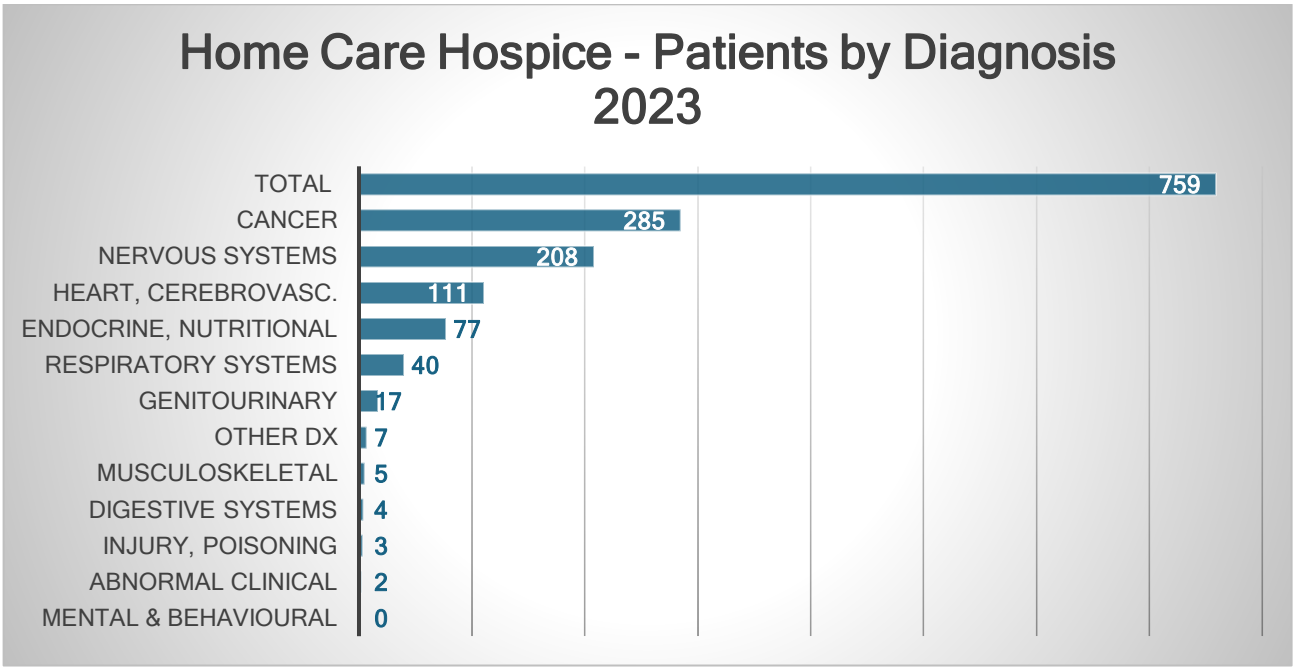
Patients under our care by gender are more significant in females than male

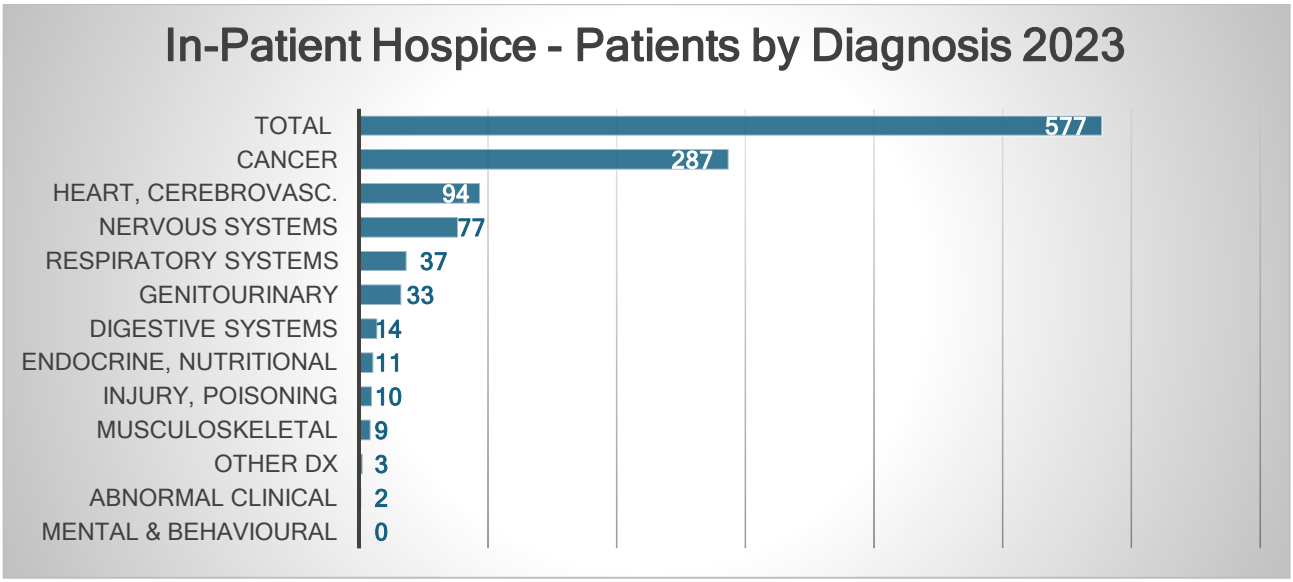




The community need for hospice services has multifaceted medical, nursing, spiritual and mental health care needs. Patients have a life expectancy of six months or less. In addition to their terminal illness, they have multiple complicated diagnoses including extensive wounds, resistant infectious diseases, serious respiratory conditions, neurological disorders, and multisystem complications. The key distinction of patients who are cared for by The Connecticut Hospice is the multiplicity of diagnoses and problems leading to an aggregate of care need that extends beyond the capabilities of a typical acute care hospital or home care program.

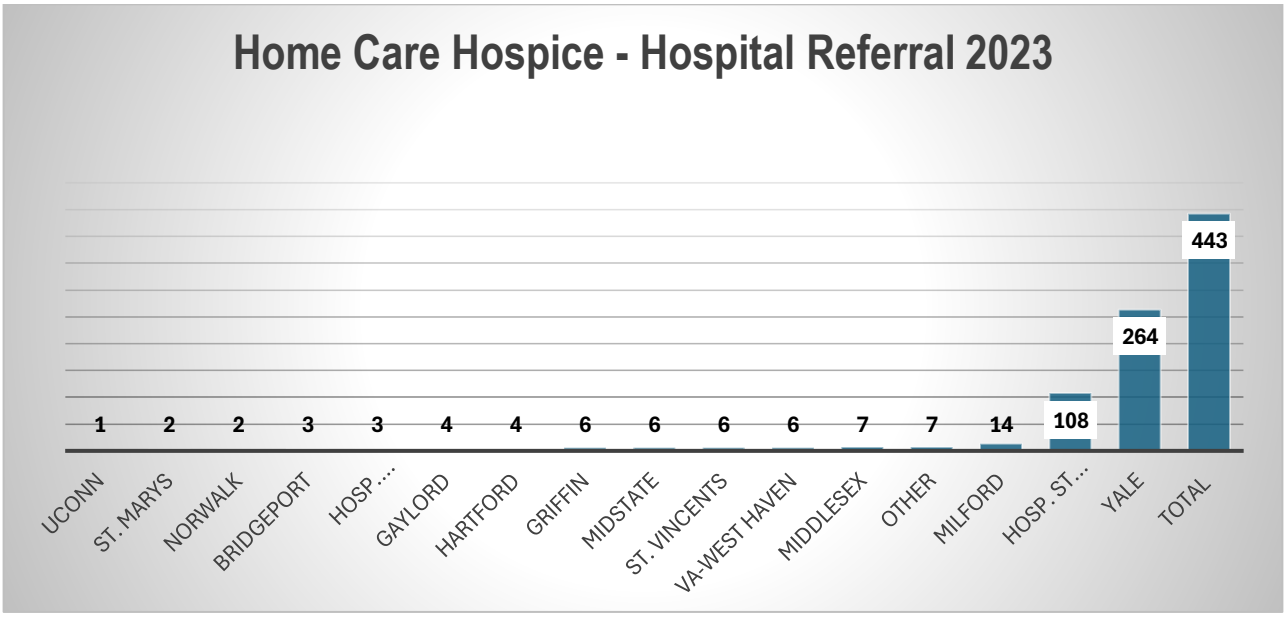
CT Hospice #1 Diagnosis for both Homecare and In-Patient is Cancer followed by #2 Nervous System

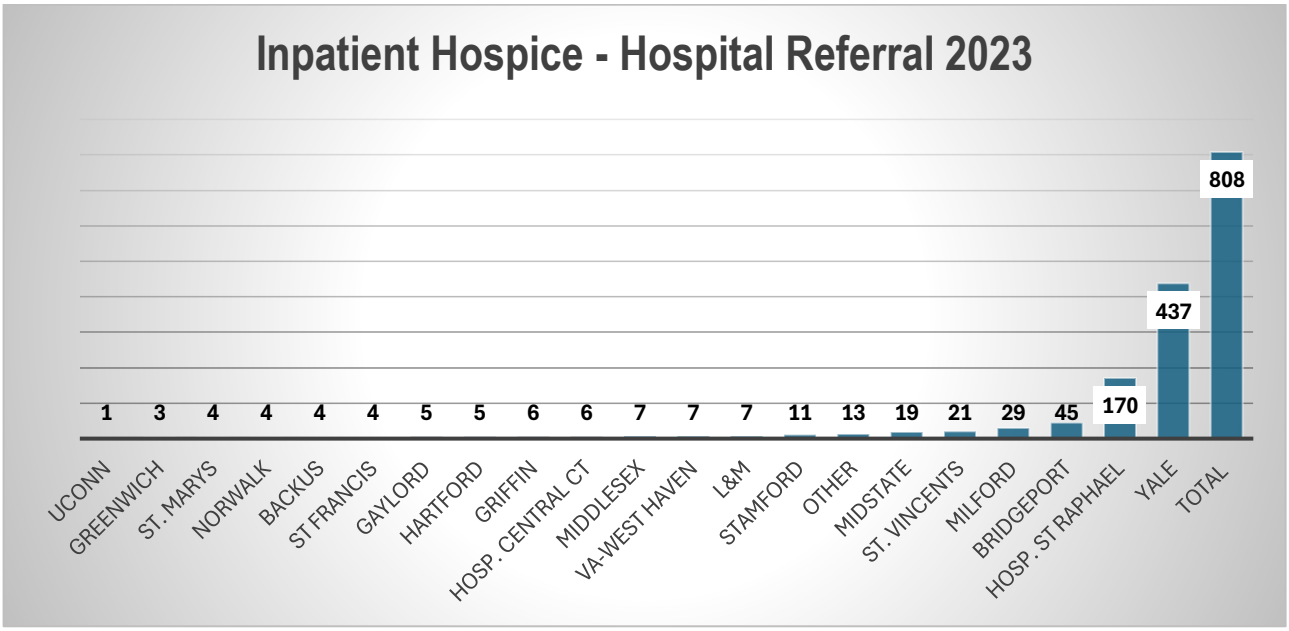




Another aspect of the community Connecticut Hospice serves is to consider the needs of the acute care hospitals from which Connecticut Hospice derives the majority of its referrals. Connecticut Hospice has for decades been shown to benefit acute care hospitals by providing care for patients for whom curative treatment is no longer desirable and who need more acute medical care for their end-of-life care but no longer require services in traditional acute care. Admissions to the Connecticut Hospice thereby shortens length of stay in acute care settings for appropriate patients and allows more efficient use of the resources of the acute care setting.

Patients are referred to Connecticut Hospice from forty-nine hospitals, thirty-seven other hospices, and 87 Skilled Nursing Facilities/Assisted Living Facilities, as well as other facilities.

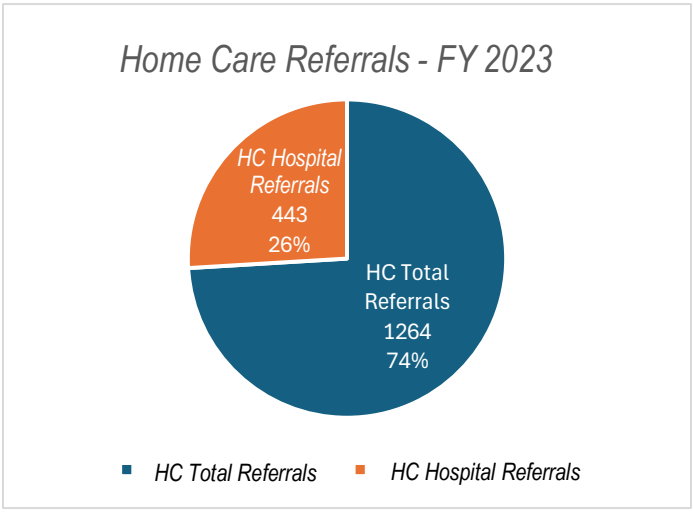


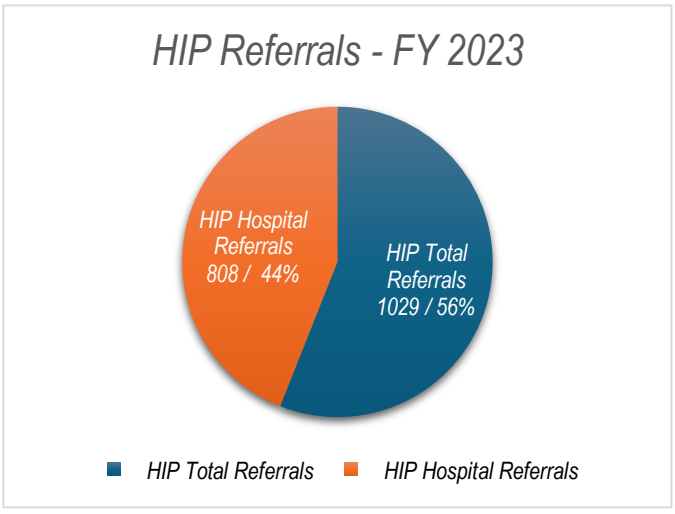


Because of the unique level of service provided by Connecticut Hospice and as defined in the Connecticut Public Health Code and the CMS Conditions of Participation, Connecticut Hospice defines our "community" as the acute care hospital. We admit routine patients in addition to the terminally ill patients residing in the 198 towns and cities we serve.

NEW HAVEN COUNTY	HARTFORD COUNTY	FAIRFIELD COUNTY	MIDDLESEX COUNTY	LITCHFIELD COUNTY	OTHER
Yale New Haven Hospital	*Hartford Hospital*	*BridgeportHospital*	*MiddlesexHospital*	*Charlotte Hungerford Hospital*	*Backus Hospital*
Hospital of St. Raphael	*Hospital of Central Connecticut*	*St. Vincent's Medical Center*			*Lawrence and Memorial Hospital*
St. Mary's Hospital	*St. Francis Hospital & Medical Center*	*Stamford Hospital*			*Out of Area*
Mid-State Medical Center	*Bristol Hospital*	*Greenwich Hospital*			
Waterbury Hospital	*UCONN*	*Danbury Hospital*			
Griffin Hospital					
Milford Hospital					
Hospital of Central Connecticut-Meriden					

During the fiscal year, 2023, Connecticut Hospice Hospital received admissions from acute care hospitals across the State of Connecticut as well as from out of the area. The following graphic illustrates admissions to Connecticut Hospice by hospital referral and overall referrals from other sources. New Haven County continues to have the greatest number of admissions from referral hospitals.





Community Health Needs Assessment Process Overview

Connecticut Hospice began the community health needs assessment process by completing a review of its own patient data and state and local public health data as well as data from the Health Pivots database of Medicare claims data. The following section presents key demographic and health status findings relating to the communities Connecticut Hospice serves.

Health Pivots Data

Benchmarking report against competitors

2023 HOSPICE BENCHMARKING REPORT

All Connecticut Hospices

Hospice	Control Type	Hospital-Based	Overlapping Ownership Records		MEDICARE CLAIMS DATA											
			Do the Owners Overlap with a 'Top' Hospice or Other Hospices?	Do the Owners Overlap with Other Provider Types?	Medicare Patients Served	Average Daily Census (ADC)	Median LOS	Mean Discharge LOS	Days per Patient (ALOS)	Deaths & Disch: % < 7 Days	Deaths: % < 7 Days	Live Disch: % < 7 Days	% Ending Census on Hospice > 180 Days	% Live Discharges	% Cap Use	30-Day Hospital Readmit Rate (FFS)*
ACCENTCARE HOSPICE & PALLIATIVE CARE OF CONECTICUT- 071539	Proprietary	No	ACCENTCARE	HHA (66)	1,401	282	16	48	74	39%	42%		53%	7%	60%	1.9%
ATHENA HOME HEALTH & HOSPICE- 071543	Proprietary	No	Yes (4)	HHA (1), SNF (42)	675	138	32	61	74	21%	24%		34%	17%	59%	
BEACON HOSPICE, AN AMEDISYS COMPANY- 071537	Proprietary	No	AMEDISYS	HHA (189)	512	84	26	57	60	23%	25%		25%	13%	49%	
BRANFORD VNA & GUILFORD VNA- 071544	Not for Profit	No	No	HHA (2), Hospital (5), SN	315	55	25	62	64	18%	19%		20%	17%	50%	
BRISTOL HOSPITAL HOME CARE AGENCY- 071517	Not for Profit	No	No	HHA (1), Hospital (2), SN	269	40	17	44	55	38%	42%		33%	8%	44%	
CARING HOSPICE SERVICES OF CONNECTICUT LLC- 071501	Proprietary	No	Yes (8)		116	25	47	76	80	14%	17%		26%	17%	73%	
COMPASSUS- GREATER CONNECTICUT- 071536	Proprietary	No	COMPASSUS/ASCENSIO	HHA (29)	443	86	34	54	71	18%	22%		37%	26%	56%	
CONNECTICUT HOSPICE INC, THE- 071500	Not for Profit	No	No	HHA (1), Hospital (1)	1,401	135	9	31	35	45%	48%		24%	9%	34%	0.4%
CONSTELLATION HOME CARE- 071542	Proprietary	No	Yes (5)	HHA (4), SNF (31)	1,938	252	16	45	47	36%	41%	8%	21%	16%	40%	0.9%
DAY KIMBALL HOMECARE- 071504	Not for Profit	No	No	HHA (1), Hospital (1)	130	15	15	40	43	30%	33%		13%	11%	31%	
FARMINGTON VALLEY VNA INC- 071515	Not for Profit	No	No	HHA (1)	83	10	18	52	45	17%	21%			20%	37%	
FRANCISCAN FAMILY CARE CENTER,- 071530	Not for Profit	No	No	HHA (1)	110	13	15	40	42	23%	27%		12%	16%	32%	
FRIEDMAN HOME CARE AND CHAIFEZ FAMILY HOSPICE- 071541	Not for Profit	No	No	HHA (1), SNF (1)	98	11	19	31	42	25%	30%		22%	16%	34%	
HARTFORD HEALTHCARE AT HOME- 071507	Not for Profit	No	No	HHA (1), Hospital (11), S	3,509	300	7	28	31	52%	55%	10%	15%	7%	25%	0.0%
MASONICARE HOME HEALTH AND HOSPICE INC- 071516	Not for Profit	No	No	HHA (1), Hospital (1), SN	1,278	201	24	52	57	22%	25%	8%	26%	17%	45%	0.0%
MCLEAN HOME CARE AND HOSPICE- 071524	Not for Profit	No	No	HHA (1)	172	22	22	47	46	25%	27%		9%	9%	33%	
MIDDLESEX HOSPITAL HOMECARE- 071522	Not for Profit	No	No	HHA (1), Hospital (2)	515	89	18	48	63	38%	39%		43%	5%	46%	1.3%
REGIONAL HOSPICE & PALLIATIVE CARE OF WESTERN CT- 071518	Not for Profit	No	No		702	91	13	41	47	37%	39%		23%	9%	39%	0.7%
RIDGEFIELD VISITING NURSE ASSOCIATION- 071545	Not for Profit	No	No	HHA (1)	549	126	38	65	84	19%	19%		37%	8%	66%	0.0%
TRINITY HEALTH OF NEW ENGLAND AT HOME- 071520	Not for Profit	No	TRINITY HEALTH	FQHC (2), HHA (26), Ho	387	58	14	40	55	39%	41%		31%	6%	41%	0.0%
VISITING NURSE & HEALTH SERVICES OF CONNECTICUT- 071502	Not for Profit	No	Yes (16)	FQHC (1), HHA (9), Hosp	462	74	20	50	59	28%	30%		33%	8%	45%	
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY, INC- 071512	Not for Profit	No	No	HHA (2), SNF (1)	261	39	22	58	54	18%	22%		16%	24%	48%	
VISITING NURSE & HOSPICE OF LITCHFIELD COUNTY, INC- 071523	Not for Profit	No	No	HHA (1)	262	27	14	34	37	32%	38%		3%	16%	27%	
VITAS HEALTHCARE CORPORATION- 071533	Proprietary	No	VITAS	FQHC (8)	1,732	323	12	44	68	44%	47%	20%	53%	10%	60%	0.5%
CONNECTICUT (ALL HOSPICES)					705	102	15	43	53	37%	40%	9%	31%	11%	43%	0.5%
CONNECTICUT (NOT FOR PROFIT)	Not for Profit				601	76	13	40	46	38%	41%	8%	24%	10%	37%	0.2%
CONNECTICUT (PROPRIETARY)	Proprietary				974	170	18	49	64	35%	39%	9%	40%	13%	53%	1.1%
NATIONAL (ALL HOSPICES)					297	58	25	55	71	29%	34%	9%	38%	18%	55%	1.8%
NATIONAL (NOT FOR PROFIT)	Not for Profit				495	78	17	46	57	34%	37%	11%	33%	12%	43%	1.1%
NATIONAL (PROPRIETARY)	Proprietary				231	51	33	63	81	25%	30%	9%	40%	23%	66%	2.5%

CONNECTICUT HOSPICE INC, THE - 071500

List of Counties Served for 2023

County	Patients in County	Days per Patient (ALOS)	Patient Days in County	ADC in County	% GIP Days	GIP ADC	Share of Days	Market Share of Patients	Total County Patients
Connecticut- New Haven	1,117	35	38,893	107	5.8%	6.2	17.2%	24.7%	4,529
Connecticut- Fairfield	126	27	3,458	9	7.2%	0.7	1.5%	3.2%	3,917
Connecticut- Middlesex	57	46	2,639	7	6.4%	0.5	4.5%	6.4%	884
Connecticut- Hartford	18	33	589	2	5.3%	0.1	0.3%	0.4%	4,312
Connecticut- New London	18	11	204	1	32.4%	0.2	0.4%	1.3%	1,378

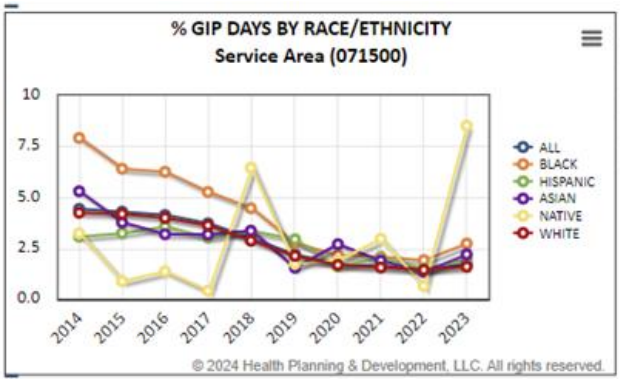
CONNECTICUT HOSPICE INC, THE - 071500

Year	Patients Served	Admissions	ADC	ALOS	Median LOS	GIP Patients	GIP ADC	% GIP Patients	% GIP Days	CHC Patients	% CHC Days	MA Patients	% MA	Deaths	Live Discharges	% Deaths	% Live Discharges	Payments per Patient Day	Payments per Patient	% Cap Use
2009	2,109	1,890	256	44	13	1,331	46.4	63.1%	18.1%	156	0.6%	418	20%	1,737	130	93%	7%	$ 281	$ 12,452	61%
2010	2,152	1,907	240	41	13	1,283	40.3	59.6%	16.8%	138	0.5%	457	21%	1,777	127	93%	7%	$ 273	$ 11,102	53%
2011	2,217	1,975	241	40	11	1,315	39.1	59.3%	16.2%	120	0.6%	491	22%	1,842	162	92%	8%	$ 275	$ 10,913	53%
2012	2,295	2,087	233	37	12	1,271	37.0	55.4%	15.9%	177	0.7%	495	22%	1,872	184	91%	9%	$ 280	$ 10,391	48%
2013	2,229	1,995	236	39	12	1,240	35.8	55.6%	15.1%	121	0.6%	536	24%	1,792	204	90%	10%	$ 275	$ 10,645	49%
2014	2,120	1,894	216	37	11	1,257	35.7	59.3%	16.5%	98	0.4%	480	23%	1,709	207	89%	11%	$ 288	$ 10,723	49%
2015	2,169	1,971	207	35	10	1,321	35.5	60.9%	17.1%	104	0.5%	595	27%	1,772	190	90%	10%	$ 291	$ 10,149	45%
2016	1,992	1,790	201	37	12	1,109	33.3	55.7%	16.5%	91	0.4%	515	26%	1,587	204	89%	11%	$ 306	$ 11,318	49%
2017	2,018	1,830	197	36	11	1,158	29.6	57.4%	15.0%	83	0.4%	575	28%	1,655	176	90%	10%	$ 305	$ 10,869	46%
2018	1,758	1,579	171	35	11	1,024	22.2	58.2%	13.0%	41	0.2%	627	36%	1,418	186	88%	12%	$ 290	$ 10,278	44%
2019	1,493	1,345	122	30	9	833	16.0	55.8%	13.2%	28	0.2%	597	40%	1,225	162	88%	12%	$ 297	$ 8,854	37%
2020	1,266	1,174	96	28	9	641	9.8	50.6%	10.2%	21	0.2%	558	44%	1,057	126	89%	11%	$ 306	$ 8,535	34%
2021	1,388	1,304	100	26	8	712	9.2	51.3%	9.2%		0.0%	662	48%	1,188	76	94%	6%	$ 307	$ 8,077	30%
2022	1,262	1,137	132	38	9	565	6.8	44.8%	5.1%		0.0%	596	47%	1,029	108	91%	9%	$ 255	$ 9,782	38%
2023	1,401	1,275	135	35	9	640	7.9	45.7%	5.9%	0	0.0%	720	51%	1,161	108	91%	9%	$ 265	$ 9,351	34%

% GIP DAYS BY RACE/ETHNICITY

Service Area (071500)

Year	ALL	BLACK	HISPANIC	ASIAN	NATIVE	WHITE
2014	4.4	7.9	3.1	5.3	3.2	4.2
2015	4.3	6.4	3.2	3.8	0.9	4.2
2016	4.1	6.3	3.6	3.2	1.4	4.0
2017	3.7	5.3	3.0	3.2	0.4	3.6
2018	3.0	4.5	3.3	3.4	6.5	2.9
2019	2.2	2.7	2.9	1.5	1.7	2.1
2020	1.7	2.2	1.6	2.7	1.9	1.7
2021	1.6	2.1	2.0	1.9	3.0	1.6
2022	1.5	1.9	1.5	1.4	0.6	1.4
2023	1.7	2.7	2.0	2.2	8.5	1.6

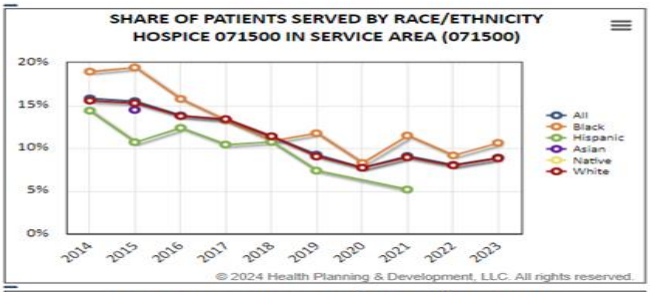


List of Included Counties
Connecticut- Fairfield
Connecticut- Hartford
Connecticut- Middlesex
Connecticut- New Haven
Connecticut- New London

SHARE OF PATIENTS SERVED BY RACE/ETHNICITY

CONNECTICUT HOSPICE INC, THE- 071500
Service Area (071500)

Year	All	Black	Hispanic	Asian	Native	White
2014	15.8%	18.9%	14.4%			15.6%
2015	15.5%	19.4%	10.7%	14.5%		15.3%
2016	13.8%	15.8%	12.4%			13.8%
2017	13.3%	13.3%	10.4%			13.4%
2018	11.3%	10.8%	10.7%			11.4%
2019	9.2%	11.7%	7.4%			9.0%
2020	7.7%	8.3%				7.7%
2021	9.1%	11.5%	5.2%			8.9%
2022	8.0%	9.1%				8.0%
2023	8.9%	10.6%				8.8%



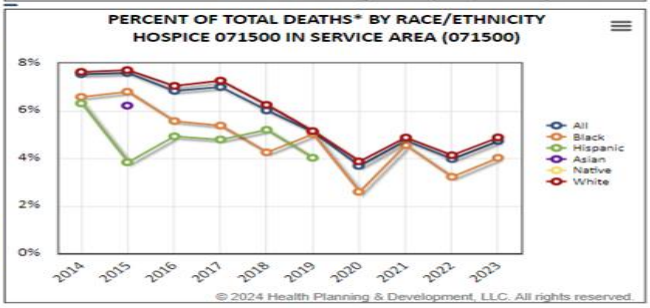
List of Included Counties
Connecticut- Fairfield
Connecticut- Hartford
Connecticut- Middlesex
Connecticut- New Haven
Connecticut- New London

PERCENT OF TOTAL DEATHS* BY RACE/ETHNICITY

CONNECTICUT HOSPICE INC, THE- 071500
Service Area (071500)

Year	All	Black	Hispanic	Asian	Native	White
2014	7.5%	6.6%	6.3%			7.6%
2015	7.6%	6.8%	3.8%	6.2%		7.7%
2016	6.8%	5.6%	4.9%			7.0%
2017	7.0%	5.4%	4.8%			7.3%
2018	6.0%	4.3%	5.2%			6.2%
2019	5.1%	5.0%	4.0%			5.1%
2020	3.7%	2.6%				3.9%
2021	4.8%	4.6%				4.9%
2022	4.0%	3.2%				4.1%
2023	4.7%	4.0%				4.9%

*NOTE: Percent of Total Deaths is calculated as (Hospice's Deaths) / (Total Deaths). The measure combines share and death service ratio.



Provider Trend:

CONNECTICUT HOSPICE INC, THE - 071500

All Enrollees

Year	Hospice Admissions	Days per Admission	Hospice Census	Payments per Admission
2019	1,321	33.7	122	$10,001
2020	1,145	30.8	96	$9,431
2021	1,281	28.6	101	$8,778
2022	1,090	44.3	132	$11,310
2023	1,244	39.7	135	$10,531

Medicare Advantage Enrollees

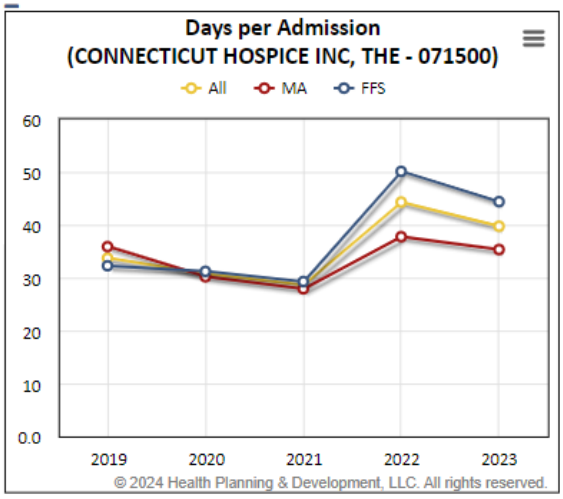
Year	Hospice Admissions	Days per Admission	Hospice Census	Payments per Admission
2019	526	35.9	52	$10,561
2020	504	30.2	42	$9,084
2021	604	27.9	46	$8,597
2022	512	37.8	53	$10,185
2023	639	35.3	62	$9,814

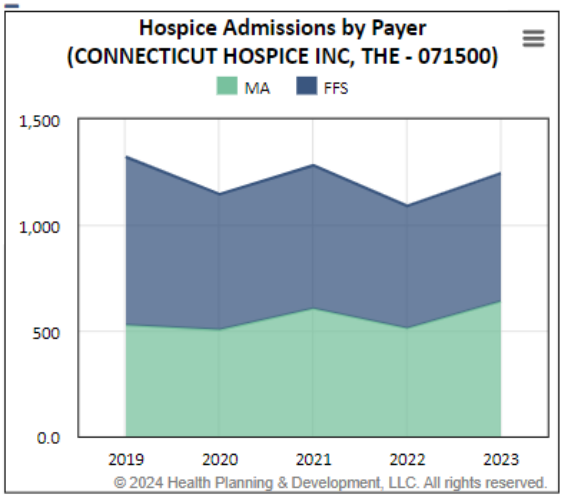
FFS Enrollees

Year	Hospice Admissions	Days per Admission	Hospice Census	Payments per Admission
2019	795	32.3	70	$9,630
2020	641	31.2	55	$9,705
2021	677	29.3	54	$8,939
2022	578	50.1	79	$12,306
2023	605	44.4	74	$11,288

Select to Graph
Days per Admission

Year	All	MA	FFS
2019	33.7	35.9	32.3
2020	30.8	30.2	31.2
2021	28.6	27.9	29.3
2022	44.3	37.8	50.1
2023	39.7	35.3	44.4





Provider MA List:

CONNECTICUT HOSPICE INC, THE - 071500

2023 Hospice Statistics by MA Marketing Name (Jan 2023 to Dec 2023)

MA Name	% of Hospice Total Adm.	Hospice Admissions	Days per Admission	Hospice Census	Payments per Admission	Mini Model: Discount per Admission*	Mini Model: Total Discount*
ALL ENROLLEES	**100.0%**	**1,244**	**39.7**	**135**	**$10,531**		
FFS ENROLLEES	48.6%	605	44.4	74	$11,288		
MA ENROLLEES	51.4%	639	35.3	62	$9,814	$981	$627,102
UNITEDHEALTHCARE	20.1%	250	33.5	23	$9,482	$948	$237,053
AETNA MEDICARE	14.8%	184	41.0	21	$10,928	$1,093	$201,079
ANTHEM BLUE CROSS AND BLUE SHIELD	7.8%	97	31.7	8	$8,917	$892	$86,492
CONNECTICARE	5.8%	72	40.2	8	$10,640	$1,064	$76,609
WELLCARE	1.5%	18	17.4	1	$8,235	$824	$14,824
HUMANA	0.9%	11	26.1	1	$7,094	$709	$7,803

Provider MA Trend

CONNECTICUT HOSPICE INC, THE - 071500

Hospice Admissions Trend by Payer and MA Marketing Nam

MA Marketing Name	2023	2022	2021	2020	2019
TOTAL MEDICARE HOSPICE ADMISSIONS	**1,244**	**1,090**	**1,281**	**1,145**	**1,321**
FFS ENROLLEES	605	578	677	641	795
UNITEDHEALTHCARE	250	207	245	198	188
AETNA MEDICARE	184	124	125	114	130
ANTHEM BLUE CROSS AND BLUE SHIELD	97	74	115	113	100
CONNECTICARE	72	72	85	64	95
WELLCARE	18	21	27	12	0
HUMANA	11	0	0	0	0
OTHER MA PLANS (AND SUPPRESSED COUNTS)	**NR**	**14**	**NR**	**NR**	**13**

Service Area Market

CONNECTICUT HOSPICE INC, THE - 071500

County Hospice Admissions Trend by MA Marketing Name for New Haven County, CT

MA Marketing Name	TOTAL HOSPICE ADMISSIONS					SHARE OF HOSPICE ADM. (071500)					HOSPICE ADMISSIONS (071500)				
	2023	2022	2021	2020	2019	2023	2022	2021	2020	2019	2023	2022	2021	2020	2019
ALL ENROLLEES	**3,901**	**3,769**	**3,751**	**4,069**	**4,135**	**25%**	**23%**	**26%**	**21%**	**22%**	**992**	**848**	**969**	**846**	**923**
FFS ENROLLEES	1,917	2,013	2,074	2,383	2,519	25%	22%	25%	20%	22%	473	442	511	466	545
MA ENROLLEES	1,984	1,756	1,677	1,686	1,616	26%	23%	27%	23%	23%	519	406	458	380	378
UNITEDHEALTHCARE	803	841	742	716	655	25%	19%	24%	20%	18%	200	160	177	141	117
AETNA MEDICARE	595	370	330	352	341	26%	29%	31%	26%	32%	155	107	103	92	109
ANTHEM BLUE CROSS AND BLUE SHIELD	280	248	301	340	298	29%	24%	28%	27%	24%	82	59	84	91	72
CONNECTICARE	192	182	218	214	262	29%	32%	33%	22%	27%	56	58	71	47	71
WELLCARE	59	63	56	41	29	24%	25%	36%	0%	0%	14	16	20		
HUMANA	25	12	11												
HIGHMARK BLUE CROSS BLUE SHIELD OR HIGHMARK BLUE SHI...		12			12										
OTHER MA PLANS (AND SUPPRESSED COUNTS)	**30**	**28**	**19**	**23**	**19**						**12**	**NR**	**NR**	**NR**	**NR**

Market Deaths

CONNECTICUT HOSPICE INC, THE - 071500

County Hospice Death Trend by MA Marketing Name for New Haven County, CT

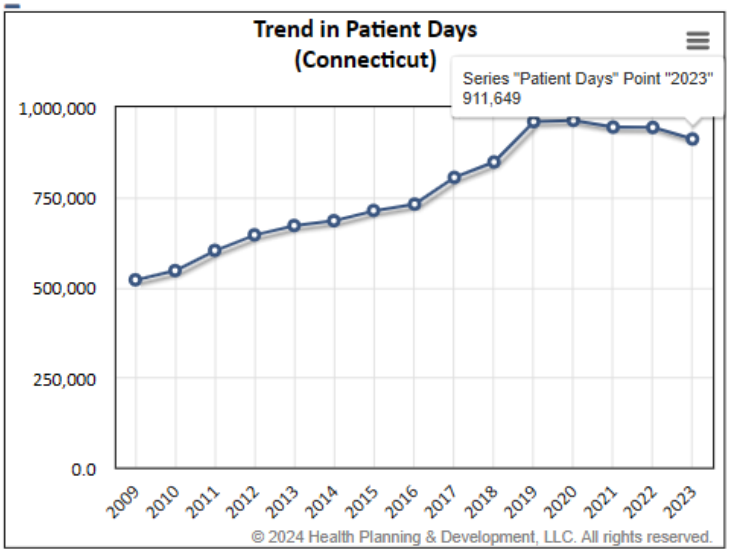
MA Marketing Name	TOTAL DEATHS					DEATH SERVICE RATIO					SHARE OF HOSPICE DEATHS (071500)				
	2023	2022	2021	2020	2019	2023	2022	2021	2020	2019	2023	2022	2021	2020	2019
ALL ENROLLEES	**6,695**	**7,033**	**6,791**	**7,806**	**6,600**	**52%**	**47%**	**48%**	**46%**	**55%**	**27%**	**24%**	**27%**	**22%**	**24%**
FFS ENROLLEES	3,338	3,744	3,770	4,656	4,174	52%	47%	47%	46%	54%	26%	23%	26%	20%	23%
MA ENROLLEES	3,357	3,289	3,021	3,150	2,426	52%	46%	48%	47%	57%	28%	26%	29%	23%	25%
UNITEDHEALTHCARE	1,264	1,512	1,306	1,409	970	53%	48%	49%	46%	57%	27%	22%	25%	20%	18%
AETNA MEDICARE	1,021	672	599	632	484	54%	49%	47%	52%	60%	28%	32%	34%	25%	37%
ANTHEM BLUE CROSS AND BLUE SHIELD	503	498	547	570	475	51%	42%	50%	49%	53%	31%	28%	31%	27%	25%
CONNECTICARE	318	381	373	408	398	54%	44%	50%	44%	56%	31%	36%	32%	27%	29%
WELLCARE	139	148	146	89	61	32%	39%	35%	36%	39%	31%	26%	39%	0%	0%
HUMANA	53	19	20			34%		60%							
CIGNA HEALTHCARE	24	18													
CAREPARTNERS OF CONNECTICUT	13														
HIGHMARK BLUE CROSS BLUE SHIELD OR HIGHMARK BLUE SHI...		16	11	18	11		69%								
OTHER MA PLANS (AND SUPPRESSED COUNTS)	**22**	**25**	**19**	**24**	**27**										

STATE Trends

Connecticut Hospice Utilization Trend

Year	Medicare Enrollment	Death Rate per 1,000	Resident Deaths	Death Service Ratio	Hospice Deaths	Hospice Penetration	Patients Served	Days per Patient (ALOS)	Patient Days	Average Daily Census	% GIP Days	Average GIP Census	GIP Patients	Payments per Patient
2009	583,779	41.0	23,912	0.37	8,740	0.48	11,475	45	520,924	1,427	6.0%	86	4,008	$9,133
2010	593,508	40.4	24,002	0.38	9,100	0.49	11,674	47	546,468	1,497	5.1%	77	3,922	$9,373
2011	607,591	40.8	24,768	0.40	9,845	0.52	12,934	47	602,621	1,651	5.2%	86	4,530	$9,458
2012	623,875	39.5	24,635	0.42	10,302	0.55	13,591	48	645,732	1,764	4.9%	87	4,706	$9,740
2013	636,549	39.0	24,809	0.43	10,635	0.57	14,152	47	671,572	1,840	4.5%	82	4,739	$9,593
2014	647,857	38.9	25,180	0.44	11,185	0.58	14,562	47	684,897	1,876	4.3%	80	4,649	$9,576
2015	658,691	39.0	25,715	0.45	11,506	0.59	15,077	47	713,235	1,954	4.1%	81	4,743	$9,721
2016	672,508	38.1	25,609	0.46	11,873	0.61	15,538	47	730,937	1,997	4.0%	79	4,709	$9,963
2017	685,211	38.2	26,167	0.48	12,680	0.63	16,387	49	805,130	2,206	3.6%	79	5,111	$10,399
2018	699,211	37.2	25,981	0.49	12,602	0.64	16,685	51	847,860	2,323	2.9%	67	4,816	$10,510
2019	712,876	37.2	26,485	0.50	13,309	0.66	17,585	55	959,904	2,630	2.2%	58	4,633	$11,112
2020	726,338	43.1	31,314	0.44	13,706	0.57	17,801	54	963,199	2,632	1.7%	46	4,067	$11,035
2021	735,192	37.6	27,613	0.46	12,633	0.61	16,775	56	944,558	2,588	1.6%	41	3,835	$11,558
2022	751,812	37.7	28,371	0.46	12,944	0.60	17,016	55	943,708	2,586	1.5%	39	3,586	$11,433
2023	766,467	35.3	27,077	0.48	12,999	0.63	17,129	53	911,649	2,498	1.7%	42	3,947	$11,346

Select to Graph	
Patient Days	
2009	520,924
2010	546,468
2011	602,621
2012	645,732
2013	671,572
2014	684,897
2015	713,235
2016	730,937
2017	805,130
2018	847,860
2019	959,904
2020	963,199
2021	944,558
2022	943,708
2023	911,649



Connecticut List of Providers for 2023

Hospice Name	Patients Served	ALOS	Patient Days	ADC	% CHC Days	% GIP Days	GIP ADC	GIP Patients	% GIP Patients	Median LOS	% Deaths	% Live Discharges	Payments per Patient	% Cap Use
HARTFORD HEALTHCARE AT HOME- 071507	3,509	31.2	109,637	300.4	0.0%	4.1%	12.2	1,318	37.6%	7	93%	7%	$7,312	25.1%
CONSTELLATION HOME CARE- 071542	1,938	47.4	91,829	251.6	0.3%	1.4%	3.5	355	18.3%	16	84%	16%	$10,438	40.1%
VITAS HEALTHCARE CORPORATION- 071533	1,732	68.1	117,939	323.1	0.0%	2.8%	9.2	796	46.0%	12	90%	10%	$15,018	60.1%
ACCENTCARE HOSPICE & PALLIATIVE CARE OF CONECTICUT- 071539	1,401	73.5	103,017	282.2	0.0%	1.8%	5.2	440	31.4%	16	93%	7%	$15,459	60.2%
CONNECTICUT HOSPICE INC, THE- 071500	1,401	35.3	49,442	135.5	0.0%	5.9%	7.9	640	45.7%	9	91%	9%	$9,351	34.4%
MASONICARE HOME HEALTH AND HOSPICE INC- 071516	1,278	57.3	73,242	200.7	0.0%	0.2%	0.3	36	2.8%	24	83%	17%	$11,438	45.3%
REGIONAL HOSPICE & PALLIATIVE CARE OF WESTERN CT- 071518	702	47.3	33,182	90.9	0.0%	0.7%	0.6	66	9.4%	13	91%	9%	$10,080	38.6%
ATHENA HOME HEALTH & HOSPICE- 071543	675	74.4	50,205	137.5	0.0%	0.0%	0.0			32	83%	17%	$14,328	58.7%
RIDGEFIELD VISITING NURSE ASSOCIATION- 071545	549	83.5	45,850	125.6	0.2%	0.0%	0.0			38	92%	8%	$16,810	66.1%
MIDDLESEX HOSPITAL HOMECARE- 071522	515	62.9	32,370	88.7	0.0%	1.1%	1.0	115	22.3%	18	95%	5%	$12,948	46.0%
BEACON HOSPICE, AN AMEDISYS COMPANY- 071537	512	60.2	30,826	84.5	0.0%	0.0%	0.0			26	87%	13%	$11,985	48.9%
VISITING NURSE & HEALTH SERVICES OF CONNECTICUT- 071502	462	58.7	27,113	74.3	0.0%	0.4%	0.3	28	6.1%	20	92%	8%	$11,832	44.9%
COMPASSUS- GREATER CONNECTICUT- 071536	443	70.9	31,391	86.0	0.0%	0.0%	0.0	0	0.0%	34	74%	26%	$14,171	55.5%
TRINITY HEALTH OF NEW ENGLAND AT HOME- 071520	387	55.0	21,284	58.3	0.0%	0.8%	0.5	50	12.9%	14	94%	6%	$11,251	40.9%
BRANFORD VNA & GUILFORD VNA- 071544	315	63.7	20,074	55.0	0.0%	0.0%	0.0	0	0.0%	25	83%	17%	$12,652	50.5%
BRISTOL HOSPITAL HOME CARE AGENCY- 071517	269	54.9	14,774	40.5	0.0%	1.3%	0.5	57	21.2%	17	92%	8%	$11,369	43.8%
VISITING NURSE & HOSPICE OF LITCHFIELD COUNTY, INC- 071523	262	37.0	9,682	26.5	0.0%	1.8%	0.5	38	14.5%	14	84%	16%	$7,706	27.5%
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY, INC- 071512	261	54.3	14,174	38.8	0.0%	0.2%	0.1			22	76%	24%	$11,432	47.6%
MCLEAN HOME CARE AND HOSPICE- 071524	172	45.6	7,851	21.5	0.0%	0.0%	0.0			22	91%	9%	$9,596	33.0%
DAY KIMBALL HOMECARE- 071504	130	42.7	5,548	15.2	0.0%	0.5%	0.1	12	9.2%	15	89%	11%	$8,720	31.4%
CARING HOSPICE SERVICES OF CONNECTICUT LLC- 071501	116	80.1	9,293	25.5	0.0%	0.0%	0.0	0	0.0%	47	83%	17%	$16,280	72.7%
FRANCISCAN FAMILY CARE CENTER, - 071530	110	42.1	4,633	12.7	0.0%	0.0%	0.0	0	0.0%	15	84%	16%	$8,965	31.6%
FRIEDMAN HOME CARE AND CHAIFEZ FAMILY HOSPICE- 071541	98	42.3	4,146	11.4	0.0%	0.0%	0.0	0	0.0%	19	84%	16%	$8,907	34.4%
FARMINGTON VALLEY VNA INC- 071515	83	44.7	3,712	10.2	0.0%	0.0%	0.0	0	0.0%	18	80%	20%	$8,947	37.5%

Competitor Trend by County:

New Haven County, CT

List of Providers Serving New Haven County for 2023

Hospice Provider	Market Share of Patients	Patients in County	Days per Patient (ALOS)	Patient Days in County	Share of Days	ADC in County	% GIP Days	GIP ADC	Total Provider Patients
CONNECTICUT HOSPICE INC, THE- 071500	24.7%	1,117	35	38,893	17.2%	107	5.8%	6.2	1,401
VITAS HEALTHCARE CORPORATION- 071533	16.7%	757	49	37,154	16.4%	102	5.1%	5.1	1,732
ACCENTCARE HOSPICE & PALLIATIVE CARE OF CONECTICUT- 071539	10.8%	489	64	31,312	13.8%	86	1.9%	1.6	1,401
HARTFORD HEALTHCARE AT HOME- 071507	10.3%	466	27	12,565	5.5%	34	5.5%	1.9	3,509
CONSTELLATION HOME CARE- 071542	7.6%	345	58	19,970	8.8%	55	0.6%	0.3	1,938
MASONICARE HOME HEALTH AND HOSPICE INC- 071516	6.6%	298	58	17,278	7.6%	47	0.0%	0.0	1,278
BRANFORD VNA & GUILFORD VNA- 071544	5.5%	248	62	15,468	6.8%	42	0.0%	0.0	315
COMPASSUS- GREATER CONNECTICUT- 071536	4.4%	198	72	14,229	6.3%	39	0.0%	0.0	443
ATHENA HOME HEALTH & HOSPICE- 071543	2.7%	121	88	10,636	4.7%	29	0.0%	0.0	675
BEACON HOSPICE, AN AMEDISYS COMPANY- 071537	2.1%	96	61	5,841	2.6%	16	0.0%	0.0	512
REGIONAL HOSPICE & PALLIATIVE CARE OF WESTERN CT- 071518	1.3%	59	51	2,994	1.3%	8	0.3%	0.0	702
FRANCISCAN FAMILY CARE CENTER,- 071530	1.3%	58	50	2,885	1.3%	8	0.0%	0.0	110
TRINITY HEALTH OF NEW ENGLAND AT HOME- 071520	0.9%	39	50	1,969	0.9%	5	0.0%	0.0	387
RIDGEFIELD VISITING NURSE ASSOCIATION- 071545	0.6%	29	61	1,756	0.8%	5	0.0%	0.0	549
MIDDLESEX HOSPITAL HOMECARE- 071522	0.6%	25	44	1,095	0.5%	3	2.4%	0.1	515
BRISTOL HOSPITAL HOME CARE AGENCY- 071517	0.3%	14	31	440	0.2%	1	2.5%	0.0	269
CARING HOSPICE SERVICES OF CONNECTICUT LLC- 071501	0.3%	12	96	1,148	0.5%	3	0.0%	0.0	116
OTHER PROVIDERS	**3.5%**				**4.9%**				

Fairfield County, CT

List of Providers Serving Fairfield County for 2023

Hospice Provider	Market Share of Patients	Patients in County	Days per Patient (ALOS)	Patient Days in County	Share of Days	ADC in County	% GIP Days	GIP ADC	Total Provider Patients
CONSTELLATION HOME CARE- 071542	27.9%	1,092	42	46,171	20.3%	126	2.0%	2.6	1,938
REGIONAL HOSPICE & PALLIATIVE CARE OF WESTERN CT- 071518	10.7%	419	48	20,139	8.9%	55	0.7%	0.4	702
RIDGEFIELD VISITING NURSE ASSOCIATION- 071545	9.9%	387	88	34,229	15.1%	94	0.0%	0.0	549
VITAS HEALTHCARE CORPORATION- 071533	9.9%	386	85	32,699	14.4%	90	2.1%	1.9	1,732
HARTFORD HEALTHCARE AT HOME- 071507	9.0%	351	33	11,489	5.1%	31	3.0%	0.9	3,509
VISITING NURSE & HOSPICE OF FAIRFIELD COUNTY, INC- 071512	6.1%	237	53	12,594	5.5%	35	0.2%	0.1	261
ACCENTCARE HOSPICE & PALLIATIVE CARE OF CONECTICUT- 071539	4.3%	170	90	15,339	6.8%	42	1.0%	0.4	1,401
COMPASSUS- GREATER CONNECTICUT- 071536	3.4%	134	61	8,203	3.6%	22	0.0%	0.0	443
CONNECTICUT HOSPICE INC, THE- 071500	3.2%	126	27	3,458	1.5%	9	7.2%	0.7	1,401
ATHENA HOME HEALTH & HOSPICE- 071543	2.8%	109	96	10,448	4.6%	29	0.0%	0.0	675
CARING HOSPICE SERVICES OF CONNECTICUT LLC- 071501	2.4%	94	81	7,568	3.3%	21	0.0%	0.0	116
FRIEDMAN HOME CARE AND CHAIFEZ FAMILY HOSPICE- 071541	2.2%	87	45	3,907	1.7%	11	0.0%	0.0	98
MASONICARE HOME HEALTH AND HOSPICE INC- 071516	1.5%	58	63	3,679	1.6%	10	0.0%	0.0	1,278
VITAS HEALTHCARE CORPORATION OF FLORIDA- 101545	0.4%	15	119	1,778	0.8%	5	0.4%	0.0	42,228
HOSPICE OF PALM BEACH COUNTY INC- 101512	0.3%	11	41	446	0.2%	1	2.7%	0.0	7,596
OTHER PROVIDERS	**6.2%**				**6.6%**				

Middlesex County, CT

List of Providers Serving Middlesex County for 2023

Hospice Provider	Market Share of Patients	Patients in County	Days per Patient (ALOS)	Patient Days in County	Share of Days	ADC in County	% GIP Days	GIP ADC	Total Provider Patients
MIDDLESEX HOSPITAL HOMECARE- 071522	43.0%	380	69	26,191	44.7%	72	1.0%	0.7	515
HARTFORD HEALTHCARE AT HOME- 071507	8.8%	78	24	1,855	3.2%	5	8.0%	0.4	3,509
CONNECTICUT HOSPICE INC, THE- 071500	6.4%	57	46	2,639	4.5%	7	6.4%	0.5	1,401
VITAS HEALTHCARE CORPORATION- 071533	6.0%	53	86	4,584	7.8%	13	2.1%	0.3	1,732
BRANFORD VNA & GUILFORD VNA- 071544	5.4%	48	77	3,682	6.3%	10	0.0%	0.0	315
MASONICARE HOME HEALTH AND HOSPICE INC- 071516	5.3%	47	38	1,783	3.0%	5	0.1%	0.0	1,278
ATHENA HOME HEALTH & HOSPICE- 071543	5.2%	46	104	4,797	8.2%	13	0.1%	0.0	675
BEACON HOSPICE, AN AMEDISYS COMPANY- 071537	4.4%	39	60	2,346	4.0%	6	0.1%	0.0	512
ACCENTCARE HOSPICE & PALLIATIVE CARE OF CONECTICUT- 071539	3.6%	32	110	3,525	6.0%	10	0.2%	0.0	1,401
CONSTELLATION HOME CARE- 071542	3.1%	27	40	1,074	1.8%	3	0.0%	0.0	1,938
COMPASSUS- GREATER CONNECTICUT- 071536	1.5%	13	90	1,169	2.0%	3	0.0%	0.0	443
OTHER PROVIDERS	**7.2%**				**8.5%**				

Overview Of State Demographics

Population stats of U.S. CT (Source: Connecticut Census)

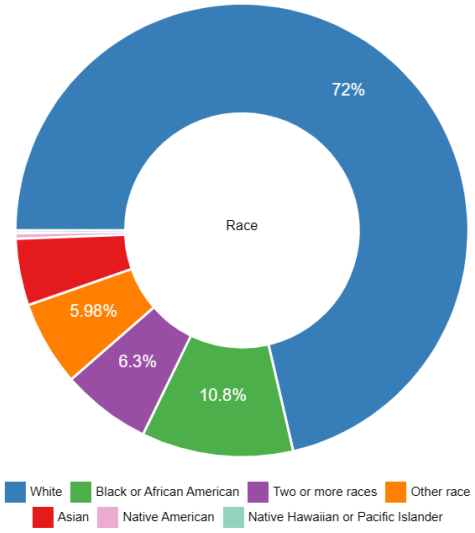
Connecticut Population by Race

Population by Race

All | Hispanic | NonHispanic

CSV JSON

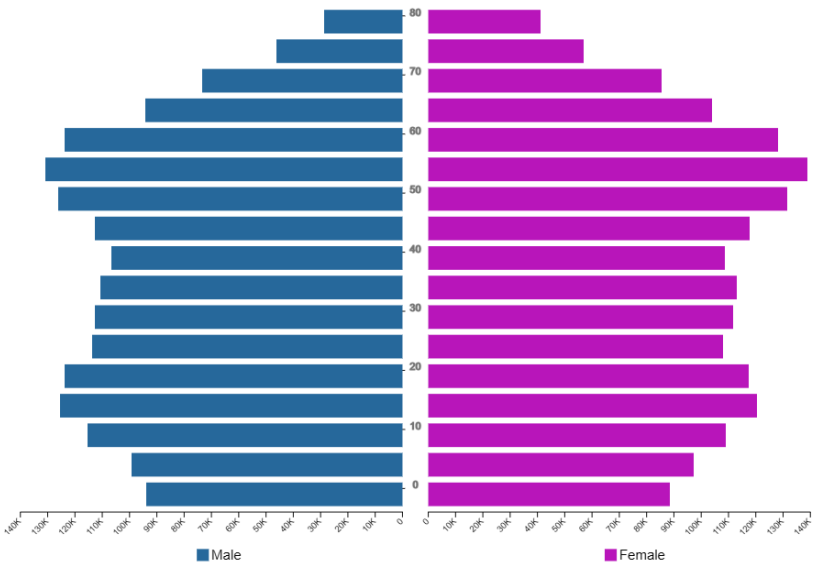
Race	Population	Percentage (of total)
White	2,595,884	72%
Black or African American	389,290	10.8%
Two or more races	227,267	6.3%
Other race	215,605	5.98%
Asian	167,308	4.64%
Native American	8,714	0.24%
Native Hawaiian or Pacific Islander	1,262	0.04%



Population by Gender

Connecticut Population by Age

Connecticut Population Pyramid 2024



Connecticut Median Age

41 Total

39.5 Male

42.4 Female

Connecticut Adults

There are 2,860,839 adults, (620,179 of whom are seniors) in Connecticut.

Connecticut Age Dependency

60.9 Age Dependency Ratio

27.7 Old Age Dependency Ratio

33.2 Child Dependency Ratio

Connecticut Sex Ratio

Female	1,836,470	50.94%
Male	1,768,860	49.06%

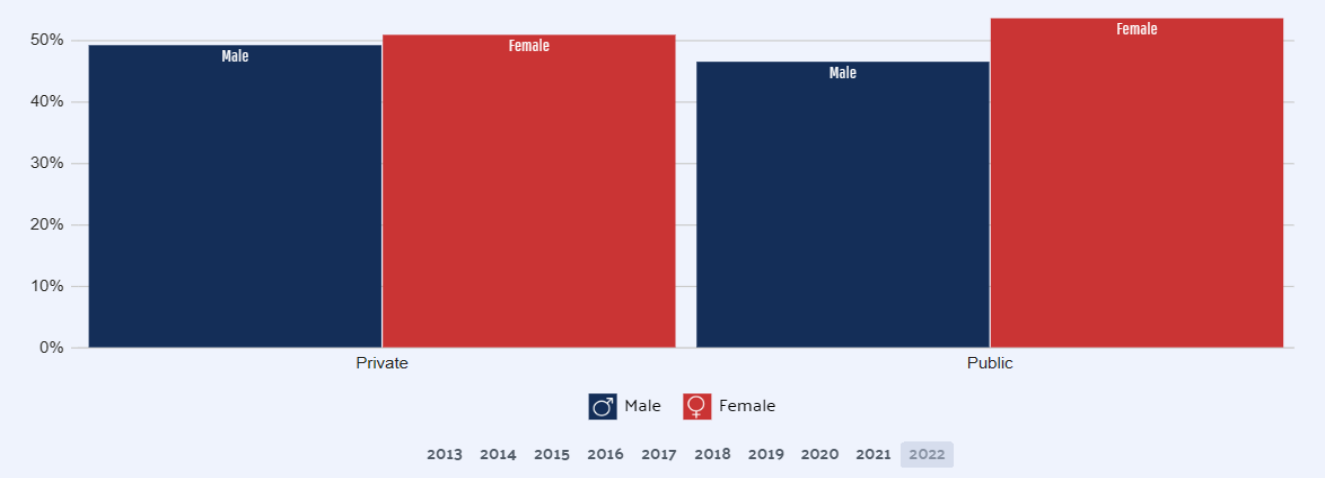
Health Care Diversity

HEALTH STATUS

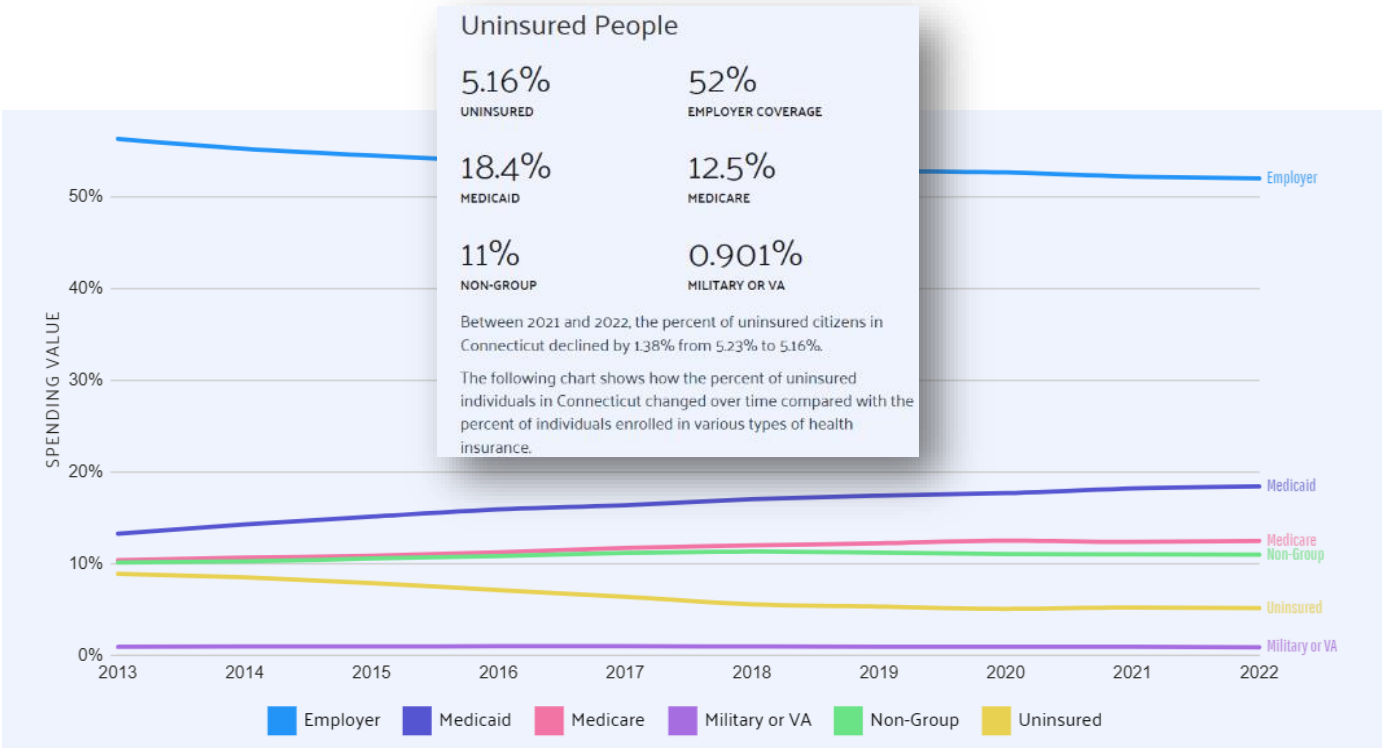
In 2022, insured persons according to age ranges were distributed in 22.3% under 18 years, 20.5% between 18 and 34 years, 40.1% between 35 and 64 years, and 17.1% over 64 years.

By gender, of the total number of insured persons, 48.2% were men and 51.8% were women.

The following chart shows the number of people with health coverage by gender.



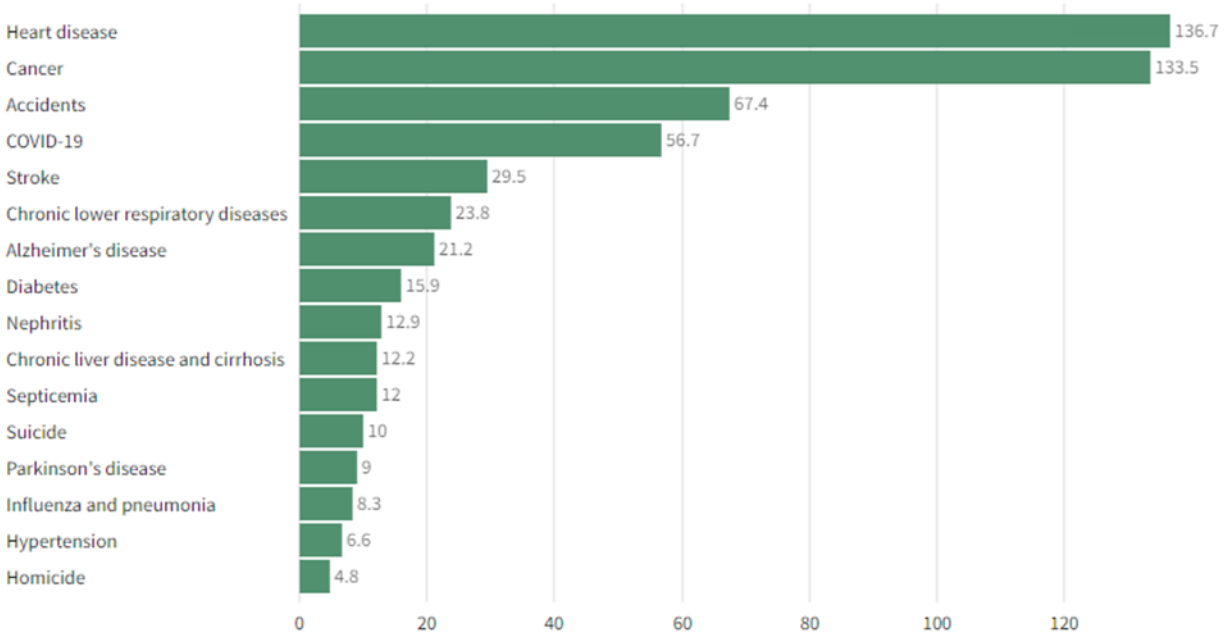
Insurance Ratio Coverage



TOP 10 LEADING CAUSES OF DEATH IN CONNECTICUT

Leading causes of death, by death rate: 2021

In 2021, the age-adjusted death rate of heart disease was 136.7 per 100,000 Connecticut residents.



Community Needs Assessment Research

Connecticut Hospice conducted several phases of primary research for assessing community need. The research included NDOC (EMR) data, Press Ganey surveys, Health Pivots data, and state data as part of its process. The surveys deployed by Press Ganey for the Connecticut Hospice Consumer Assessment of Health Care Providers and Systems (CAHPS) were utilized along with in person feedback. Information gathered at this stage of the assessment process was intended to describe the health needs of the patients/families served by the Connecticut Hospice.

Methodology For Obtaining Feedback

Feedback was solicited from patients as well as organizational leaders, community partners and other stakeholders to better understand the strategies currently used to care for dying patients, their experiences with accessing hospice services and barriers to care, and their perceptions of gaps in care and community resources.

Consumer Assessment of Health Care Providers And Systems (CAHPS) 2021 Survey Findings

A total of 309 completed surveys were received in 2023. Survey respondents identified barriers that exist in the care delivery services at Connecticut Hospice in accessing the end-of-life care needed for their loved one and areas of Training and education, Communication and getting timely care. The survey results provide insight on areas of opportunity to ensure Connecticut Hospice serves the needs of patients/families and identifies key improvements to provide better health care to the patient and communities it serves.

The Six Domains & Two Global Measures of Patient Care / Satisfaction

▲ Positive ▼ Negative

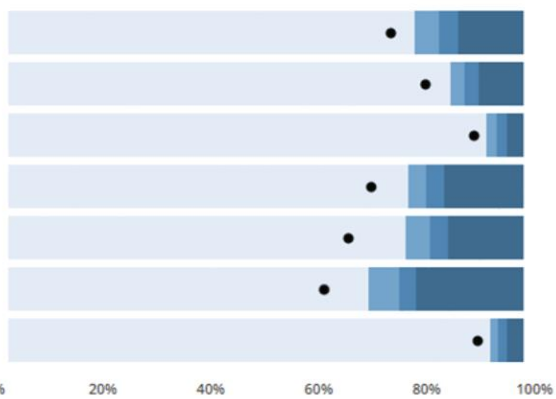
Survey Type	Sections/Domains	Items	Current n	Percentile Rank	Current Period (2023)	Previous Period (2022)	Change	
CAHPS	Global Items	Rate hospice care 0 -10	305	39	86.56%	86.16%	0.40%	▲
CAHPS	Global Items	Recommend the hospice care	303	46	87.46%	87.95%	-0.49%	▼
CAHPS	Getting Timely Care	Hospice team help after hours	199	28	71.36%	72.03%	-0.67%	▼
CAHPS	Getting Timely Care	Help as soon as needed	302	30	77.15%	78.57%	-1.42%	▼
CAHPS	Hospice Team Comm.	Kept informed about care arrival	302	23	70.86%	68.64%	2.22%	▲
CAHPS	Hospice Team Comm.	Explain in way you understand	305	29	86.23%	86.22%	0.01%	▲
CAHPS	Hospice Team Comm.	Kept informed about care	303	49	82.18%	78.57%	3.61%	▲
CAHPS	Hospice Team Comm.	Given confusing info re: care	301	18	85.38%	88.39%	-3.01%	▼
CAHPS	Hospice Team Comm.	Listen carefully re: care problems	120	16	77.50%	77.22%	0.28%	▲
CAHPS	Hospice Team Comm.	Listen carefully to you	301	13	83.72%	87.11%	-3.39%	▼
CAHPS	Treating Family with Resp	Treat patient with dignity/respect	307	20	94.14%	94.71%	-0.58%	▼
CAHPS	Treating Family with Resp	Really cared about patient	308	26	86.69%	86.78%	-0.10%	▼

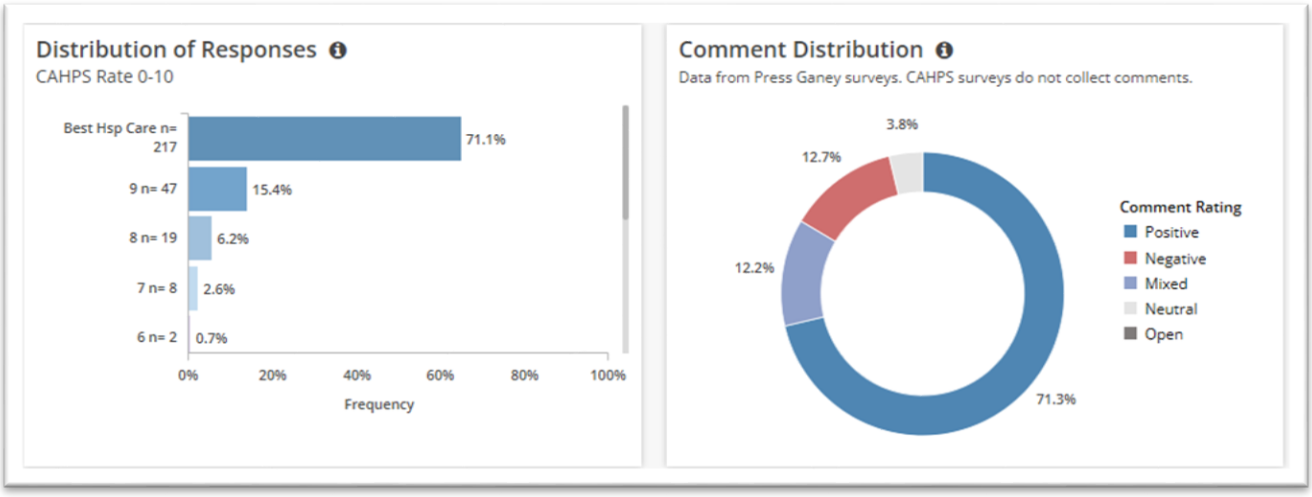
CAHPS	Getting Help for Symptoms	Get as much help w/ pain as needed	197	38	85.79%	87.07%	-1.29%	▼
CAHPS	Getting Help for Symptoms	Get help for trouble breathing	143	26	75.52%	74.04%	1.49%	▲
CAHPS	Getting Help for Symptoms	Help for trouble with constipation	110	9	60.91%	55.88%	5.03%	▲
CAHPS	Getting Help for Symptoms	Helped with anxiety or sadness	146	17	59.59%	65.08%	-5.49%	▼
CAHPS	Getting Hsp Care Training	Discuss pain med side effects	273	17	74.73%	73.23%	1.49%	▲
CAHPS	Getting Hsp Care Training	Identify pain med side effects	274	3	56.57%	59.69%	-3.12%	▼
CAHPS	Getting Hsp Care Training	Info re: if/when to give pain med	159	5	73.58%	80.34%	-6.76%	▼
CAHPS	Getting Hsp Care Training	Train to help trouble breathing	93	8	65.59%	66.18%	-0.59%	▼
CAHPS	Getting Hsp Care Training	Train to help restless or agitated	166	9	59.64%	57.02%	2.61%	▲
CAHPS	Additional Rating Quests	Train to safely move	138	2	55.07%	55.66%	-0.59%	▼
CAHPS	Additional Rating Quests	Info re: what to expect while dying	301	25	78.07%	77.33%	0.74%	▲
CAHPS	Additional Rating Quests	Nursing home/hospice work together	72	19	58.33%	60.47%	-2.13%	▼
CAHPS	Additional Rating Quests	Nursing home/hospice info different	67	18	53.73%	58.54%	-4.81%	▼
CAHPS	Getting Support Rel/Emot	Religious/spiritual beliefs support	289	15	91.00%	90.23%	0.77%	▲
CAHPS	Getting Support Rel/Emot	Emotional support received	293	45	95.22%	91.56%	3.67%	▲
CAHPS	Getting Support Rel/Emot	Emotional support after death	288	36	87.15%	86.11%	1.04%	▲
PG	Focus Questions	Coord of care among Hospice team^	346	50	85.26%	80.92%	4.34%	▲
PG	Focus Questions	Nurse's concern for comfort^	335	N/A	89.55%	87.67%	1.89%	▲
PG	Focus Questions	Aide's concern for comfort^	333	N/A	87.09%	84.38%	2.71%	▲

Peer Group: National Facilities
CAHPS Section/Domain Level N=154

● Top Box Score ■ < 50th Percentile ■ 75th - 89th Percentile
■ 50th - 74th Percentile ■ >= 90th Percentile

Survey Type	Section	n	Top Box Score	Percentile Rank
CAHPS	Getting Timely Care	305	74.25%	26
CAHPS	Hospice Team Comm.	309	80.98%	18
CAHPS	Treating Family with Resp	308	90.41%	22
CAHPS	Getting Help for Symptoms	264	70.45%	17
CAHPS	Getting Hsp Care Training	295	66.02%	5
CAHPS	Additional Rating Quests	304	61.30%	14
CAHPS	Getting Support Rel/Emot	301	91.13%	29





Percentile Rank 1 - 49 | Percentile Rank 50 - 74 | Percentile Rank 75 - 89 | Percentile Rank 90 - 99

Peer Group: National Facilities | PG Overall N=Invalid | CAHPS Item Level N=154 | Received Date | 01 Jan 2023 - 31 Dec 2023

CAHPS LTR	CAHPS Rate 0-10
Top Box Score	Top Box Score
87.46%	86.56%
Percentile Rank	Percentile Rank
46th	39th

		Top Box Score	Percentile Rank
Getting Timely Care	CAHPS: While your family member was in hospice care, when you or your family member asked for help from the hospice team, how often did you get help as soon as you needed it?	77.15%	30th
Hospice Team Comm.	CAHPS: While your family member was in hospice care, how often did the hospice team listen carefully to you?	83.72%	13th
Hospice Team Comm.	CAHPS: How often did the hospice team listen carefully to you when you talked with them about problems with your family member's hospice care?	77.50%	16th
Treating Family with Resp	CAHPS: While your family member was in hospice care, how often did you feel that the hospice team really cared about your family member?	86.69%	26th

Barriers In Accessing Care Needed to Maintain Health Included:

- *Unaware of services provided under Hospice Care*
- *Availability/accessibility of physicians who understand patients' special needs*
- *Inadequate home care services for patient special needs, post discharge from IP services*
- *Lack of coordination among home care providers*
- *Lack of support/patient advocacy for title 19 patients*
- *Services and resources not located locally and transportation*
- *Cost of Care/Insurance Coverage*

Greatest Unmet Needs Included:

- *Unaware of services available at CT Hospice*
- *Unaware of eligibility criteria, delaying pt admission to hospice services early in their journey*
- *Unaware of the difference between GIP and Hospice Home Care*
- *Increasingly restrictive Medicare criteria for GIP*
- *Good reliable home care for patients not meeting GIP criteria and who don't wish to go to a SNF or ALF.*
- *Market area – too far for IP outside of the New Haven area and too restrictive for Home Care*

What are the one or two key improvements you feel are needed for Connecticut Hospice Hospital to provide better healthcare for our communities?

- *Discharging patients from inpatient services after improvement in health*
- *Training and education on symptom management*
- *Better understanding on eligibility to referral source i.e. SNF's and ALF's*
- *Better communication regarding scheduling of visits, etc.*
- *Training for safety management / ambulation at home*
- *More education for both the patient & the family. Getting involved in the day-to-day care*
- *Expand to include more towns in Connecticut (outside of defined market area)*
- *Better communication with potential patients about "what hospice means"*
- *Increase the access to more local hospitals for Virtual GIP care*
- *More knowledge and information regarding bereavement services*
- *Provision of outpatient palliative care services and consultation*
- *Understanding payment coverage for Hospice Care*

COMMUNITY HEALTH NEEDS ASSESSMENT PRIORITIES
Methodology Of How Priorities Were Selected

The following process was used to focus the health priorities:

a. *Impact: Does this affect or exacerbate quality of life and health-related issues?*
b. *Magnitude: How many people are affected?*
c. *Feasibility: Can we make a difference? What is the ability of Connecticut Hospice to impact the issue given available resources?*

Connecticut Hospice also compared the prioritized needs with existing programs and resources. We reviewed health needs and gaps.

There are three areas of focus including:

- **Focus on the concept of "Why Hospice, Why Now" and Eligibility:** *Hospice care focuses on the care, comfort, and quality of life of a person with a serious illness that is approaching the end of life. Hospice enhances the final stages of a person's life and allows patients and families to benefit from hospice care that begins early. Patients can fully access the array of services available, including proactive symptom and pain management, counseling, spiritual support, and bereavement support for themselves and families. Hospice care focuses on holistic well-being, addressing the emotional and spiritual aspects of the journey alongside the physical. This comprehensive approach helps patients, and their loved ones navigate the complex emotions that arise during this time, providing comfort and guidance.*
- **Focus on Training and Education to the family:** *Patients can fully access the array of services available, including proactive symptom and pain management, counseling, spiritual support, and bereavement support for themselves and families. Hospice care focuses on holistic well-being, addressing the emotional and spiritual aspects of the journey alongside the physical. This comprehensive approach helps patients, and their loved ones navigate the complex emotions that arise during this time, providing comfort and guidance.*
- **Focus on Patient and Family Experience, creating a 5 Star Organization:** *The Family caregiver survey rating uses a 5-star scale to make it easier for you to compare hospices. More stars mean better quality care. The star ratings come from the Family caregiver experience survey, also called the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Hospice survey. A five-star rating denotes the highest category of hospice performance. Not all hospices with above average CAHPS Hospice Survey scores will attain this designation. A higher star rating shows your community that you went above and beyond to deliver the greatest level of care to hospice patients and their families. High star ratings increase the likelihood of attracting patients needing specialty care and quality services.*

Access To Care Along the Continuum

As a post-acute provider, Connecticut Hospice is particularly focused on the delivery of appropriate health care as people move through the continuum from acute care to end-of-life care with community support and services. For the population served by Connecticut Hospice, we focus on the need for services and support for patients and their families as well as the resource and educational needs of providers and support services who serve these unique patients in the community.

IMPLEMENTATION STRATEGY

Connecticut Hospice's community health needs implementation strategy is focused on leveraging its programs, services, and resources to assist each person receiving hospice services. The implementation strategy will focus primarily on addressing the health needs priorities of persons with life-limiting illness who reside within the state where Connecticut Hospice can realistically provide access to community health programs, services, and resources.

Data Sources Used in the Community Health Needs Assessment

In addition to quantitative and qualitative market research, secondary data was collected and summarized from local and state public health data as well as Connecticut Hospice data. The presence or absence of data for any given year reflects the frequency of surveys or completeness of databases.

Community Health Needs Action Plan

Community Health Priority Need #1:

Why Hospice, Why Now? People need help to care for a loved one when medical science can no longer offer a cure for their life limiting illness and the goal of care changes to providing comfort and support for the patient and family. Patients and families can receive services, medication, medical supplies and equipment when they first start having problems instead of waiting until the patient becomes bedbound. Very often, patients may live longer or better because the hospice is monitoring their care closely and making sure they have access to the things they need. CT Hospice promotes living each day to the best of one's ability and to help the patient and family adapt to changes caused by the disease.

- **Increase awareness and understanding of issues for patients with terminal illness**
  Update marketing materials for community, physician offices, and patient access to improve education on what services are available and how CT Hospice can be the provider of choice for our community.
- **Provide consultations whenever appropriate.**
  Hospice and advanced palliative care consultations are conducted either at home, in a facility or at Connecticut Hospice by the Connecticut Hospice Medical Staff in person or by telemedicine. RNCM are available to see patients and families for evaluations and discussions on what Hospice is and how it can help the patient and families who are nearing the end of life. Hospice care consultants and medical staff provide education materials of signs and symptoms to health care

professionals in the community on when it is time to request hospice services for the patient and family to benefit earlier from the services provided under hospice care.

- **Clinical Education / Early Intervention/ Eligibility**
  Working with area SNF's, ALF's, Churches, Outreach groups etc. to educate them on what Hospice and Palliative care is to identify and meet the unique needs of persons with terminal illness early for the patient and family to benefit from services at CT Hospice.
  - **Improved Quality of Life***: Early hospice care can help manage symptoms like pain, fatigue, and anxiety more effectively, leading to a better quality of life.*
  - **Emotional and Spiritual Support***: Both patients and their families receive emotional and spiritual support, which can be crucial during challenging times.*
  - **Personalized Care***: Starting hospice early allows for a more tailored care plan that aligns with the patient's wishes and needs.*
  - **Reduced Hospital Visits***: Continuous care from hospice professionals can reduce the need for emergency room visits and hospitalizations.*

Community Health Priority Need #2:

Need for community awareness and rebranding / marketing strategies for Ct Hospice. In the midst of Covid and restructuring CT Hospice, consolidation of services was conducted housing both inpatient and home care in the Branford Hospital setting. With that concept, many are not aware of the continued services and market area CT Hospice has to offer in both GIP services and Homecare.

- **Marketing Campaign***: Develop a comprehensive hospice marketing campaign to increase referrals and reach more patients.*
- **Social media***: Leverage content, social media, traditional advertising methods, and unique branding strategies for maximum impact.*
- **Palliative Care***: Market our "Stand by Me" palliative care program which offers outpatient treatment at our new outpatient palliative care clinic, as well as in homebound patients' homes and assisted living facilities.*

Community Health Priority Need #2:

Need for community-based programs to provide care-giver education, training, and support. Overall, early hospice care focuses on comfort and dignity, helping patients and their families make the most of their time together by providing education on how to care for their loved ones during hospice care.

- **Training and Education***: Connecticut Hospice provides families with training and education in many settings, including inpatient and home care. Families and patients receive educational materials and onsite education and counseling. Connecticut Hospice has designed a comprehensive Patient Admission packet that is made available to all patients and families.*
- **Caretaker Education***: Educational programming to increase the knowledge of families / caretaker about the patient specific needs and how to administer the following:*
- **Medication Management:** *How to administer medications safely.*

- **Recognizing Symptoms***: Understanding common signs and symptoms at the end of life.*
- **Emotional Support:** *How to provide emotional support and cope with changes.*

Community Health Priority Need #3:

Need for post-discharge bereavement support systems for families and loved ones. Through its comprehensive discharge process, Connecticut Hospice provides bereavement follow up for families and loved ones which includes assessing bereavement needs, education and guidance about resources and options available to help individuals manage grief and loss and better address the psychosocial, educational, career and medical issues that may arise during the first year after the loss of a loved one.

- **Ensure that bereavement issues are addressed, including modifiable risk factors.**
  In keeping with the Connecticut Hospice policy of providing quality, compassionate and competent care to patients and members of their families, the Bereavement Department will provide follow-up bereavement care based on assessment of need and risk for complicated grief response. The experience of grief following the death of a loved one is a normal process, and a range of feelings and responses can be expected.
- **Support Groups***: The Bereavement Program will offer various forms of support for a period of 13 months following the death of a loved one.*
- **Education***: The goal of the Bereavement Program is to provide an opportunity for the sharing of ideas and feelings to reduce the sense of isolation and loneliness associated with grief. Provides education, development of coping skills and ongoing assessment of well-being during the grief process.*
- **Risk Factors:** *Bereavement assessment is part of each patient's discharge. Patients and families are educated on risk factors.*

Community Health Priority Need #4:

Creating a 5 Star Organization **- b***ecoming a 5-star hospice Medicare provider requires a strategic focus on understanding the rating system, emphasizing patient-centered care, leveraging data for continuous improvement, and building a skilled and compassionate team.*

- **Enhancing Communication and Engagement:** *Foster an environment where communication is open, patients have their concerns addressed quickly, and families feel encouraged to engage with hospice providers to reach the best solutions and patient outcomes.*
- **Empowering Caregivers:** *Offer extensive training and ongoing support to family caregivers, equipping them with the knowledge and resources they need to administer optimal care.*
- **Personalizing Care Plans:** *Tailor care plans to meet the unique needs of each patient, ensuring individualized and effective care.*

- **Ongoing education**: *On pain management, symptom control, emotional support, and mental health will enable care providers to anticipate a patient's needs and react to them quickly and effectively without going against their wishes or treatment goals.*
- **Culture Change**: *Creating a culture of collaboration, empowerment, and professional growth creates an environment where staff members are motivated to provide exceptional care, which can result in improved ratings.*

CONCLUSION

Hospice and Palliative care continue to rise, noting that we have the continued expansion of the chronically ill senior population. By 2050, adults 65 and older in the United States will comprise an estimated 88 million, representing 22.1% of the country's total population, according to a 2015 report by the U.S. Census Bureau.

We will continue to serve this patient population which will have multiple chronic conditions. We anticipate patients aging in place in their homes as we have seen this movement recently. Patients would rather be treated at home than going to a facility and with the advancement of medicine and the ability to care for patients at home eliminating the need for hospitalizations, readmissions and reducing health care costs.

Community need will be reassessed at two-year intervals to assess changes in referral patterns that may indicate shifts in provider or patient/family needs or preferences.