COMMUNITY HEALTH NEEDS ASSESSMENT 2021

2021 COMMUNITY HEALTH NEEDS ASSESSMENT

Introduction

The Connecticut Hospice is a not-for-profit short term hospital, special, hospice and home health agency 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 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

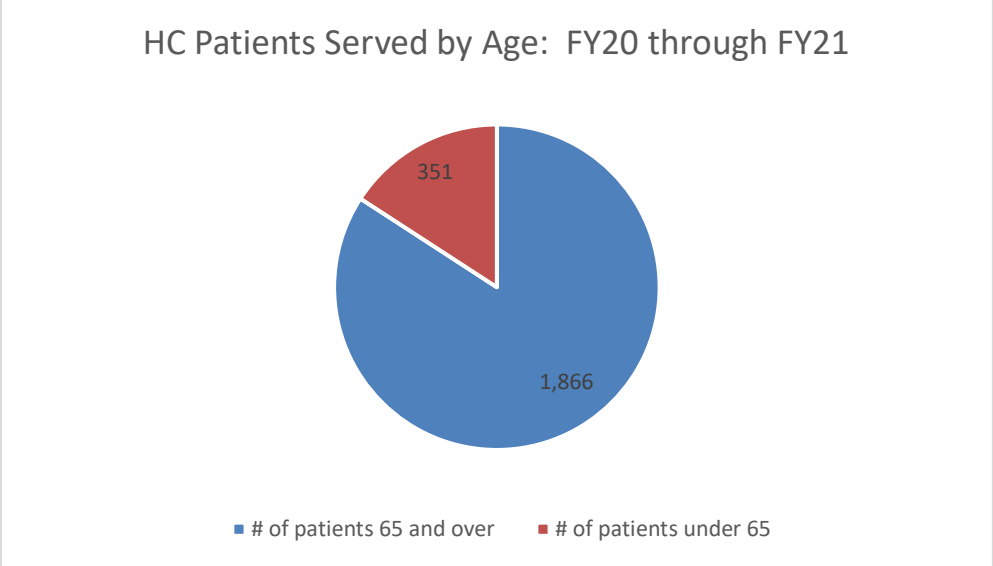
In March 2010, the U.S. Congress passed the Patient Protection and Affordable Care Act that included new requirements for private not-for-profit hospitals. For tax years beginning March 2012, each hospital must:

- 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.

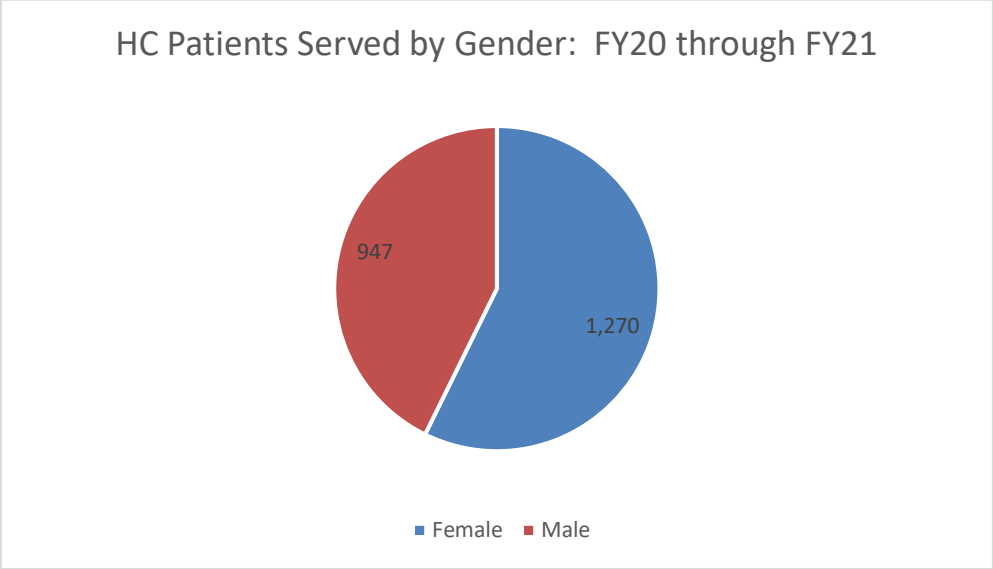
THE COMMUNITY CONNECTICUT HOSPICE SERVES

Connecticut Hospice includes the Hospice Inpatient facility, located in Branford, Connecticut, which provides general inpatient care as well as advanced palliative care 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 licenses 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.

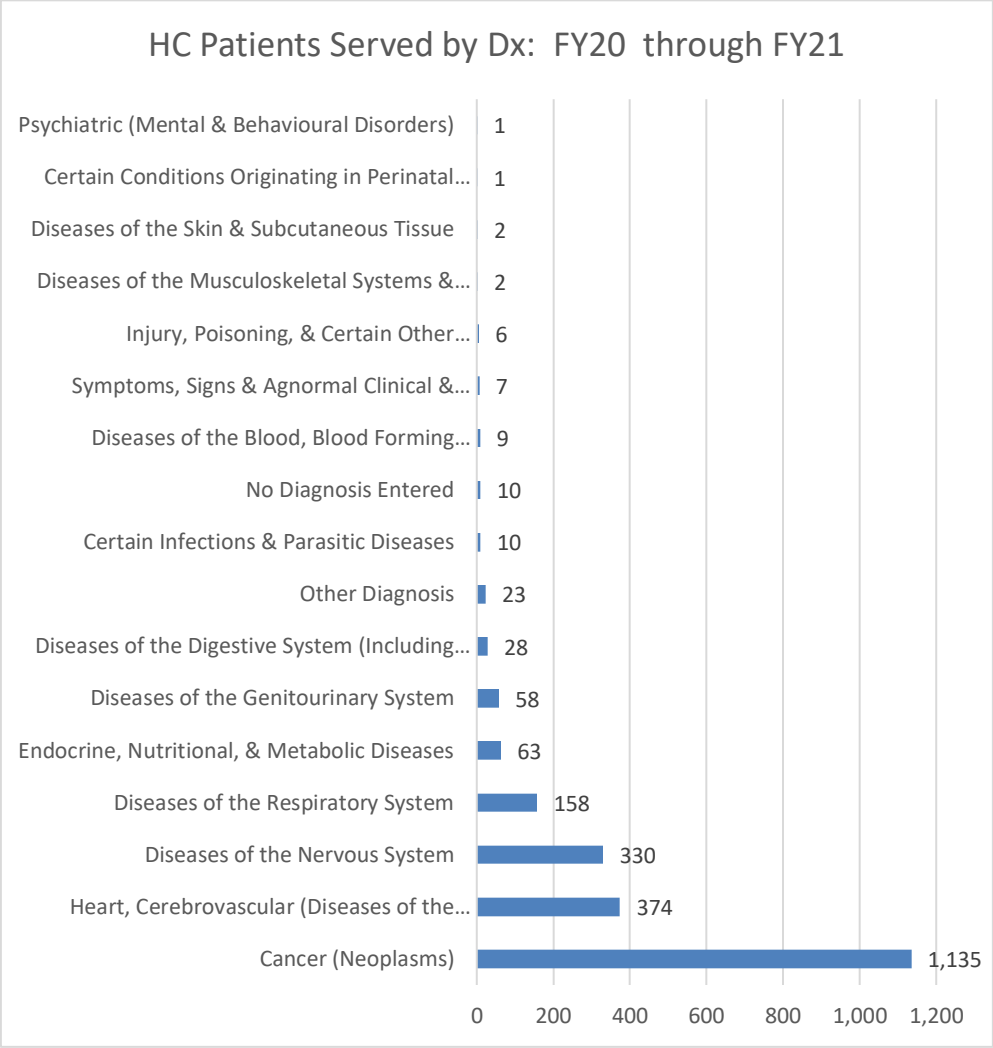
The largest percentage of patients cared for by Connecticut Hospice are over 65 years of age.



Patients served by gender are more evenly balanced.

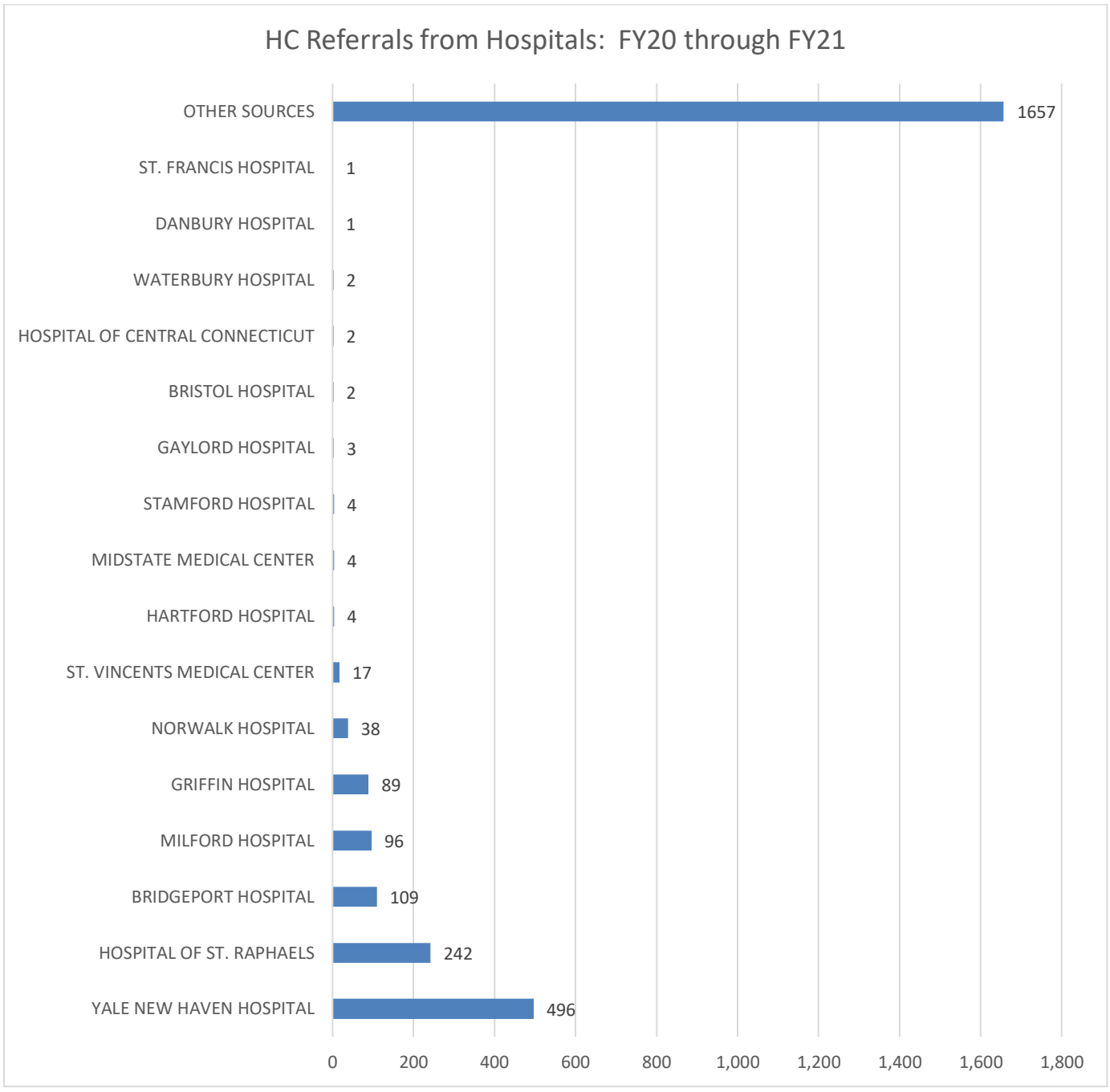


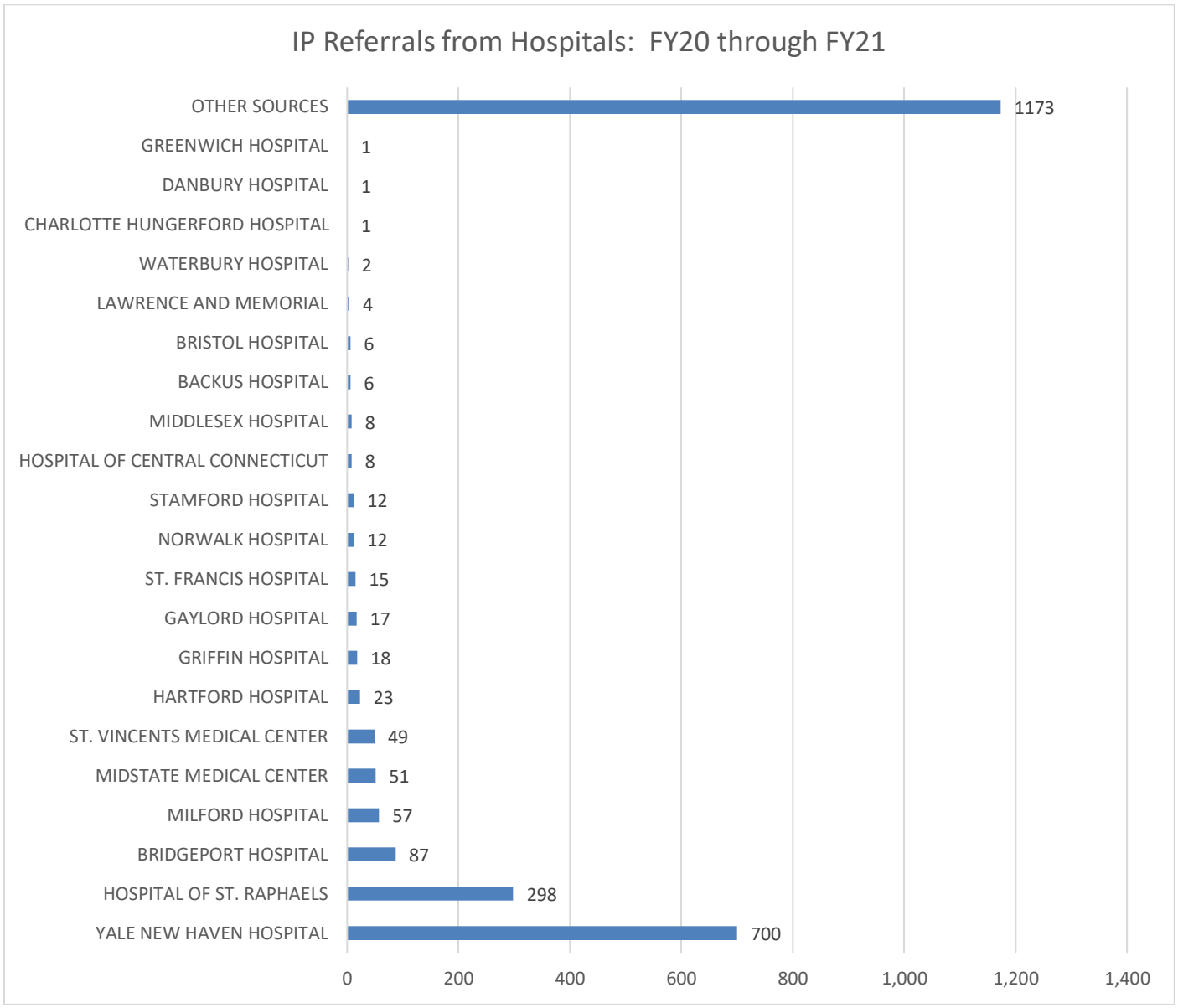
The community need for hospice services has multifaceted medical, nursing, spiritual and mental health care needs. Patients have a life expectancy of six months or less. In addition to their terminal, they have multiple complicating diagnoses including extensive wounds, resistant infectious diseases,serious 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.



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. This has been particularly significant during the public health emergency caused by COVID 19.

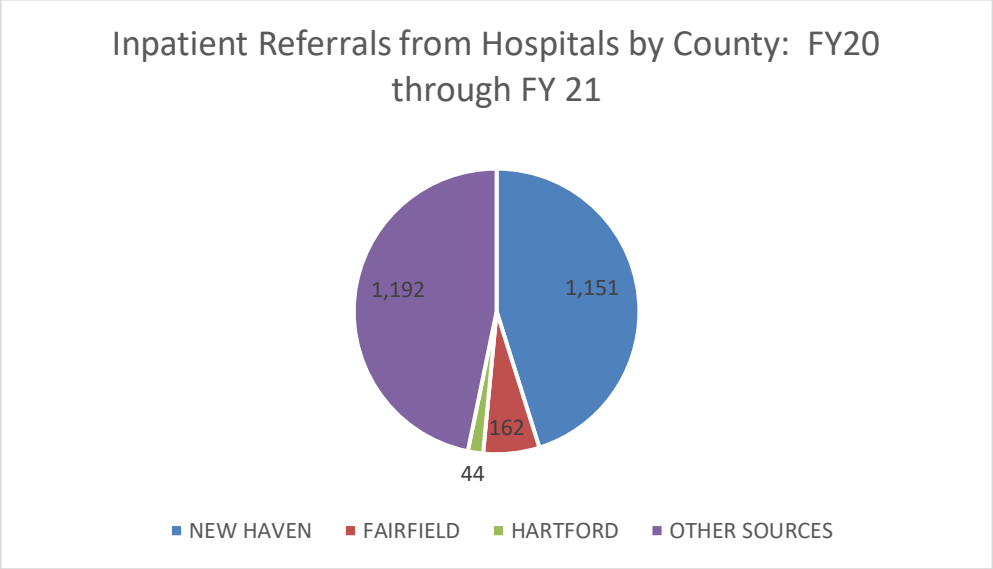
Patients are referred to Connecticut Hospice from forty-nine hospitals, thirty-seven other hospices, and 87 Skilled Nursing Facilities/Assisted Living Facilities, as well as other facilities.

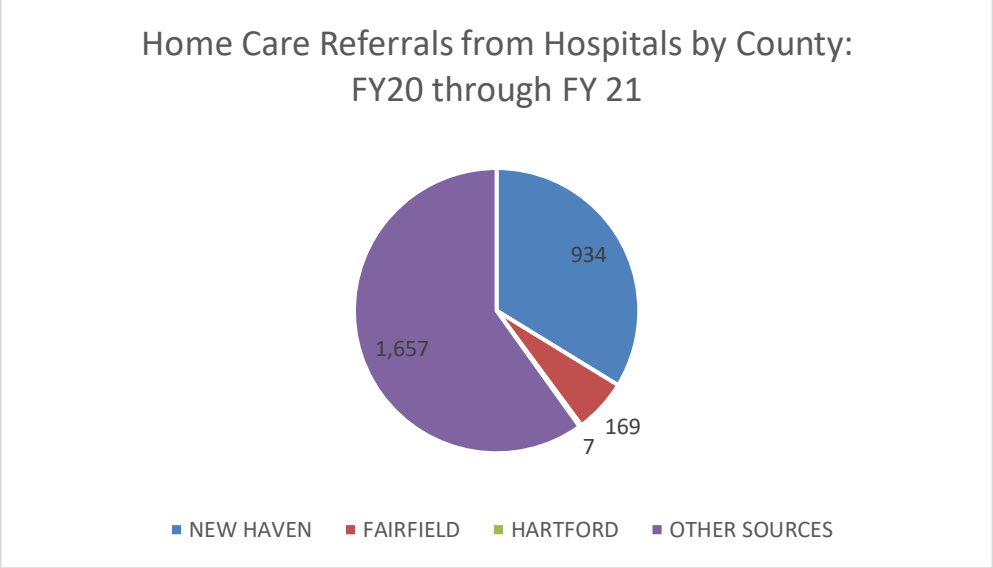

HC Referrals from Hospitals: FY20 through FY21
OTHER SOURCES
1657
ST. FRANCIS HOSPITAL
1
DANBURY HOSPITAL
1
WATERBURY HOSPITAL
2
HOSPITAL OF CENTRAL CONNECTICUT
2
BRISTOL HOSPITAL
2
GAYLORD HOSPITAL
3
STAMFORD HOSPITAL
4
MIDSTATE MEDICAL CENTER
4
HARTFORD HOSPITAL
4
ST. VINCENTS MEDICAL CENTER
17
NORWALK HOSPITAL
38
GRIFFIN HOSPITAL
89
MILFORD HOSPITAL
96
BRIDGEPORT HOSPITAL
109
HOSPITAL OF ST. RAPHAELS
242
YALE NEW HAVEN HOSPITAL
496
0
200
400
600
800
1,000
1,200
1,400
1,600
1,800



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 hospitals from which we admit XX% of our patients as well as the terminally ill patients residing in the 198 towns and cities we serve.

During the fiscal year, 2020, 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 county location of the referring hospital. New Haven County had the greatest number of admissions from referral hospitals.





NEW HAVEN COUNTY	HARTFORD COUNTY	FAIRFIELD COUNTY	MIDDLESEX COUNTY	LITCHFIELD COUNTY	OTHER
Yale New Haven Hospital	Hartford Hospital	Bridgeport Hospital	Middlesex Hospital	Charlotte Hungerford Hospital	Backus Hospital
Hospital of St. Raphael	HOCC	St. Vincent's Medical Center			Lawrence and Memorial Hospital
St. Mary's Hospital	St. Francis Hospital and Medical Center	Stamford Hospital			Out of Area
MidState Medical Center	Bristol Hospital	Greenwich Hospital			
Waterbury Hospital	UCONN	Danbury Hospital			
Griffin Hospital					
Milford Hospital					
HOCC-Bradley					

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.

OVERVIEW OF DEMOGRAPICS

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

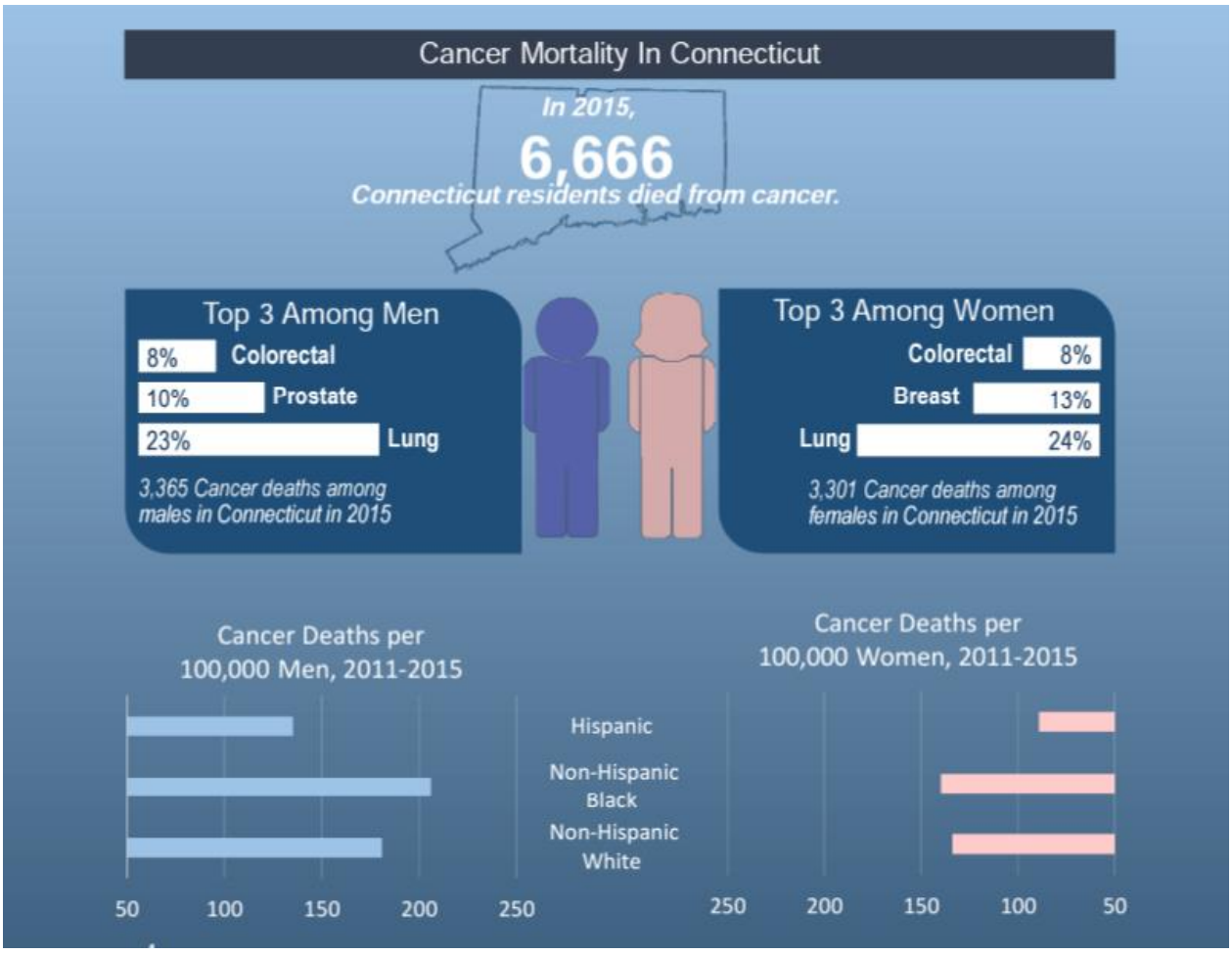
AGE COHORT	CONNECTICUT (2010)	UNITED STATES (2010)
0-19 years	**26%**	**27%**
20-44 years	**32%**	**34%**
45-64 years	**28%**	**26%**
65 and older	**14%**	**13%**

HEALTH STATUS

TOP 10 LEADING CAUSES OF DEATH IN CONNECTICUT VERSUS UNITED STATES

CAUSE OF DEATH	CONNECTICUT	UNITED STATES
Heart Disease	**25.6%**	**25.4%**
Cancer	**23.8%**	**21.1%**
Accidents	**4.2%**	**4.8%**
Stroke	**5.2%**	**5.5%**
Chronic Lower Respiratory Diseases	**4.9%**	**5.3%**
Diabetes	**2.6%**	**3.1%**
Septicemia	**2.1%**	**1.4%**
Influenza/Pneumonia	**2.9%**	**2.2%**
Nephritis and Kidney Disease	**1.9%**	**1.9%**

Source: Connecticut Department of Public Health



COMMUNITY NEEDS ASSESSMENT RESEARCH

Connecticut Hospice conducted several phases of primary research for assessing community need. The research relied on in person and written survey methodologies 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 discussions. 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 gathered from patients as well as organizational leaders, community partners and other stakeholders to better understand the strategiescurrently 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 399 completed surveys were received in 2021. Survey respondents identified barriers that exist in the community and at Connecticut Hospice in accessing the end of life care needed for their loved one and areas of unmet need or services that were not available. The survey results provide insight into how well Connecticut Hospice serves the needs of patients/families and to identify key improvements to provide better health care to the communities it serves.

The Top Ten Indicators of Patient Satisfaction

			Top Box Score					
Survey Items (SECTION/DOMAIN)	Survey Type	n	Current (2021)	Previous (2020)	Goal	Change	Percentile Rank	Score Trendline
GLOBAL ITEMS Rate hospice care 0 -10	CAHPS	160	90.63%	80.00%	—	10.62%	75	Compare Trending
GETTING TIMELY CARE Hospice team help after hours	CAHPS	88	80.68%	67.65%	—	13.03%	66	Compare Trending
GETTING TIMELY CARE Help as soon as needed	CAHPS	157	84.08%	70.00%	—	14.08%	60	Compare Trending
HOSPICE TEAM COMM. Explain in way you understand	CAHPS	158	82.91%	80.00%	—	2.91%	20	Compare Trending
HOSPICE TEAM COMM. Kept informed about care	CAHPS	158	81.65%	79.59%	—	2.05%	46	Compare Trending
HOSPICE TEAM COMM. Given confusing info re: care	CAHPS	160	88.13%	81.63%	—	6.49%	42	Compare Trending
HOSPICE TEAM COMM. Listen carefully to you	CAHPS	153	88.89%	78.00%	—	10.89%	56	Compare Trending
TREATING FAMILY WITH RESP Treat patient with dignity/respect	CAHPS	159	94.97%	94.00%	—	0.97%	40	Compare Trending
TREATING FAMILY WITH RESP Really cared about patient	CAHPS	160	93.75%	79.59%	—	14.16%	84	Compare Trending
GETTING HELP FOR SYMPTOMS Help for trouble with constipation	CAHPS	39	71.79%	63.16%	—	8.64%	44	Compare Trending
GETTING HELP FOR SYMPTOMS Helped with anxiety or sadness	CAHPS	64	68.75%	57.14%	—	11.61%	62	Compare Trending

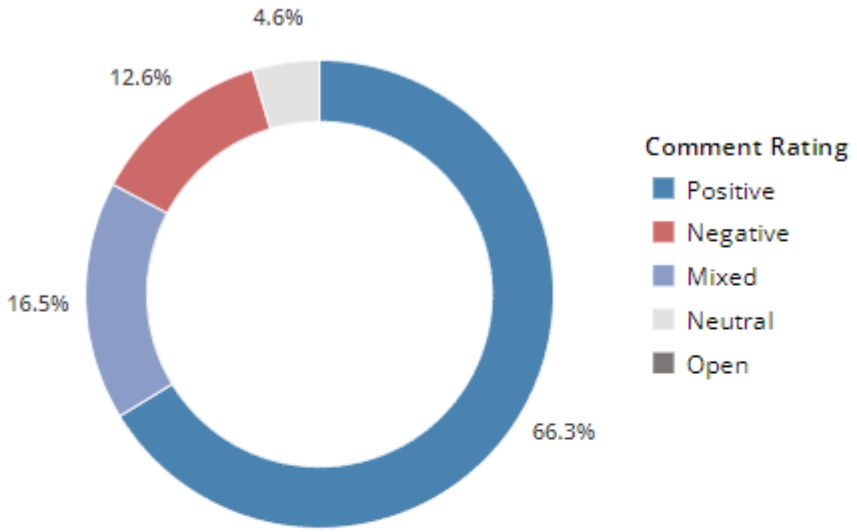
Barriers in accessing care needed to maintain health included:

- Unaware of services available
- Availability/accessibility of physicians who understand my special needs
- Inadequate home care services for my special needs
- Lack of coordination among home care providers
- Lack of support/patient advocacy
- Services and resources not located locally and transportation
- Cost of Care/Insurance Coverage

Greatest Unmet needs included:

- Manpower shortages
- Increasingly restrictive Medicare criteria for GIP
- Good reliable home care
- Connecticut Hospice is too far for patients outside of New Haven county and travel time alone is a hindrance.

Comment Sentiment Distribution



Rating	Percent
Positive	66.3%
Negative	12.6%
Mixed	16.5%
Neutral	4.6%
Open	

This chart uses data from all comments meeting search criteria.

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

- Stop insurance companies or Medicare from discharging patients from inpatient services
- Better communication regarding scheduling of visits, etc.
- More education for both the patient & the family. Answering questions that are not asked.
- Expand to include more of Connecticut
- Better communication with potential patients about how to get admitted at Connecticut Hospice
- Better extension of home health insurance benefits to cover home health aides/support personnel
- Virtual CT Hospice beds at hospitals more local to provide the services Connecticut Hospice does
- More knowledge and information regarding bereavement services
- Access to more affordable care
- Provision of outpatient palliative care services and consultation
- Most assuredly funding is primary in order to maintain and improve the quality of care in Connecticut Hospice and perhaps even expanding to locate other facilities of this caliber

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 a Continuum of Care:** services and support continuum of care that examines the needs of both patients and their families along this continuum.
• **Focus on Hospital Discharge:** Examine the needs of individuals with terminal illness in the post-acute care environment
• **Focus on Providers, Other Professionals, and the Public:** Explore the training, information, and resource needs of professional and community groups.

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: Need for community-based primary care physicians willing to refer patients with terminal illness to hospice services in a timely and efficient manner. Many persons for whom curative treatments are no longer an option are referred very late in their continuum of care for hospice or palliative care services. This is usually due to local primary care physicians' reluctance to discussion hospice/palliative care options

• ***Increase awareness and understanding of issues for patients with terminal illness***

A trifold document has been created and is available to all patients, their families and is available online at Connecticut Hospice's website describing the hospice services available.

• ***Develop a physician resource package designed to assist primary care physicians***

The Hospice Care primer is in development as part of Connecticut Hospice's effort to encourage timely referral of patients to hospice care.

• ***Provide consultations whenever appropriate***

Hospice and advanced palliative care consultations are conducted at Connecticut Hospice by the Connecticut Hospice Medical Staff at Connecticut Hospice and by telemedicine.

Community Health Priority Need #2:
Working with area home care agencies, identify the need for specialized home health services to meet the unique needs of persons with terminal illness.

• ***Collaborate with existing home health organizations providing services to discuss the need for and potential for developing specialized home health education of best practices to meet the unique home health needs of persons with terminal illness.***

Present education to existing home health organizations to increase the knowledge base of homehealthcare staff and maximize the quality of care and continuity our patients receive within the healthcare system.

Educational programming to increase the knowledge of home care staff about the unique needs of Connecticut Hospice's patient population takes place periodically. Meetings are held with individual home care providers as well as during routine onsite skilled nursing, assisted living and home health provider meetings.

Community Health Priority Need #3: Need for community-based programs to provide care-giver education, training, and support.

- ***Provide families with training and education to address the needs of terminally ill persons.***

Connecticut Hospice provides families with training and education in many settings, including from 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.

Community Health Priority Need #4: 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. The Bereavement Program will offer various forms of support for a period of 13 months following the death of a loved one. 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.

Bereavement assessment is part of each patient's discharge. Patients and families are educated on risk factors.

CONCLUSION

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