

Community Health Needs Assessment 2021

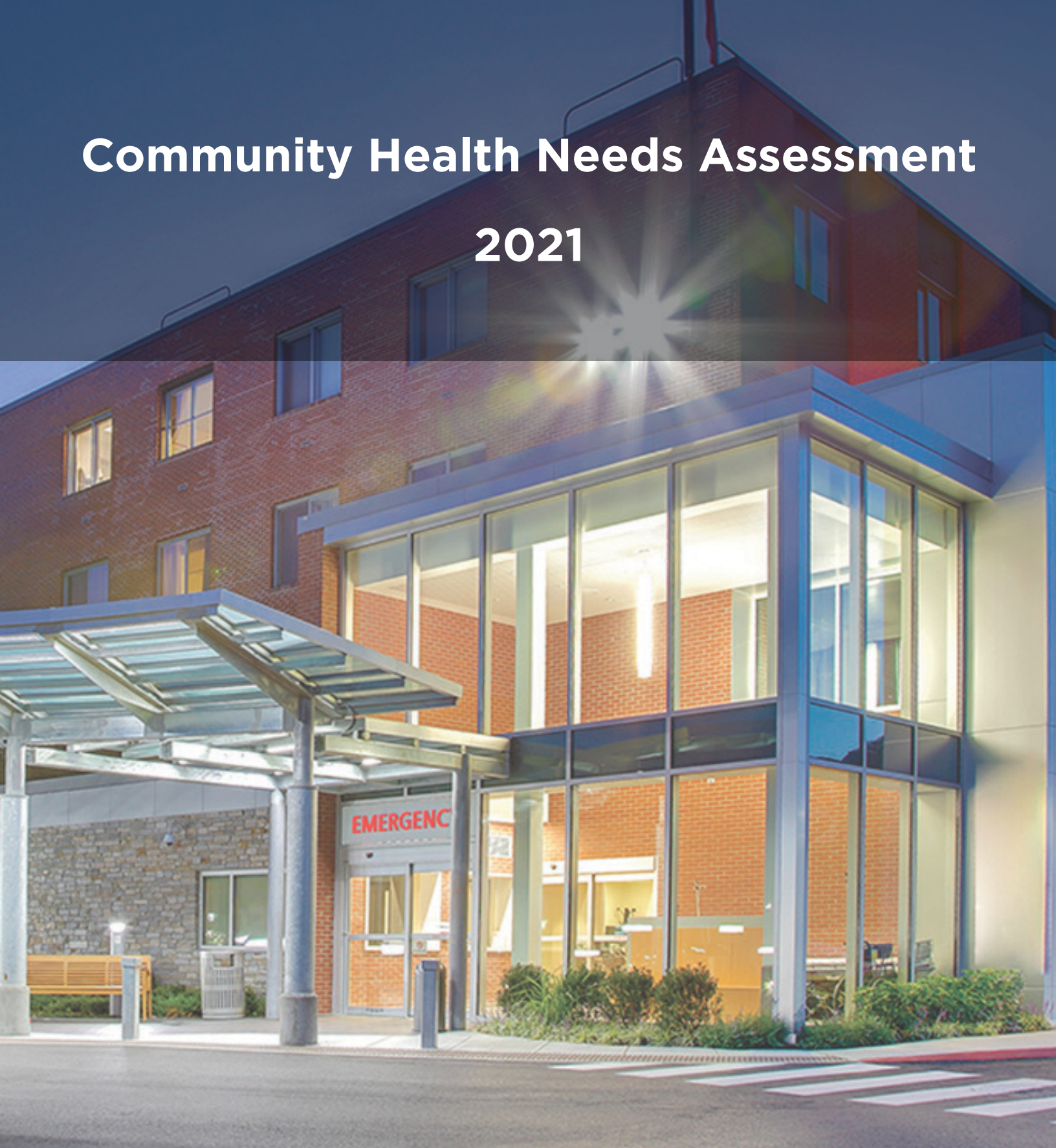


TABLE OF CONTENTS

LETTER FROM THE CEO.....	3
INTRODUCTION & OVERVIEW.....	4
HISTORICAL BACKGROUND & TIMELINE.....	5
DESCRIPTION OF COMMUNITY SERVED.....	6
DATA COLLECTION METHOD & PROCESS.....	7
COVID-19 RESPONSE.....	8
TRANSPORTATION.....	12
FOOD INSECURITY.....	14
EMPLOYEE WELLNESS.....	15
FALL PREVENTION.....	16
STROKE.....	19
BEHAVIORAL HEALTH.....	20
CANCER SERVICES.....	22
SURGICAL SERVICES.....	27
DIABETES.....	29
CONCLUSION.....	33
REFERENCES.....	34

R. Kyle Kramer

LETTER FROM THE CHIEF EXECUTIVE OFFICER

“At Day Kimball Healthcare, every employee, nurse, physician, and team member is making a real difference in our community.”

In 2021, Day Kimball Healthcare completed a community health needs assessment (CHNA) for Windham County and our extended service area as required of nonprofit hospitals by the Affordable Care Act of 2010. The hospital completed a previous needs assessment in 2018.

Day Kimball leaders continue to have active discussions with regional officials, school administrators, and other members of the community regarding overarching health care related issues across our region. Through these ongoing discussions, we have identified the following:

1. The COVID-19 pandemic continues to challenge Day Kimball Healthcare and our community. DKH has demonstrated its commitment to community health through testing and vaccination across the region. Through the end of 2021, DKH administered over 60,000 vaccines.
2. Lack of adequate transportation within the community remains a major issue. This gap remains a barrier for some patients to access healthcare, get their prescriptions filled, or engage in wellness activities such as regular visits to a gym.
3. Diabetes remains a leading cause of death in Connecticut. At DKH we follow 3,500 patients with either Type 1 or Type 2 diabetes. Our future goal is to address a gap in pre-diabetic education.
4. As a Certified Advanced Primary Stroke Center, DKH provides excellent care in emergent patient care presenting with symptoms of stroke. However, we continue to have a lack of neurologists in our



community to help in both pre-stroke and post-stroke care. This is a problem nationally as there continues to be a shortage of practicing neurologists in our country.

5. DKH has continued to make progress in cancer care and has stabilized its cancer team through the addition of two new cancer specialists. Northeast Connecticut has some of the highest rates of cancer

both in the state and country for breast, lung, skin, colorectal, prostate and leukemia. Our service line strategy is to provide more specialty cancer care at DKH, this means adding more medical and surgical oncologists to meet the increase in the number of cancer diagnoses in our region.

6. Behavioral Health remains a challenge in our community. Here at DKH, we have been successful in recruiting new providers to increase our access to both inpatient and outpatient behavioral health services thus closing in the access gap in our community. Our next recruitment

will be an adolescent psychiatrist to further close our gaps in that growing patient population.

On behalf of DKH, thank you to the many community stakeholders who have participated in meetings and discussions about our communities' health needs. We have identified needs within our community that as the community hospital we are committed to addressing.

Sincerely,

R. Kyle Kramer

A handwritten signature in black ink, appearing to read 'R. Kyle Kramer', written over a white background.

Chief Executive Officer

INTRODUCTION & OVERVIEW

Day Kimball Healthcare (DKH) is an independent, non-profit, community hospital and integrated healthcare system serving Northeast Connecticut and nearby Massachusetts and Rhode Island, for more than 125 years. Our network is comprised of Day Kimball Hospital, Day Kimball Medical Group, Day Kimball Healthcare Centers in Danielson, Dayville, Plainfield, and Putnam, and Day Kimball Healthcare at Home (comprised of Day Kimball HomeCare, Day Kimball HomeMakers, and Hospice and Palliative Care of Northeastern Connecticut).

In coordination with our affiliated healthcare centers, Day Kimball Hospital, a 122-bed acute care community hospital in Putnam, Connecticut, offers acute and general medical/surgical care, a 24-hour emergency department, a birthing center, obstetrics and gynecology, pediatrics, hematology and oncology, cardiopulmonary, mental health programs, leading-edge technology, sophisticated diagnostics, and much more.

Our highly-skilled physicians offer comprehensive services that integrate primary care medicine with specialties like emergency medicine, cardiology, neurology, women's health, cancer treatment, general surgery and more. Approximately 1,000 personnel including more than 200 highly skilled physicians, surgeons and specialists, are employed by Day Kimball Healthcare.

Advanced and highly specialized healthcare services are provided to patients through Day Kimball Healthcare's clinical partnerships with Yale New Haven Health, Connecticut Children's Medical Center, and the University of Massachusetts Memorial Medical Center in Worcester, Massachusetts, and other tertiary care centers in Connecticut. Day Kimball Healthcare became a Community Partner with Yale New Haven Health in May 2017, a relationship that enhances clinical care at Day Kimball Hospital and expands access to care providers in Northeast Connecticut.

On average each year, some 42,000 seek primary and specialty care through our Medical group practices, with 123,000 office visits each year, while approximately another 107,100 take advantage of DKH's inpatient, outpatient (ambulatory care), diagnostic and emergency services. Our laboratory at Day Kimball Hospital processes more than half a million tests per year from across our system, our cancer center sees more than 5,000 visits annually, and 38,000 individuals are cared for in their home by our in-home health care team.

Day Kimball Healthcare provides numerous programs to promote health and wellness, a variety of support groups, services and programs throughout the community to enhance the quality and accessibility of healthcare services. Our organization is also proud and thankful to have a long history of community support through fun and engaging events that also serve to bring our community together.

The mission of Day Kimball Healthcare is to improve the health and wellbeing of our community by providing the best medical care.



HISTORICAL BACKGROUND & TIMELINE



Day Kimball Hospital of Windham County opened on September 1, 1894. It was the inspiration of two sisters, Miss Elizabeth and Gertrude Vinton, who had a vision for the “Windham County Infirmary.”

Mrs. M. Day Kimball donated \$5,000 for the construction of the infirmary building in memory of her recently deceased son, Moses Day Kimball, with the condition that the institution be named after him. Other Kimball family members pledged an additional \$4,000, and community members contrib-

uted another \$1,000. With the \$10,000 total donations, Day Kimball Hospital was born.

- 1894 Day Kimball Hospital of Windham County is founded on September 1, 1894. The Woman’s Board of Day Kimball Hospital is established.
- 1901 Southerly Wing – doubling patient capacity
- 1910 Bradley Wing – additional patients’ rooms and nurses’ quarters that was safe from fire, well ventilated and free from noise.
- 1922 Seldom Burden Overlock, MD Wing
- 1931 Nurses’ Home – three story building, which still stands today as Day Kimball’s Community Services Building, was built to provide the nurses with living quarters close to the Hospital. The third floor was used throughout the 1930’s as a maternity ward.
- 1951 North Wing expansion – raised the number of beds at Day Kimball from 76 to 90 and included new X-ray and delivery rooms as well as a new coffee shop.
- 1971 Dedication of the Community Wing
- 1972 Pediatric Center opens
- 1982 Day Kimball and Community Health and Home Care formed the Day Kimball Foundation, the beginnings of a comprehensive healthcare network. Hospice of Northeastern Connecticut and Northeastern Homemakers also eventually become part of this foundation.
- 1997 Hale Medical Pavilion dedication – includes the Burdick Birthing Center and Surgical Suites.
- 1998 Day Kimball HomeCare and Hospice of Northeastern CT officially become departments of the Hospital.
- 2008 Establishment of the Physician Services of Northeast Connecticut, LLC.
- 2009 Re-branding all Day Kimball brands to Day Kimball Healthcare
- 2015 Construction of the Townsend Emergency Medical Center completed
- 2017 Day Kimball Healthcare becomes a Community Partner of Yale New Haven Health
- 2019 Day Kimball Healthcare celebrates 125 years of service to the community
- 2021 Day Kimball Healthcare announces affiliation agreement with Covenant Health

Day Kimball Healthcare

DESCRIPTION OF COMMUNITY SERVED

Day Kimball Healthcare is the region's major healthcare provider and our service area includes 450 square miles, spanning 13 towns across Northeast Connecticut. We serve 70,000 of the approximated 100,000 residents of those communities through our high-quality, comprehensive medical services delivered by skilled medical professionals, close to home. Approximately 80% of our employees live in the communities where we provide care. Day Kimball Healthcare is the market share leader for Windham County residents based on inpatient admissions and observation cases.

OFFERING COMPREHENSIVE CARE THROUGHOUT NORTHEAST CONNECTICUT

DAY KIMBALL HOSPITAL

320 Pomfret Street | Putnam, CT 06260
(860) 928-6541

Emergency & Inpatient Care, Birthing Center, Cancer Center, Cardiopulmonary Rehab, Laboratory and Diagnostic Imaging, Sleep Disorder Center, Surgical/Ambulatory Care, Urology Services, Wound Healing Center, and Associated Specialty Physician Practices

Behavioral Health: (860) 963-6385

DAY KIMBALL MEDICAL GROUP

Primary Care Services

Family Medicine

45 Green Hollow Road | Danielson, CT 06239 | (860) 774-1255
7 Kennedy Drive | Putnam, CT 06260 | (860) 928-7704

Internal Medicine

Day Kimball Healthcare Center
612 Hartford Pike | Dayville, CT 06241 | (860) 779-0867
Day Kimball Healthcare Center
12 Lathrop Road | Plainfield, CT 06374 | (860) 457-9191

Pediatrics

Day Kimball Healthcare Center
12 Lathrop Road | Plainfield, CT 06374 | (860) 457-9191
Day Kimball Hospital Campus
320 Pomfret Street | Putnam, CT 06260 | (860) 963-6390

Specialty Care Services

Dermatology

Day Kimball Healthcare Center
55 Green Hollow Road | Danielson, CT 06239 | (860) 779-1865

Endocrinology

Day Kimball Healthcare Center
12 Lathrop Road | Plainfield, CT 06374 | (860) 457-9133

General Surgery

346 Pomfret Street | Putnam, CT 06260 | (860) 928-2552

Maternal Fetal Medicine

346 Pomfret Street | Putnam, CT 06260 | (860) 928-0870

Obstetrics & Gynecology

Day Kimball Healthcare Center
12 Lathrop Road | Plainfield, CT 06374 | (860) 457-9200
Day Kimball Hospital Campus
320 Pomfret Street | Putnam, CT 06260 | (860) 963-6699

Pulmonary Medicine

346 Pomfret Street | Putnam, CT 06260 | (860) 928-4344

Urology Services

320 Pomfret Street | Putnam, CT 06260 | (860) 963-3802

DAY KIMBALL HEALTHCARE CENTERS

45 & 55 Green Hollow Road | Danielson, CT 06239

Blood Draw: (860) 779-0066
Physical Medicine & Rehab: (860) 779-0252
DKMG Family Medicine: (860) 774-1255
DKMG Dermatology: (860) 779-1865

612 Hartford Pike | Dayville, CT 06241

DKMG Internal Medicine: (860) 779-0867

12 Lathrop Road | Plainfield, CT 06374

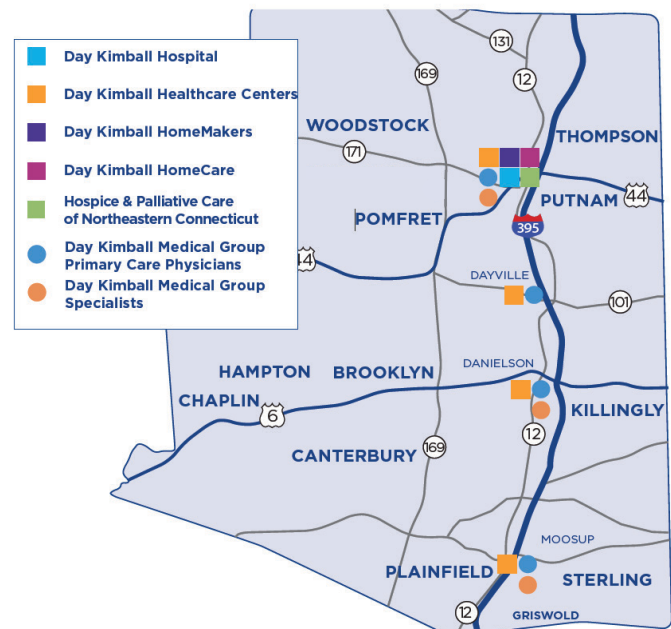
Anticoagulation Clinic: (860) 457-9168
Blood Draw: (860) 457-9166
Diagnostic Imaging: (860) 963-6320
DKMG Endocrinology: (860) 457-9133
DKMG Internal Medicine: (860) 457-9191
DKMG OB/GYN: (860) 457-9200
DKMG Pediatrics: (860) 457-9191

12 South Main Street | Putnam, CT 06260

Anticoagulation Clinic: (860) 457-9168
Blood Draw: (860) 928-8370
Physical Medicine & Rehab: (860) 928-8360

DAY KIMBALL HEALTHCARE AT HOME

Day Kimball HomeCare, Day Kimball HomeMakers, and Hospice & Palliative Care of Northeastern Connecticut
32 South Main Street | Putnam, CT 06260 | (860) 928-0422



DATA COLLECTION METHOD & PROCESS

Windham County ranks lowest in the state for health outcomes and health factors. As an organization, Day Kimball Healthcare (DKH) has a responsibility to meet the needs of the community we serve; addressing those challenges to improve the quality of health in our community. The 2021 Day Kimball Healthcare community health needs assessment (CHNA) takes a broad look at the needs of individuals in our primary service area.

For the past year, we have collected data through individual and group meetings with leaders, residents, and stakeholders regarding access, quality, and services needed. Data collection included:

- Meetings with more than 50 community leaders.
- Day Kimball Healthcare Board of Directors.
- Data review from multiple publicly reported resources.

This assessment not only focuses on the health of patients within the walls of DKH; it focuses on social determinants of health in our community. Day Kimball strives to impact on this more than ever. Overall, the assessment shows the continued need for DKH to deepen existing partnerships and develop new partnerships to achieve our mission: To improve the health and well-being of our community by providing the best medical care.

This assessment is broken down into several sections of identified needs including:

- COVID-19 Response
- Transportation
- Food Insecurity
- Employee Wellness
- Fall Prevention
- Stroke
- Cancer Services
- Surgical Services
- Diabetes
- Mental Health



COVID-19 RESPONSE

The overall response of the DKH staff to COVID-19 clearly showed their commitment and dedication. In an incredible display of teamwork, they took on new roles and responsibilities as the situation rapidly emerged and changed.

RETURNING TO CARE IN THE “NEW NORMAL”

In late May, Connecticut began the process of reopening from the coronavirus outbreak. Given the low infection rates in Windham County, along with a strong supply of PPE and the implementation of numerous safety measures, DKH leaders determined it was time to begin treating patients who had their screenings, surgeries, exams or other care postponed by the pandemic.

We took a thoughtful, gradual approach to resuming select procedures and services through a phased reactivation plan that was implemented in accordance with guidelines set forward by the CDC and DPH. As we reopened certain patient services, we maintained extensive safety measures and initiatives we put into place early on in the crisis by establishing COVID-19-safe care standards across all of our locations.

Following are some of the protocols implemented at Day Kimball Healthcare for safety and infection prevention:

- Visitors are limited to prevent the spread of the virus.
- Face masks are provided to everyone.
- We conduct mandatory screenings of all patients, employees, and visitors who enter our facilities for symptoms, including temperature checks.
- We are equipped with the most advanced personal protective equipment.
- We continue with social distancing practices of 6 feet or more between people.
- We follow CDC standards for increased frequency of cleaning and disinfecting.
- We use telehealth, virtual check-ins, and remote monitoring when possible.
- Patients having medical procedures are tested for COVID-19 in advance.
- We've established specialized isolation spaces to protect all patients and staff while potential COVID-19 patients are evaluated.



COVID-19 RESPONSE

ESTABLISHING EASY ACCESS TO TESTING

In April, Day Kimball established the region's first drive-up collection site, fulfilling an urgent need for access to COVID-19 testing in Northeast Connecticut.

DKH's drive-up collection site for COVID-19 testing, initially located at the Killingly Intermediate School then later moved to our Putnam Healthcare Center, called upon the commitment and expertise of our clinicians, a concerted effort that Gerald Sullivan, MD, Family Medicine Physician, was initially asked to spearhead together with Day Kimball Medical Group. The group organized swiftly to establish and implement testing protocols, quality control, staff training, and a positive patient experience.

A key component of the drive-up collection site effort was promptly and personally following up with patients with their test results. Follow-up included educating patients on what to do if they tested positive, and ensuring that they were connected with a primary care physician.

"Our community-based testing site has helped decompress our emergency department and physicians' offices, preserve personal protective equipment, and centralize testing options. We have been able to minimize unnecessary visits into clinical offices, waiting rooms, and hospital emergency departments, and mitigate the potential spread of COVID-19 by assessing patients this way." - Dr. Gerald Sullivan



THE MOVE TO TELEHEALTH

As the virus was rapidly evolving, DKH quickly scaled up its telehealth services in a joint effort that involved IT, executives, physician leaders, and more.

Telehealth technology, which virtually connects patients to their provider, was quickly mobilized across multiple Day Kimball services. Clinicians in primary and specialty care, outpatient behavioral health, and cancer care embraced the need to pivot to caring for patients online.

Launching telehealth services amid COVID-19 has paved the way for the future as we continue to adapt to how the pandemic has impacted the ways we provide health care. While our response was initially focused on the public health emergency, we're now thinking beyond the pandemic with sustainability in mind.

"Given the pandemic, Day Kimball rapidly developed and launched Telehealth virtual visits which was an entirely new way to engage with our patients. Virtual visits became more important than ever as we were no longer able to meet face-to-face. We expect to maintain Telehealth and other virtual care platforms for the foreseeable future as everyone continues to adapt to how the pandemic has changed the ways we seek and provide health care services." - Matthew Roy, Vice President, Business Development and Physician Services.

From April 1, 2020 - September 30, 2020, DKH provided:



COVID-19 RESPONSE

VACCINATION: A HERCULEAN EFFORT

Signs of hope finally arrived in the form of vaccines in December 2020. The first doses of the newly approved Moderna COVID-19 vaccine arrived at Day Kimball Hospital on December 22, 2020 and distribution of the vaccination to our healthcare workers began immediately.

“This is a historic moment in changing the course of the coronavirus pandemic,” said Kyle Kramer, Chief Executive Officer, Day Kimball Healthcare. “Today, we have the honor of administering the first doses of the vaccine to our employees who have been working tirelessly for months in the fight against COVID-19. While this process will take time, we are excited to begin the first phase of a large-scale vaccination effort which brings us one step closer to the end of the pandemic.”

DKH had prepared for the historic moment for weeks. In a concerted effort, individuals across the health care system have worked long hours to plan for every detail from an equitable distribution strategy, to storage, planning, and vaccination education.

At the time, the COVID-19 vaccine was only available in limited supplies, and Connecticut’s vaccine rollout plan prioritized vaccination for people who were of highest risk of exposure or severe complications, including healthcare workers and first responders.

In February 2021, DKH began administering the Moderna COVID-19 vaccine to Day Kimball Medical Group (DKMG) patients who were eligible and qualified for phase 1b of Connecticut’s vaccination program, focused on those age 75 and older.

As vaccines became more widely available, DKH continued to innovatively adapt care and services to meet the needs of our community throughout the pandemic. We moved quickly to offer vaccinations at central locations. These mass vaccination sites were key components of our success when we needed to deliver the vaccine to as many people as quickly as possible.

By the close of 2021, DKH had administered well over 60,000 vaccines to those who were eager to receive it.

PARTNERSHIPS WITH SCHOOLS

DKH and many of the local school system leadership collaboratively worked together to establish and coordinate a community COVID-19 clinic to administer the COVID-19 vaccine to eligible school educators, faculty and staff throughout the region, including:

- Plainfield Public Schools
- Putnam Public Schools
- Thompson Public Schools
- Woodstock Public Schools



COVID-19 RESPONSE

TIMELINE | DKH VACCINATION MILESTONES

- **December 22, 2020** - Moderna vaccines arrive at Day Kimball Hospital. Innoculation of healthcare workers begins immediately.
- **February 4, 2021** - DKH begins administering Moderna vaccines to eligible DKMG patients, age 75 or older
- **February 24, 2021** - Day Kimball and Putnam Public Schools announce partnership to run dedicated vaccine clinics for school faculty and staff.
- **March 3, 2021** - 1,500 doses of Johnson & Johnson vaccine arrive at Day Kimball Hospital.
- **March 4, 2021** - Day Kimball Hospital was the first Connecticut hospital to begin administering the J&J product. DKH began administering the vaccine to local educators at the Hospital that day.
- **DATE** - Day Kimball Hospital begins weekday walk-in vaccination for age eligible individuals
- **March 27, 2021** - Mass vaccination clinic at Plainfield High School. Over 1450 community members received the vaccine that day.
- **May 15, 2021** - DKH begins administering the Pfizer COVID-19 vaccine for or individuals age 12 and up at Day Kimball Hospital.
- **June 21, 2021** - DKH transitions vaccinations from its existing clinics at Day Kimball Hospital to its Day Kimball Medical Group (DKMG) adult and pediatric primary care practice locations.
- **August 2, 2021** - DKH and the town of Plainfield and its school system leadership hold another community COVID-19 vaccination clinic for individuals ages 12 and up at Plainfield High School.
- **October 26, 2021** - DKH commences the administration of booster vaccinations beginning with it's workforce at Day Kimball Hospital.
- **November 12, 2021** - DKH begins administering the Pfizer vaccine to children ages 5 and up in partnership with regional elementary schools.



TRANSPORTATION

Over 3 million people annually in the United States cannot obtain medical care due to transportation. In our assessment, we found that Day Kimball Healthcare's primary service area, like many other rural health systems, have barriers to adequate transportation, thus affecting the health of our community. Transportation issues result in missed or delayed appointments and ability to fill medication prescriptions, leading to overall poorer health outcomes. By the year 2022, the 65 and older age group will increase.

NORTHEAST CONNECTICUT TRANSIT DISTRICT

Submitted by: Hoween Flexer, Director of Regional Services, Northeastern Connecticut Council of Governments

The Northeastern Connecticut Transit District is the public transportation provider for northeastern Connecticut, available for all residents and visitors to the region, serving the towns of Brooklyn, Canterbury, Killingly, Putnam, Thompson, Eastford, Plainfield, Pomfret, Woodstock, and Union. The Northeastern Connecticut Transit District provides two types of service:

Deviated Fixed Route Service:

- The deviated fixed route service operates Monday - Sunday with various scheduled stops located throughout the service area.
- The Northeastern Connecticut Transit District offers Deviated Fixed Route service on its entire regular routes.
- A deviated-fixed route service is a hybrid of fixed-route and demand response services.
- With this type of service, a bus stops at fixed points and keeps to a timetable but can deviate its course between two stops to go to a specific location for a pre-scheduled request. After deviating from the route, buses return to the same point to continue their run.
- Deviated Fixed Route service requires 24-hour advance reservations.

Elderly and Disabled (Door to Door) Service:

- Elderly and Disabled service, which provides door-to-door service, is also available seven days per week by reservation with NECTD. The deviated fixed route services currently the towns of Thompson, Putnam, Killingly and Brooklyn.
- The Northeastern Connecticut Transit District provides elderly disabled service, funded with a special grant (Municipal Grant Program) from the State of Connecticut. With the grant funding, NECTD provides door-to-door service for pre-qualified elderly and disabled persons. This service requires a simple application and 48-hour advanced reservation Monday-Friday and no later than Thursday before Monday service.

TRANSPORTATION

NECTD is funded through local, state and federal funding and adheres to all state and federal transportation regulations. The Northeastern Connecticut Transit District issues surveys to riders about the NECTD services and routes to gather information regarding customer satisfaction and about areas of opportunity for improvement. Surveys are available for completion at the following locations: All NECTD transit buses, The Town Halls and Libraries of Killingly, Putnam and Thompson, United Services, TEEG, Daily Bread, Friends of Assisi and Northeast Community Kitchens.

The survey results continue to reveal that over 60% of customers use the NECTD bus for transportation related to medical needs and 22% use the NECTD for social services. DKH is working to create additional partnerships and models in order to keep patients closer to home, when clinically appropriate, in an effort to cut down on travel distance for patients and families.

NECTD continues to work on expanded services to Plainfield and improving services in Brooklyn, Killingly, Putnam and Thompson. NECTD has also received funding from the State of CT Department of Transportation to provide medical transportation for veterans.

NECTD works collaboratively with Day Kimball Hospital and other medical providers to assist with transporting residents to and from their appointments. The partnership has been successful and DKH looks forward to continuing this partnership and improving access to residents of Northeastern Connecticut.



ADDRESSING FOOD INSECURITY

Food insecurity is a pressing issue in our community and impacts the health and well-being of many, especially those with chronic health conditions. Access to healthy foods and maintaining a nutritional diet is essential to wellness for all ages.

PARTNERSHIP WITH INTERFAITH HUMAN SERVICES OF PUTNAM

In 2021, DKH announced a partnership between its hospital-based food pantry, Caitlyn's Cupboard, and Interfaith Human Services of Putnam's (IHSP) Food Pantry, Daily Bread.

Through a new partnership with IHSP, on a monthly basis, Daily Bread is supplying Caitlyn's Cupboard with fruit/vegetable and dairy coupons to be redeemed at local grocery stores. One hundred packets of these coupons were given to eligible Cancer Center patients in the month of March alone. Funding in support of this partnership comes from the Community Foundation of Eastern Connecticut.

In return, Caitlyn's Cupboard is offering nutrition education programming to Daily Bread clients to further increase their capacity to adopt healthy food choices and habits. IHSP has also ordered food for the Cupboard from the CT Food Bank and Feeding America® to help reduce the pantry's operating costs.

"I'm thrilled to have the opportunity to partner with IHSP," said Caitlyn Sward, registered dietitian nutritionist, Day Kimball Healthcare. "The work that Daily Bread does in the community is tremendous, and this partnership will only further the good they do. Daily Bread's partnership will help our cancer patients access fresh produce, as well as provide purchasing opportunities for Caitlyn's Cupboard through the Connecticut Food Bank. This benefit alone will stretch every monetary donation the pantry receives."

"IHSP is so happy to partner with DKH Hematology/Oncology and Caitlyn's Cupboard," said Ann Kathi Peterson, program coordinator and Karen Osbrey, president, IHSP. "We all share the same goal of providing healthy food choices to those in need. These patients have enough going on in their lives, they shouldn't have to worry about food insecurity too."

"At DKH, our goal is ensuring that patients don't have to choose between paying for their medications and treatment and buying groceries for themselves and their family. Our partnership with IHSP helps eliminate some of those difficult choices for our patients and demonstrates the critical role that local food pantries and healthcare providers can play in improving outcomes for the most vulnerable in our community," said Kyle Kramer, chief executive officer, Day Kimball Healthcare.



EMPLOYEE WELLNESS: TAKING CARE OF OUR OWN

Day Kimball Healthcare has a very active Employee Wellness Committee whose goal is to establish and maintain a culture of wellness by providing educational, environmental, and social opportunities for employees and their families to optimize their health and well-being.

PEER AND WORKER SUPPORT PROGRAM

Amid the global pandemic, DKH established a peer support team charged with “caring for the caregiver.” The multidisciplinary group included DKH employees trained in Critical Incident Response so that they might be better able to support their peers during times of personal or professional crisis.

The Peer Support team provides a caring, confidential, safe space to process the emotional impact of the incident. Employees could support the program by becoming a member of the Peer Support team, or could choose to utilize the service as a participant.

WALKING FOR WELLNESS

Day Kimball Healthcare is committed to the health and well-being of our staff, patients and the community. We know that regular exercise greatly improves health outcomes. And we know that one of the easiest ways to get exercise is simply by walking.

As part of an on campus activity to engage health, boost activity, and improve mood, DKH CEO Kyle Kramer instituted Walking Wednesdays during the summer months of 2021. Staff met at a designated location at a set time and set out for a casual walk and talk.

Additionally, throughout the summer of 2019, DKH Wellness Champions invited staff to Walk to the Moon, beginning May 11 and ending August 2. Walk to the Moon challenges employees to track their aerobic activity.



FALL PREVENTION

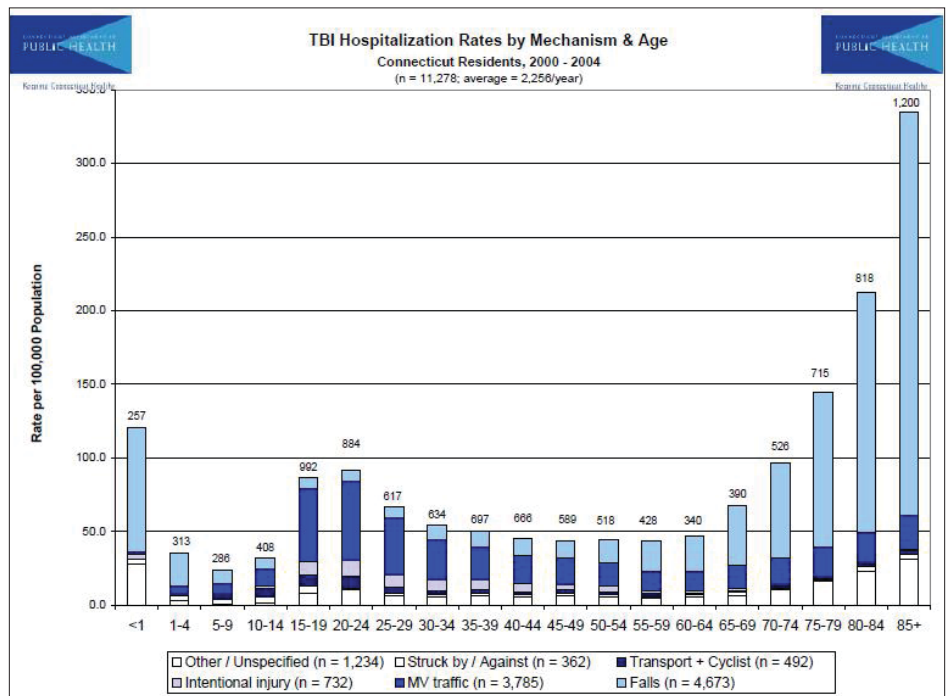
The Day Kimball Homecare Fall Prevention Program is a multidisciplinary/multifactorial approach designed to promote wellness and maintain independence with a focus on fall prevention. Each participant receives an individualized assessment for fall risk factors which includes assessment for postural hypotension, fall risk medications, balance deficits and home safety. “Fall Prevention in our Quiet Corner” is the primary education tool for participants/caregivers. CDC STEADI documents are used to facilitate assessment.

Community partnerships with Northeast District Dept. of Health, YMCA, Ellis Tech Healthy Living Expo, QVCC VA Stand Down, Killingly Eye Care, Day Kimball Pharmacy and local Senior Centers have enabled us to provide comprehensive programs to the residents of the north-east corner of CT, including RI and MA.

FALL PREVENTION RESEARCH DEMONSTRATES:

- Seniors 65 years and older with 4 or more risk factors (ie-multiple meds, knee pain, vision & hearing problems) have a 78% chance of falling
- 3 million older people are treated in the emergency dept. every year for fall related injuries
- Over 800,000 patients a year are hospitalized because of a fall injury, most often because of a head injury or hip fracture
- Fall related injuries are the 3rd leading diagnosis for hospital readmissions
- Patients discharged from hospital, directly to home or with homecare services have the greatest risk for post-discharge fall related injuries
- Patients underestimate their risk of falls and do not remember receiving “fall prevention instruction” in the hospital or during their homecare services
- Patients/caregivers do not incorporate fall prevention strategies into their daily routine and require education to adopt fall prevention strategies

- Fall Prevention assessment/education using a multi-disciplinary approach has demonstrated an 11% reduction in the utilization of fall related medical services (ie: ED visit, Hospitalization, MD visit, Homecare, Outpatient Rehab)



FALL PREVENTION

CT DEPARTMENT OF PUBLIC HEALTH STATISTICS

- Falls are the leading cause of fatal and nonfatal traumatic brain injury for all ages
- Falls are the leading cause of injury related death for adults 65 years of age and older
- Approximately 85% of fall related deaths and 30% of fall related ED visits/Hospitalizations occur in adults 65 years of age and older
- CDC 2016 stats show that CT is in the lowest percentile (24.6%-28.5%) for nationwide reported falls
- CT has participated in community Fall Prevention education for at least 15 years with the CT Collaboration for Fall Prevention (CCFP). This is likely a contributing factor for Connecticut's low percentile, compared to other states. A reduction in falls can save the state money as Medicaid and Medicare shoulder 75% of fall related costs.

DAY KIMBALL HOMECARE FALL PREVENTION PROGRAMS 2019 TO 2021

- 2019 - Community FP clinics for 134 participants and 6 month follow up phone calls; representing 17 towns
- Community partnerships: Northeast District Dept. of Health, YMCA, Ellis Tech Healthy Living Expo, QVCC VA Stand Down, Killingly Eye Care, Day Kimball Pharmacy, Day Kimball ED & In-patient
- 2020 - Day Kimball Homecare Fall Prevention Pilot Program and 6 month follow up phone calls, as per CCFP recommendation.
- Utilization of CDC STEADI materials to augment fall prevention assessment/education
- Development of High Risk Medication Reference for fall prevention, includes 300+ medications
- Development and publication of "Fall Prevention in our Quiet Corner" patient education booklet
- 2021 - Day Kimball Homecare Fall Prevention Standard of Care including power point training for all clinicians

FALL PREVENTION

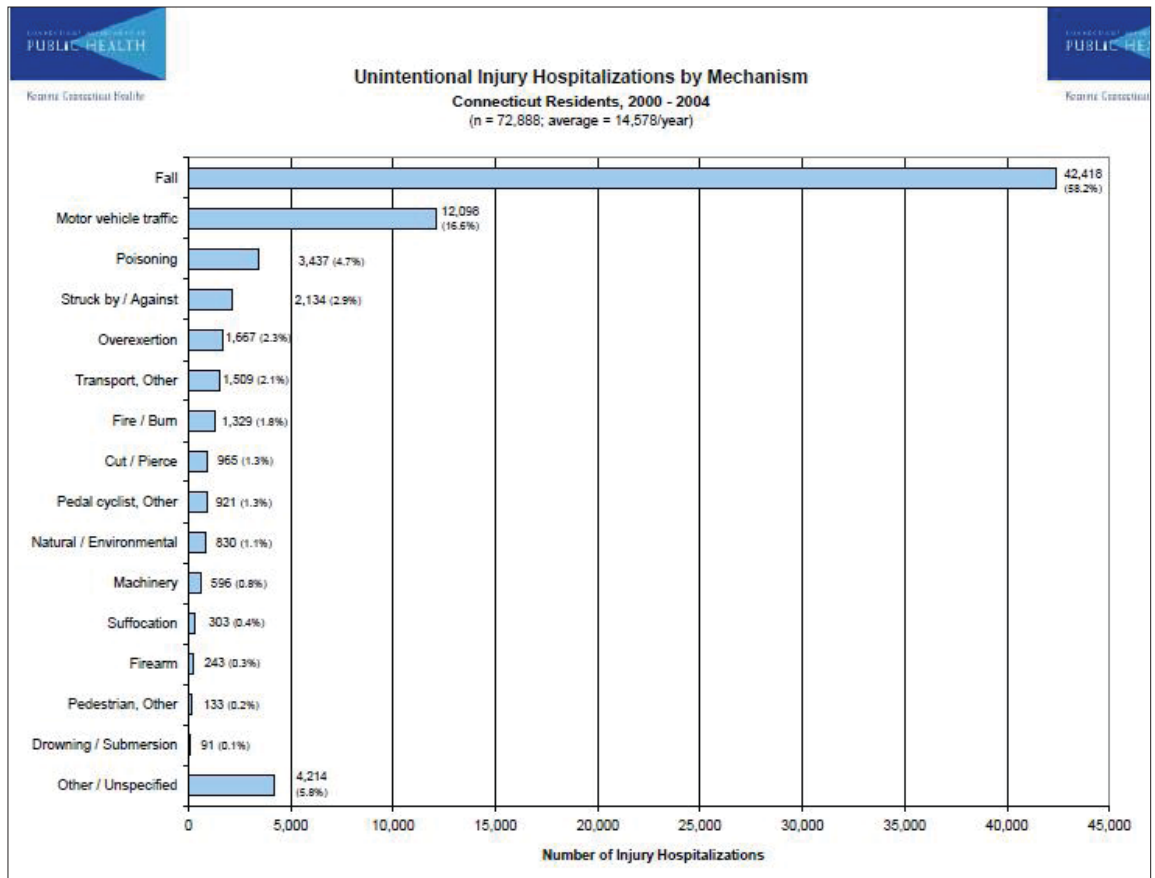
DAY KIMBALL HOMECARE FALL PREVENTION 2019 DATA

- Decrease in # falls from 53.4% to 30.1%
- Decrease in 911 services from 4.2% to 1.4%
- Decrease in ED services from 6.8% to 2.7%
- Decrease in Hospital admissions from 4.1% to 1.4%
- Decrease in Physician visits from 11.0% to 2.7%
- Decrease in Homecare services from 2.7% to 0.0%
- Decrease in Outpatient rehab from 5.5% to 2.7%

IN CONCLUSION

Day Kimball Homecare Fall Prevention 2019 Data clearly demonstrates a reduction in falls and a decrease in the utilization of fall related services within our community and within Day Kimball Homecare. Joint Commission Evaluation in 2020 recognized the value of the DKHomecare programs (community and in-house) and has recommended “national publication” of our fall prevention programs.

Day Kimball Healthcare gives us a unique opportunity to expand our fall Prevention efforts through the “continuum of healthcare” including: DKH Emergency Dept, DKH Hospital, DKH Homemakers, DKH Memory Lane Café, DKH Outpatient Rehab, DKH Physician Services and beyond.



STROKE

According to data from the Centers for Disease Control and Prevention (CDC) and the American Heart Association (AHA) stroke remains the 5th leading cause of death in Connecticut, with Windham County having the highest occurrence of stroke in the state. The number of fatal strokes continues to increase with age, with almost 90 percent of stroke deaths occurring among people 65 years and older. Stroke disproportionately affects African Americans and Hispanics in the state. While stroke incidents do not vary significantly among men and women, a majority of stroke deaths are among women.

Day Kimball Hospital is a designated Certified Advanced Primary Stroke Center by the Joint Commission since 2014. This designation was achieved by providing comprehensive care for all patients presenting with stroke symptoms including a complete administrative infrastructure supporting and guiding the process of stroke patients. Evidence-based clinical practice guidelines are in place that provide an interdisciplinary approach to care. Stroke education to staff, patients, families, physicians, EMS and the community is integral to the program. Specific quality improvement initiatives are implemented to assist us in ongoing assessment and evaluation of our performance in caring for stroke.

Services provided in the Emergency Department of Day Kimball Hospital include:

- 24 hour/7 day a week care for all patients presenting with stroke symptoms
- A team of professionals educated in stroke care
- Diagnostic Imaging (CT, CTA, MRI imaging)
- Laboratory services to support goals for “door-to-lab resulted times”
- Expert consultation with a comprehensive stroke center, including telemedicine services
- Immediate availability of intravenous thrombolytic therapy
- Acute stabilizing management of intracerebral hemorrhage
- Access to advanced treatment interventions such as intra-arterial thrombolytic therapy, thrombectomy, neurosurgery and neurosurgical interventions for hemorrhagic stroke, and potential for inclusion into clinical trials

Services provided in the inpatient setting of Day Kimball Hospital include:

- A team of professionals educated in stroke care
- Diagnostic Imaging (CT, CTA, MRI imaging)
- Laboratory services to support goals for “door to lab resulted times”
- Expert consultation with a comprehensive stroke center, including telemedicine services
- Face-to-Face Neurology Consultation
- Inpatient monitoring
- Speech screening and evaluations, with therapy as needed
- Physical therapy evaluations, with treatment as needed
- Occupational therapy evaluations, with treatment as needed
- Case management services for patient centered plan of care and discharge planning
- Referrals to Day Kimball Home Care / Visiting Nurse Agencies
- Referrals to Skilled Nursing Facilities
- Referrals to Day Kimball Rehabilitative Outpatient Services

Well Integrated Screening and Evaluation for Women Across the Nation Program (WISEWOMAN)

DKH is now offering this integrated women’s health program which serves low-income, uninsured, and underinsured women ages 40 to 64 years, with heart disease and stroke risk factor screenings and services that promote healthy behaviors to reduce the risk for heart disease and stroke. Through WISEWOMAN, eligible women are offered free blood pressure, cholesterol, and glucose screening; health coaching; diabetes education; nutritional consults; smoking cessation; consultations and follow-up office visits.

BEHAVIORAL HEALTH

OVERVIEW

Behavioral Health Services at DKH provide comprehensive assessment, diagnosis, and ongoing treatment for Northeastern Connecticut community members across the lifespan. Our dedicated team includes psychiatrists (MDs), psychologists (Ph.D), advanced practitioners (APRNs), nurses (RNs), clinical social workers (LCSWs), professional counselors (LPCs), mental health workers (MHWs), and patient service representatives (PSRs). Our emergency mental health (EMH) clinicians provide crisis intervention in our Townsend Emergency Medical Center and work in partnership with community resources, including the local mental health authority (LMHA) and Community Coalition for Addiction Recovery (CCAR) to provide life-saving care to those who need it most. The EMH team is specially trained to provide suicide risk assessment and prevention strategies and to refer individuals to community-based or inpatient treatment programs. Clinical staff also serve as consultants to other hospital-based services, including the ICU, maternity, and oncology.

Our 15-bed acute-care adult psychiatric inpatient program is led by the medical chair of psychiatry and staffed with psychiatrists and advanced practitioners who meet with each patient daily to determine treatment goals, progress, and aftercare needs. Nurses and mental health workers provide 24-hour observation and medical care, as well as ongoing social and emotional support in a safe, comfortable setting. A social worker and primary therapist are assigned to each individual in order to provide individual, group and family therapy for the patient while admitted to the program and to identify resources in the community that the patient can access for ongoing care once discharged. The inpatient program services individuals recovering from depressive and bipolar disorders, addiction, schizophrenia spectrum disorders, anxiety and post-traumatic stress, personality disorders, and other life-threatening psychiatric conditions.

The outpatient behavioral health program services individuals of all ages, providing comprehensive assessment, diagnosis, and treatment for a range of psychiatric conditions. Two child-adolescent clinicians and four adult clinicians are trained in Accelerated Resolution Therapy (ART)[®] a rapid-eye-movement (REM) based intervention that has shown immediate and significant improvements in symptoms associated with mood disturbance, post-traumatic stress, addictions, and other problematic conditions. Both in-person and telehealth appointments are available with all of our therapists. The child and adolescent clinical team consists of a supervising clinical psychologist, clinical social worker, and professional counselor, all with specialized training in working with younger individuals. Trained clinicians provide trauma-focused cognitive behavioral therapy (TF-CBT), dialectical behavioral therapy (DBT), insight-oriented therapies, psychodynamic therapies, and other evidence-based approaches. We are prepared to manage a range of pediatric conditions, from attention-deficit hyperactivity disorder (ADHD) and Autism Spectrum Disorder (ASD), to oppositional defiance (ODD), adjustment disorders, mood disorders, anxiety and post-traumatic stress.

Our adult clinic features seven experienced psychotherapists, an advanced practice registered nurse (APRN), and a compassionate office staff who respond promptly to the needs of our patients. Clinicians specialize in a range of methods to treat most psychiatric conditions, as well unique challenges associated with certain populations, including co-occurring addiction and mental illness, younger adults, older adults, spiritual the LGBTQ+ community, and those who desire spiritual integration with their treatment. DKH's adult providers also specialize in treating post-traumatic stress, making us a preferred provider for military and law enforcement veterans, first responders, healthcare workers, and others who experience on-the-job stress. Our nurse practitioner provides medication evaluation and management, including the use of long-acting injectables (LAIs) and Genesight[®] genetic testing, when appropriate.

20 Financial assistance is available for behavioral health services for those who qualify, allowing access to care regardless of economic status.

BEHAVIORAL HEALTH

PHILOSOPHY

The focus of the behavioral health program is two-fold: (1) early and immediate intervention, and (2) providing patient-centered, trauma-informed care. Day Kimball BHS recognizes the importance of early and immediate intervention. Early intervention is associated with better outcomes across the lifespan. Children who suffer undiagnosed or untreated conditions often have poorer outcomes later in adolescence or in adulthood than those who receive early intervention. For this reason, we review every case referred to us. If we cannot provide the best treatment available, we will make recommendations, or schedule an assessment to better understand the situation. Immediate intervention starts with the first point of contact. A phone call with one of our compassionate staff members will start the intake process. For those experiencing life-threatening symptoms such as suicidal thoughts, immediate intervention consists of risk assessment by our emergency mental health services. Immediate intervention is often required when a patient may have suicidal plans or behaviors, or become aggressive, disorganized, or unable to care for themselves due to a psychiatric condition. Suicide prevention is one of DKH's most important initiative; not just in BHS but throughout the entire organization. Keeping patients and the community safe is our priority!

In addition, BHS practices trauma-informed care. Trauma-informed care requires that providers maintain a safe, supportive, non-judgmental environment – sensitive to the unique differences of each individual – in which a trusted partnership between the patient and provider promote healing. Patient-centered care requires an individualized approach to each person, starting with a collaborative treatment plan that identifies goals which the patient believes will improve their well-being. It is important to us that each individual has input into their care, that their voices are heard, and that they feel empowered through the treatment process. We recognize, however, that we may not always live up to this ideal, and therefore we also engage in a rigorous process of self-awareness and cultural humility. We take all critical feedback seriously and make every effort to meet patients' expectations or evaluate how and why we have fallen short. We acknowledge that – in order to provide the best care possible – we must seek to be life-long learners.

THE NEEDS OF THE COMMUNITY

While there are a variety of options for receiving mental health treatment in Northeastern Connecticut (NECT), disparities in who receives competent care still exist. Those with unique cultural, ethnic, and religious needs are less likely to seek services, or trust that their customs or beliefs will be respected in the treatment environment. In addition, those with physical, intellectual and developmental disabilities face challenges with the integration of mental health services with other care specific to their disabilities. In short, we've become a "one-size-fits-all" industry, at the expense of those with differences that need to be accommodated in the treatment environment. Overt appreciation of the LGBTQ+ community remains limited in NECT, causing reluctance to seek care. Stigma surrounding mental illness and addiction continues to permeate despite a growing number of initiatives to 'normalize' these conditions and invite those who are struggling to seek services.

Our community continues to struggle with a system that meets the needs of our youth, especially those with serious and debilitating conditions. Care is expected to be coordinated between the parents, school, pediatrician, and ongoing behavioral health providers. In many cases, stakeholders such as children and family services, juvenile probation, or other community supports may be involved. Some of the ongoing challenges include (1) access to inpatient, respite, or residential beds that would allow for a period of intensive treatment before the child is safe to return to their home environment, (2) lack of family engagement in some available programs, (3) long waits and complicated registration processes into office-based or in-home services, and (4) heavy responsibilities placed on younger, less experienced staff, without the appropriate oversight and training provided by more experienced clinicians.

Low reimbursement rates from third-party payors place constraints on practitioners seeking to provide diligent, comprehensive care, limiting time and access to other valuable resources. Training for newer, less experienced clinicians is lacking, due to the necessity of organizations to fill provider caseloads with "billable" hours. Large out-of-pocket expenses for consumers has become another barrier to treatment, in addition to limited public transportation. Long waitlists discourage those seeking services, and lack of choices reduces engagement and satisfaction for many individuals. Organizations providing behavioral health services must be more efficient and creative than ever in order to confront these challenges and offer high-value care in a timely, effective manner.

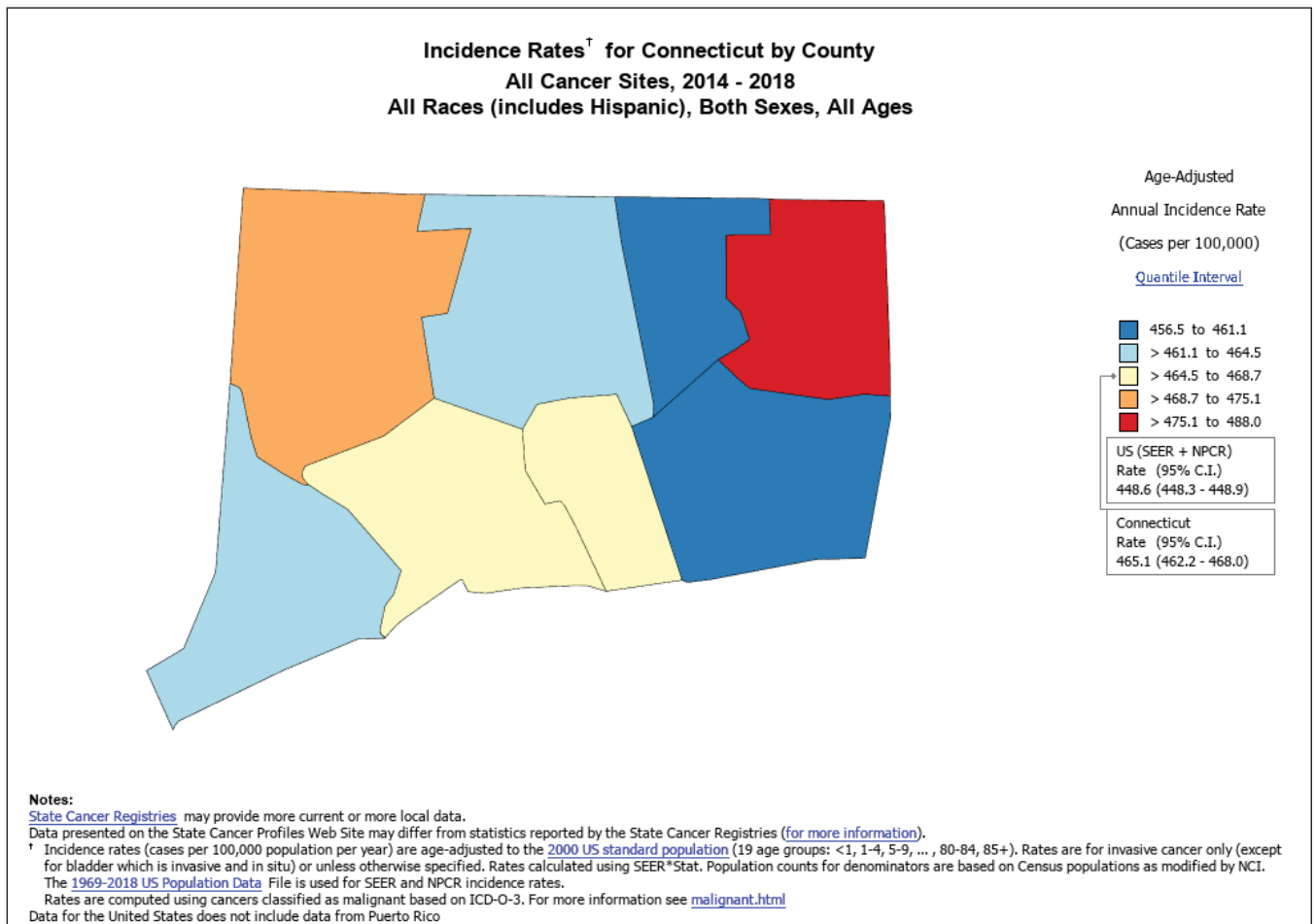
CANCER SERVICES

Over the years, Day Kimball Hospital (DKH) has been able to build a formidable cancer treatment practice in response to the needs of our service area. Our program is accredited by the American College of Surgeons' Commission on Cancer. Our physicians are board certified in their respective specialties, including Medical Oncology, Hematology, Surgery, Pathology, and Interventional Radiology, while our nurses are certified chemotherapy/biotherapy providers and Oncology Certified Nurses (OCN).

The DKH cancer care team uses the latest evidence-based practices and innovations in the care we provide. Treatments are given in accordance with the latest national standards of care. We collaborate and coordinate with specialty centers to facilitate access to radiation oncology services and highly advanced surgical procedures while keeping as much local care as possible. Equally important, our nurses have intimate knowledge of each patient and our teams case manage every patient from screening through survivorship, attending to financial, emotional and/or physical needs. Being able to provide this high-quality level of specialized care here in Putnam is a critical benefit to the community.

In the state of Connecticut, incidence of bladder cancer, female breast cancer, Non-Hodgkins lymphoma, oral cancer, prostate cancer, stomach cancer and uterine cancer are above the national average. Additionally, the incidence of prostate cancer, oral cavity cancer, uterine cancer, pancreatic cancer and female breast cancer continue to rise in Connecticut.

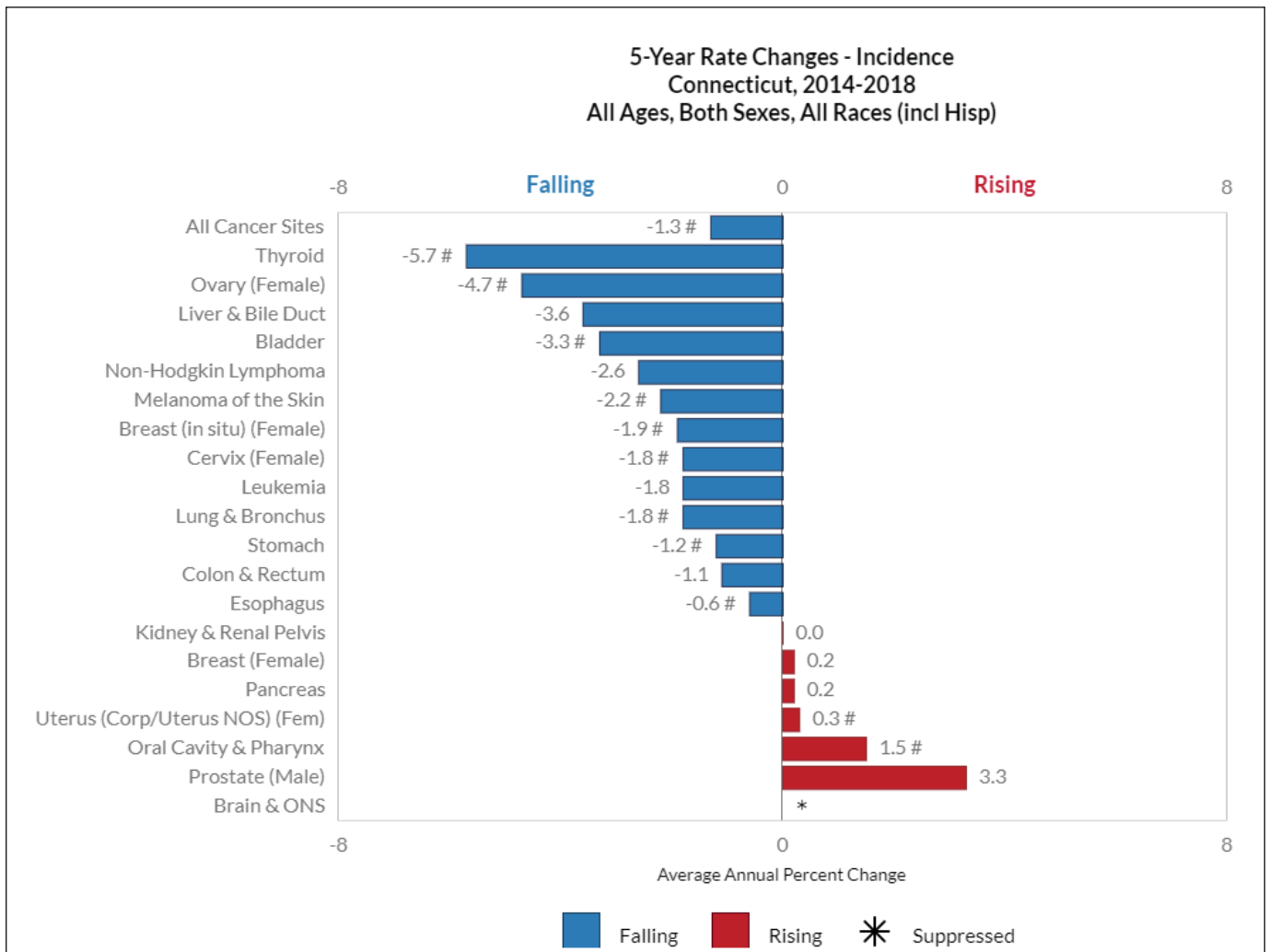
Windham County has the highest incidence rate of cancer in the state of Connecticut. While overall cancer incidence is decreasing in the state, Windham County remains one of only two counties statewide where cancer incidence is remaining stable instead of decreasing.



CANCER SERVICES

Within the state, Windham County has the highest incidence of brain, esophageal, leukemia, lung and pancreatic cancers. Pancreatic cancer incidence continues to rise in our county, and we are also the only county in Connecticut with rising incidences of lung cancer and male melanoma cases. Incidence of bladder cancer in our community is also higher than both the state and national average.

Knowing about the prevalence of cancer in our region and the amount of patients and families who are affected by it each year, DKH is committed to raising awareness, arming our community with the knowledge it needs to prevent cancer, and providing screening services to diagnose and treat cancer in its earliest stages.



Created by statecancerprofiles.gov on 9/28/2021 at 9:01 AM.

Source: Incidence data provided by the SEER Program.

AAPCs are calculated by the Joinpoint Regression Program and are based on APCs. Data are age-adjusted to the 2000 US standard population (19 age groups: 1969-2018 US Population Data File is used with SEER November 2020 data. Rates are computed using cancers classified as malignant based on ICD-O-3. For more information see malignant.html. Please note that the data comes from different sources. Due to different years of data availability, most of the trends are AAPCs based on APCs but some are EAPCs calculated in SEER*Stat. Please refer to the source for each graph for additional information.

* - Unable to calculate annual percent change due to insufficient counts.

- The annual percent change is significantly different from zero (p < 0.05).

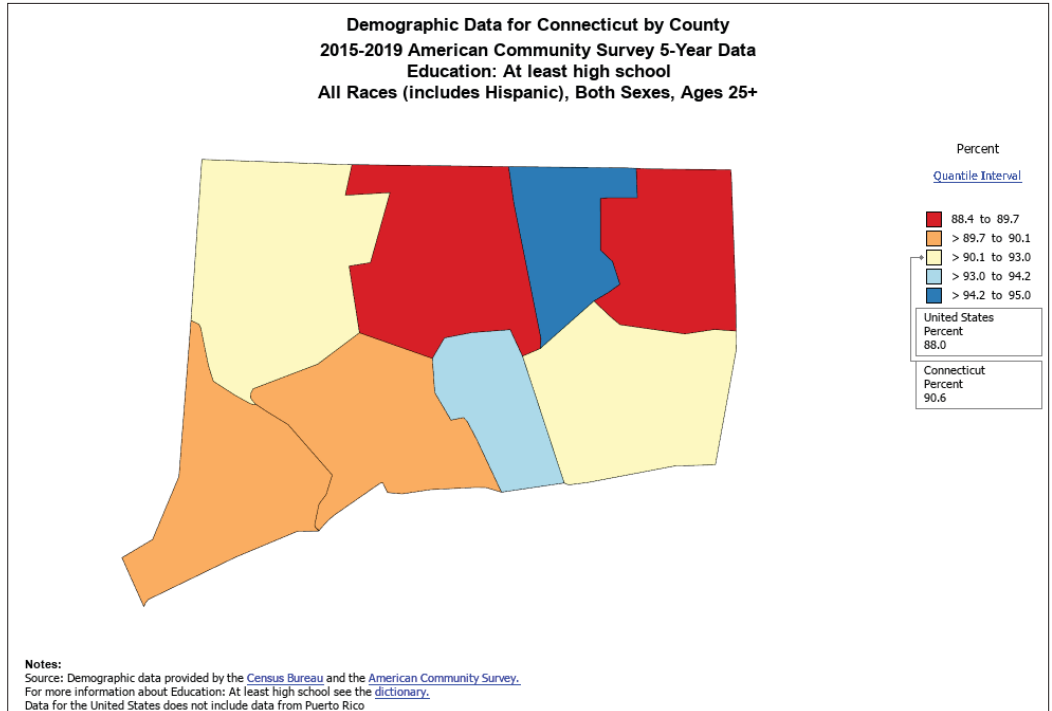
CANCER SERVICES

Day Kimball Hospital strives to provide high quality, comprehensive cancer care “close to home.” In order to accomplish this, we pay special attention to the needs of the patients and families we serve. We aim to break down any barriers that stand between our patients and the care they deserve.

Windham County has the lowest rate of “at least high school” educated individuals in the state of CT, with only 88.4% of the population meeting this level. Windham County also has the lowest rate of “at least bachelors degree” level education, with only 24.3% of the population meeting this level.

Surveys were sent out to Oncology patients the first quarter of this 2021 and it was noted that ‘Communication issues with

medical personnel’ and ‘Literacy to medical terms, diagnosis, tests and treatments’ were identified as the most prevalent barriers to care. As a result, our multidisciplinary team is focusing on communication and working with our Cancer Committee, our Marketing, Communication and Outreach teams and our Oncology Nurse Navigation program to eliminate this barrier.



ADDRESSING TRANSPORTATION

Transportation in Northeast Connecticut continues to be a barrier, particularly for those patients requiring cancer care. Per most recent NCDB data, only 15% of our cancer patients traveled less than 5 miles to reach our facility. 39% traveled

Day Kimball Hospital, Putnam, CT 06260
Distance Traveled of All Sites Cancer Diagnosed in 2018
All Diagnosis Types

Distance Traveled	N	%
1 .	29	15.43%
2 . 5-9 miles	73	38.83%
3 . 10-24 miles	77	40.96%
4 . 25-49 miles	9	4.79%
TOTAL	188	100%

©2021 National Cancer Data Base (NCDB) / Commission on Cancer (CoC) / Tuesday, September 28, 2021

between 5-9 miles and 41% traveled between 10-24 miles. Therefore manual transportation is not an option for the majority of our patients. One strategy we have used to address this was the creation of a transportation fund, which is used to mitigate the costs of transportation to and from cancer treatments and visits for those in need.

CANCER SERVICES

ADDRESSING NUTRITIONAL CONCERNS FOR HEMATOLOGY/ONCOLOGY PATIENTS

An analysis of the CT state population showed that Northeastern CT has one of the highest food insecure rates in the state, with 11.9% of the population of Windham County experiencing food insecurity in 2018. The need for food assistance on the hospital premises was identified rather rapidly, as nutrition recommendations made to patients by the dietitian were not being implemented secondary to lack of funds and poor access to transportation to other food assistance facilities.

Caitlyn's Cupboard, a food pantry located in the DKH Oncology Department, was founded in the spring of 2020 to provide nutrition to patients. Since that time, new data has emerged, showing that the food insecurity rate has increased by an estimated 34.1%, resulting in an estimated 16% of Windham county residents who regularly struggle with food provision. In addition to these staggering statistics, cancer patients are often put under undue financial burden - 42% of patients diagnosed with cancer spend their entire life savings within 2 years of their diagnosis.

In approximately the first year alone, Caitlyn's Cupboard has provided over 200 patients with food supplies, as well as limited non-food supplies, nutrition education and coupons for fresh produce and dairy. Caitlyn's Cupboard has been able to partner with IHSP's Daily Bread, (a food assistance organization in the community) to provide these coupons, as well as to bring more awareness to the importance of cancer nutrition.



DAY KIMBALL HOSPITAL HEMATOLOGY ONCOLOGY

Caitlyn's Cupboard

FOOD PANTRY WISH LIST

Fruits & Vegetables

Canned fruit
Dried fruit
Fruit or fruit/vegetable juice
Canned vegetables

Protein

Canned or dried beans
Canned chicken or fish
Nuts
Peanut butter
Shelf-stable/powdered milk

Starches

Pasta/Noodle Mixes/Mac & Cheese
Rice/Rice Mixes
Instant or canned potatoes
Dry cereal
Hot cereal

Fats

Cooking Oil
Mayonnaise

Oncology Specific Staples

Carnation Instant Breakfast packets or equivalent
Ensure/Boost or equivalent

- Regular or Sugar-Free

 Pudding Mix or Pre-Made Pudding
Egg Noodles
Protein Powder
Baby Food

- Pureed Vegetables, Fruit, Meat and Grain Mixes

 Dressing/Soup
Evaporated Milk
Sweetened Condensed Milk
Canned Gravy
Beef Jerky/Turkey Jerky
Coconut Oil and/or MCT Oil

Extra/Luxury Food Items

Soups/Stews
Granola Bars
Herbs and Spices
Pancake, Waffles, Muffin Mixes
Crackers

CANCER SERVICES

CANCER EXERCISE PROGRAM

Exercise during cancer treatment is highly recommended, as it helps to lessen symptoms of depression, anxiety and fatigue, as well as improve nausea and maintain or improve functional status.

Standard personal trainers are woefully unprepared to work with patients undergoing cancer treatment, so a reputable source was identified and the Cancer Exercise Specialist certification was completed through the Cancer Exercise Training Institute and the American College of Exercise.

With this certification, patients can be trained one-on-one during active treatment, as well as throughout the survivorship continuum.

SURVIVORSHIP PROGRAM

Due to the COVID-19 pandemic, an in-person survivorship program is yet to be established. In the meantime, a virtual survivorship program is underway, with 10 nutrition videos specific to cancer survivorship currently in the editing stage, with exercise videos in the filming stage. These videos will be available to all cancer survivors through the DKH website by the end of 2021.

SUMMARY

Windham County has the lowest median household income in the state of CT and DKH Oncology is sensitive to the financial needs of the patients we care for. Our social worker, nurse navigator and insurance specialist work with patients to help them understand costs and to connect them with resources which can help alleviate the financial burden associated with healthcare. Day Kimball Hospital is determined to ensure the complete care of our patients, so that they can focus on living well.

Our commitment to be better, fueled by the investment and commitment of our community, is what keeps Day Kimball moving forward. We take great pride in the fact that our community has fostered the evolution of this unique and historic institution and look forward to supporting our community in every way we can.



SURGICAL SERVICES

CARE FOR THE SURGICAL PATIENT

Implementation of an Enhanced Recovery After Surgery (ERAS) at Day Kimball Hospital
Goals

- Decrease surgical site infection
- Significantly decrease opioid use through the use of alternative pain modalities
- Decrease length of stay
- Decrease re-admission and healthcare costs
- Improve patient outcomes by providing coordinated care starting in the physician offices through the patient recovery after surgery

WHY IS ERAS AN IDENTIFIED NEED FOR THE COMMUNITY?

1. Surgical Site Infection

Surgical Site Infections (SSI) is the most common and costly of all hospital-acquired infections, accounting for 20 percent of all hospital-acquired infections. SSIs impact quality of patient care with increase length of stay, re-admission, and even death.

The ERAS program was implemented at DKH. Initially the focus was on statewide initiatives focused on Abdominal Hysterectomy, Colon Resection cases, Total Joints, and Spine Surgery; but has now been rolled out to include all surgical cases here at DKH.

The following evidence-based steps were implemented through our ERAS program to improve quality of care for our surgical patients.

- Multidisciplinary approach to implementing best evidence - based practices through Service Line Committees for each surgical specialty
- Education of surgeons, staff, and physician offices of expectations related to ERAS to ensure that patients are optimized prior to their surgical care
- Patient teaching which starting in the physician offices and reinforced through the patient pre-admission testing, and again on the day of surgery
- Pre-warming of all surgical patients with the use of specific warming gowns starting 30 minutes prior to surgery and continued through recovery to maintain normothermia
- Carbohydrate loading the night prior to surgery and two hours before admission for all surgical patients (except Type 1 IDDM)
- Pre A1C testing and tight monitoring of blood glucose levels throughout the surgical care
- Use of alternative modalities for management of pain; minimize narcotic usage

SURGICAL SERVICES

2. Opioid Crisis

According to the American Medical Association, in a brief released June 2021, the nation's COVID-19 pandemic made the nation's drug overdose epidemic worse. Every state, including Connecticut, reported a spike or increase in overdose deaths or other problems during the COVID-19 pandemic. In 2020 Connecticut saw 1,374 deaths due to drug overdose; this opioid abuse mandates even greater focus on efforts to address this epidemic.

There are many challenges faced in healthcare today. As an organization, Day Kimball Healthcare (DKH) has a responsibility to meet the needs of the community we serve; addressing those challenges to improving the quality of health of our community. That being said, there are several key issues that DKH has addressed to improve healthcare outcomes as well as address potential impact our local community; provide safe quality care, prevention of surgical site infections, opioid crisis, and cost reduction.

According to the Centers for Disease Control and Prevention (CDC) drug overdose deaths, including those involving opioids, continue to increase in the United States. New provisional data released July 14, 2021 by the CDC shows that more than 93,331 people died from drug overdoses in the US last year. The nearly 30% rise from 2019 was mostly triggered by COVID-19 pandemic-related stressors, treatment inaccessibility, and proliferation of fentanyl.

There has been an increase in deaths from drug overdose in men and women, all races, and adults of nearly all ages, with two out of three drug overdose deaths involving an opioid. Overdoses involving opioids killed more than 47,000 people in 2017, and 36% of those deaths involved prescription opioids.

Connecticut is not immune to this opioid crisis and based on data from the Connecticut Department of Health, Windham County has one of the highest opioid misuse and suspected overdose in the state.

To address the opioid epidemic, an Enhanced Recovery After Surgery (ERAS) program was developed and implemented. ERAS is a program that is evidence based and has proven, when implemented, to improve quality outcomes, decrease opioid use, decrease surgical site infection, decrease hospital length of stay, decrease re-admission rate, and improve patient satisfaction.

ERAS STRATEGIES TO MANAGE PAIN

- Patient teaching related to expectations of pain and alternative pain modalities
- Use of non-narcotic pain medications pre and post operatively
- Use of regional blocks; i.e., Transverse Abdominis Pain Blocks

Since implementation we have realized as an organization the following results:

- Decrease in SSI
- Minimal use of narcotics in recovery phase of surgery
- Minimal or no use of narcotics 24 hours post-surgery
- Decrease length of stay
- Improved patient experience for the surgical patient based on patient feedback received through real time rounding and Press Ganey results

DIABETES

Day Kimball Medical Group is proud to offer diabetes management as part of an enhanced coordinated care program through our 15 Primary Care Practitioners. These patients are seen in one of our four primary care practices located in Putnam, Dayville, Danielson and Plainfield.

According to the Centers for Disease Control and Prevention, diabetes is the 7th leading cause of death in Connecticut (2017 data). Additionally, based on the 2020 CT DPH Diabetes Statistics Report, in Connecticut, an estimated 9.7% of the adult population – approximately 275,500 adults age 18 years and older – have been diagnosed with diabetes (types 1 and 2). An additional 91,500 CT adults are estimated to have undiagnosed diabetes (2018 Behavioral Risk Factor Surveillance System data).

Detailed Table 1. Unadjusted prevalence of diagnosed diabetes among adults (18+ years) overall and by age groups, Connecticut, 2018

Characteristics	# of Respondents	Weighted Frequency	Weighted Percent	95% CI	CV (%)
All Adults	1,258	275,000	9.68	8.97-10.40	3.8
Age (years)					
18 to 44	70	29,000	2.42	1.77-3.06	13.6
45 to 64	484	117,000	12.19	10.88-13.50	5.5
65+	674	122,000	20.63	18.62-22.64	5.0

Note: CI = confidence interval; CV = coefficient of variation

Data source: 2018 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

About 34.5% of all US adults have prediabetes. However, only 9.1% of Connecticut adults have been told that they have prediabetes (2016-2018 BRFSS data).

In 2018, the total charges for inpatient hospitalizations with diabetes as any listed diagnosis were over \$3.9 billion with a median length of stay of 4 days. The total charges for hyperglycemic crisis were approximately \$93.8 million with a median length stay of 3 days. For hypoglycemia, the total charges were about \$15 million with a median length stay of 3 days.

Detailed Table 6. Unadjusted prevalence of prediabetes awareness among adults (18+ years) overall and by age groups, Connecticut, 2016-2018

Characteristics	# of Respondents	Weighted Frequency	Weighted Percent	95% CI	CV (%)
All Adults	2,049	229,152	9.14	8.60-9.68	3.0
Age (in years)					
18 to 44	227	58,695	5.13	4.32-5.93	8.0
45 to 64	879	101,449	11.97	11.04-12.90	4.0
65+	889	63,111	13.54	12.43-14.65	4.2

Note: CI = confidence interval; CV = coefficient of variation

Data source: 2016-2018 Connecticut Behavioral Risk Factor Surveillance System (BRFSS)

DIABETES

Currently we follow approximately 2,300 adolescents and adults living with Type I or Type II diabetes, pre-diabetes, or gestational diabetes to manage their condition and maintain their health. Specialized care plans are developed by providers with goals mutually developed with patient input. Within each of the practices the Nurse Care Coordinator works with the patients on an individualized basis to ensure the patient has the care needed.

Diabetes Self-Management Education and Support (DSMES) is a key step in preventing diabetes complications. An estimated 51.4% of Connecticut adults with diagnosed diabetes have ever taken a class on how to manage their diabetes (2016-2018 BRFSS data).

Day Kimball is working towards becoming an American Diabetes Association Accredited DSME site to help meet the educational needs of its community. Additionally, DKH has expanded its specialty care services with the establishment of a new endocrinology service line to help patients manage a variety of endocrine and metabolic disorders. Our community now has access to a multidisciplinary team approach for diabetes care with comprehensive case management and individualized treatment plans, close to home.

Our expert team includes a board-certified endocrinologist with over 20 years of clinical experience in endocrinology and metabolism as well as a full time registered dietitian and certified diabetes educator to provide education and instruction about how to perform diabetic self-care, including the importance of home blood glucose-testing, how nutrition and exercise impacts diabetes, strategies for lifestyle modifications; as well as, modalities based on the needs of individuals. Furthermore, now that we have a registered dietitian on board, we can also provide a more defined educational program to pre-diabetic patients in an effort to avoid a patient being diagnosed with diabetes and the associated sequelae.

Table 1. Number and crude rate per 1,000 adults with diabetes-related ED visits among Connecticut adults, Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2018 data.

Diagnosis	Number of ED Visits	Crude rate per 1,000
Diabetes as any listed diagnosis	111,511	303.6
Hyperglycemic crisis	131	0.4
Diabetic ketoacidosis	120	0.3
Hyperosmolar hyperglycemic syndrome	11	0.1
Hypoglycemia	1,804	4.9

Day Kimball Healthcare

DIABETES

Table 2. Number and crude rate per 1,000 adults with diabetes of diabetes-related hospital discharges among Connecticut adults, Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2018 data.

Diagnosis	Number of Hospital Discharges	Crude rate per 1,000
Diabetes as any listed diagnosis	80,374	218.8
Cardiovascular disease	70,675	192.4
Heart disease	46,769	127.3
Stroke	6,031	16.4
Non-traumatic lower-extremity amputation	840	2.3
Hyperglycemic crisis	2,218	6.0
Diabetic ketoacidosis	1,877	5.1
Hyperosmolar hyperglycemic syndrome	342	0.9
Hypoglycemia	500	1.4

As stated earlier, transportation issues have a negative impact on patients. Within our community, transportation is an issue for several of our diabetic patients. We do not have a public transport system; therefore, one of the issues that the nurse coordinator has to address regularly is to discuss options with patients regarding transportation to appointments and the ability to obtain prescriptions. Some of the options we have used are local transportation offered through patient's neighbors, church or senior center. Additionally, some insurance payers have resources through the payer's case management program for transportation, medication assistance, counseling, etc. Some of the pharmacies in our area do deliver medications to patients. We have found that the care plan needs to be tailored to the individual, since the barriers are different on a patient-by-patient basis; as well as, changes periodically as a patient's condition improves or worsens.

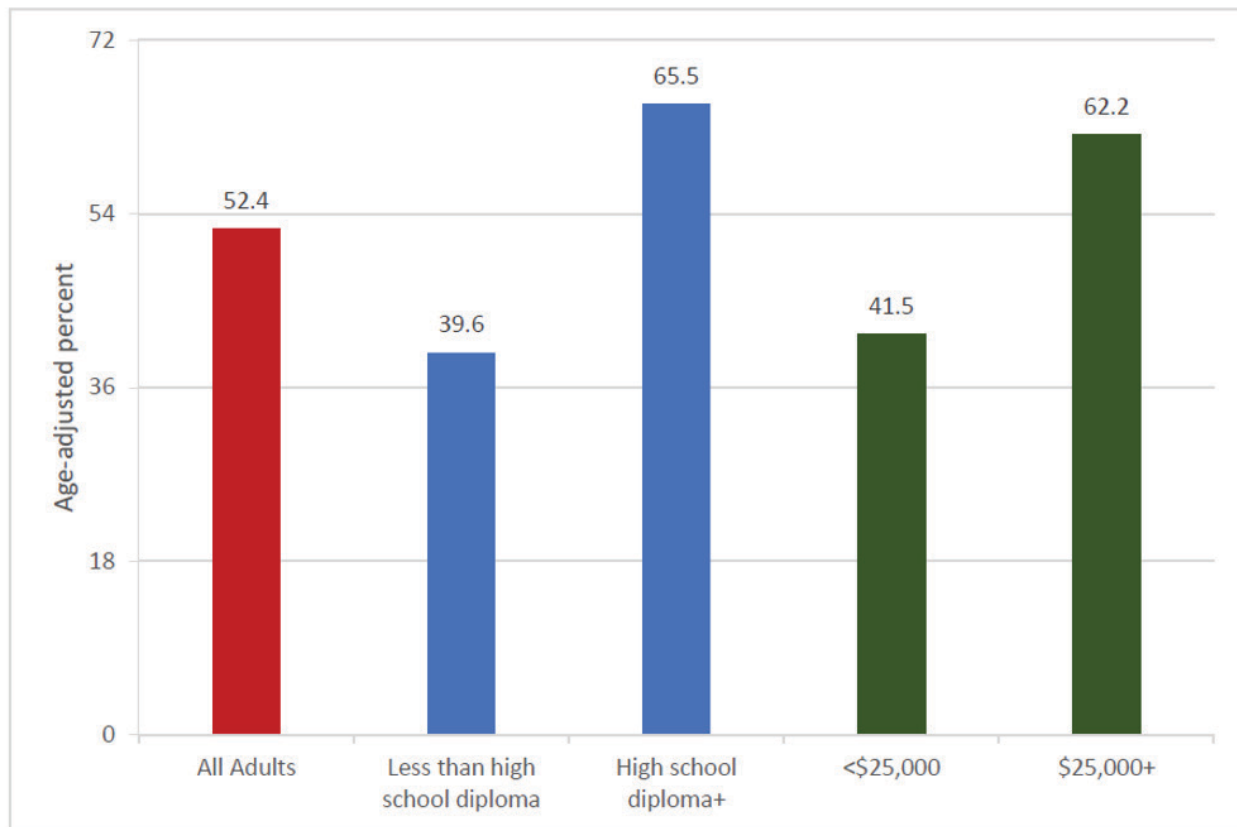
Table 3. Total and median charges (in dollars) and median length of hospital stay (in days) for diabetes inpatient hospitalizations, Connecticut Inpatient Hospitalization and Emergency Department Visit Dataset, 2018 data.

Diagnosis	Total charges (\$)	Median charges (\$)	Median length of stay (days)
Diabetes as any listed diagnosis	3,905,605,074.79	32,657.86	4
Hyperglycemic crisis	93,814,763.54	26,734.47	3
Diabetic ketoacidosis	83,368,477.50	27,956.95	4
Hyperosmolar hyperglycemic syndrome	10,690,921.55	21,204.82	3
Hypoglycemia	15,032,716.12	20,067.58	3
Diabetes as first-listed diagnosis	281,246,824.27	27,304.00	4

DIABETES

In our practices, each of our patient's quality measures is collected through the electronic medical record. For diabetic patients, these measures include: BP screening and control, completion of annual foot exam and eye exam, glucose screening and whether result is < 7; as well as, kidney function and cholesterol screening. Currently 50% of our diabetics have a HA1c <8. Our baseline measurement was 23% in 2012. We recognize that although we are making improvements, we still have more to do in the future.

Figure 13. Age-adjusted prevalence of ever taking a class on how to self-manage diabetes among Connecticut adults (18+ years) by educational attainment and annual household income, 2016-2018 Behavioral Risk Factor Surveillance System (BRFSS) data



CONCLUSION

As the region's only acute care facility and primary point of health care access for those who live in Northeast Connecticut, Day Kimball takes great pride in taking care of the community. Over the next year, DKH will continue development of its implementation plan to meet the needs identified in this assessment.

DKH plays a vital role in addressing the community's medical needs through community partnerships. Our service area is rich with organizations who can partner with DKH to better meet the needs of our community members. DKH will work towards addressing social and economic forces that concurrently impact the health and welfare of those we serve.

We want to thank all of the DKH staff, leaders, board members, and local organizations and regional and state officials for participating in our assessment process. We look forward to continuing our work as a health system and in partnership with other organizations across the region to make Windham County a healthier community.



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