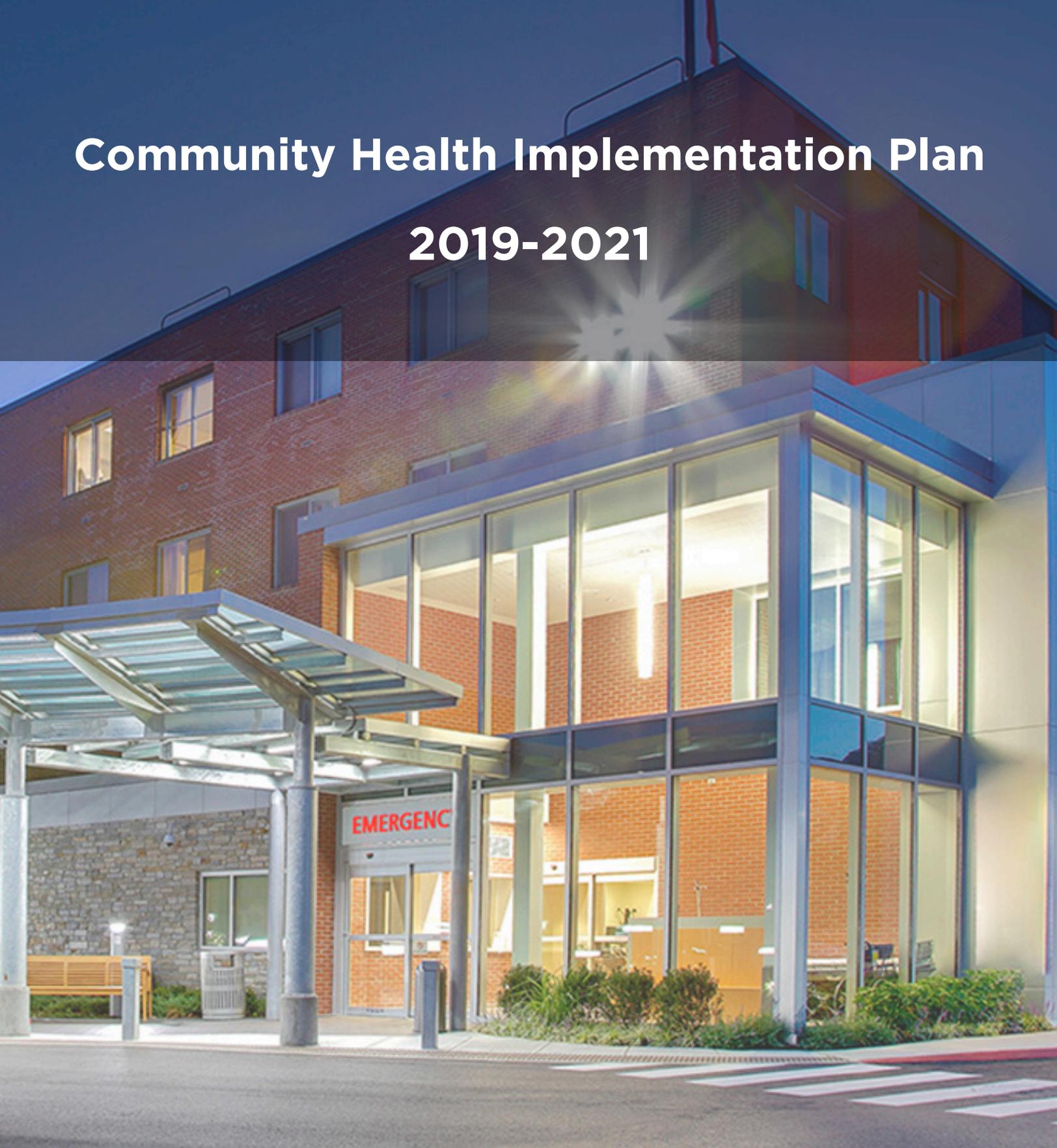


Community Health Implementation Plan 2019-2021



INTRODUCTION & OVERVIEW

Day Kimball Healthcare (DKH) is a premier provider of integrated healthcare services in Northeast CT and nearby MA and RI. In CT, our service area includes 450 square miles, spanning 13 of the 15 towns in Windham County.

We serve 70 percent of the approximated 100,000 residents of those communities through our high-quality, comprehensive medical services delivered by skilled medical professionals, close to home. We are also the largest employer in the region with approximately 80 percent of our employees living in the communities where we provide care.

In 2018, through a Community Health Needs Assessment, DKH took a broad look at the needs of individuals in our primary service area. DKH's primary service area, like many other rural health systems, presents our patient population with access barriers including lack of public transportation and limitations to specialty services. Our assessment, which is available on the Day Kimball website via https://www.daykimball.org/_resources/common/userfiles/file/Resources/2018_DKH-CHNA-final.pdf, identified six community needs. This implementation plan will outline those needs, DKH's goals to close those gaps, and our implementation strategy for doing so over the next several years.



NEED IDENTIFIED

Additional space and oncologists to treat the increased number of local cancer cases.

GOAL

Meet patient volume and space demands.

- » Recruit two medical oncologists
- » Explore partnership with a comprehensive cancer center
- » Expanded footprint of cancer center through a Capital Campaign



DKH saw an increase in both cancer visits and chemotherapy in the 20% range from 2017 to 2018. 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. We are recruiting two medical oncologists and exploring a partnership with a comprehensive cancer center. A partnership would allow DKH

to have access to clinical research, faculty and facilities that would enhance prevention, diagnosis and treatment for patients.

We also need to create a larger space; the environment that we care for our patients is not only the patient experience but necessary to ensure the most effective infection prevention and spread of disease. The new space has been identified, the architect has been hired, and the programming has been initiated. This will all be made possible with the Day Kimball Foundation's capital campaign efforts.

In addition, a new skin cancer institute is under development to begin addressing the undiagnosed melanoma and other skin cancers in northeast Connecticut. The institute would bring a pathologist, dermatologist and plastic surgeon together to treat patients.

NEED IDENTIFIED

To more effectively manage our pre diabetic and diabetic population.

GOAL

Create a Bariatric and Metabolic Service Line.

- » Recruit a Bariatric/ Minimally invasive Surgeon
- » Develop a hiring plan for diabetic educators



Diabetes is the 7th leading cause of death in Connecticut. At DKH we follow 3,500 patients with either Type 1 or Type 2 diabetes. These patients are managed by their primary care providers.

We are investing heavily in the development of an obesity care service line and a metabolic surgery service line to include physicians and clinical support staff. Diabetic educators will be a key component of these care teams.

Medically supported and metabolic surgery are both shown to have significant positive effects on the course of diabetes in the treated population. Development of these programs relies on recruitment. As of September 2019, we have a signed letter of intent with a bariatric/ minimally invasive surgeon. Business planning is underway.

NEED IDENTIFIED

Lack of neurologists in our community to help in both pre-stroke and post-stroke care.

GOAL

Have better access to neurologists at DKH.

- » Recruit a neurologist
- » Maintain and enhance telemedicine programs at DKH



As a Certified Advanced Primary Stroke Center, DKH provides excellent care in emergent patient care presenting with symptoms of stroke. However, the lack of neurologists in our community to help in both pre-stroke and post-stroke care. This is a problem nationally as there is a shortage of practicing neurologists in our country.

DKH is proud to offer telemedicine solutions for patients with certain acute needs. This has been successful in reducing our patient transfers and establishing a coordinated approach in our community hospital setting. Telestroke and Teleneurology are in place in our ED and ICU, through

partnerships with surrounding medical centers.

Our stroke care team collaborates with UMass Memorial Medical Center neurologists using cutting-edge bedside telestroke video-conferencing technology to rapidly diagnose and treat patients suffering a stroke via bedside telestroke videoconferencing technology. There have been 200 telestroke consults with neurologists from UMass from January to August 2019.

We are aggressively conducting a national search for neurology candidates to join the medical staff at DKH. We will also explore the available options to expand teleneurology and assess the feasibility for DKH

NEED IDENTIFIED

Child/Adolescent Psych Services.

GOAL

To grow our child/adolescent behavioral health program.

- » Recruit child/adolescent Psychiatrist
- » Recruit a neuro psychiatrist



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.

The supply of child and adolescent psych is limited but we are recruiting aggressively and it remains at the top of our list for new hires. Interviews are underway for child/adolescent psych. A new hire

would allow the current psychologist to serve in a more consultative role for children and families with complex needs.

Program evaluation is underway for neuro psychiatrist for behavioral testing. We currently do not have one at DKH and people often travel over an hour away to see one. The recruitment would allow for better access, keeping parents and children local.

We are evaluating the feasibility for additional programming, such as after-school group options, including Social Smarts group for autism spectrum children, and Dialectical Behavioral therapy (DBT) which we have done in the past for adolescents who struggle with mood regulation, depression/anxiety, and self-injury.

NEED IDENTIFIED

Addressing the local Opioid crisis.

GOAL

Increase education and alternative therapies.

- » Collaborate with community stakeholders to increase education
- » Maintain a commitment to enhanced recovery after surgery protocols across all services to reduce opioid treatment post surgery
- » Create a pathway for patients between primary care, behavioral health and opioid dependency treatment providers



The opioid crisis looms large in our community mirroring the state and national challenges. Each month, approximately 30 patients visit the emergency department with a suspected drug overdose. According to the Connecticut Department of Health, there are two overdose deaths a day in the state. Emergency room visits for opioid overdoses stabilized in the last two quarters of 2018, but the state's suspected opioid overdose is 1.7 times higher than the national average. This is an issue that DKH cannot solve alone. This is a community effort and DKH will ensure that we are participating in addressing it.

DKH is ensuring that we are a resource to the community by committing to local efforts. The Hale YMCA has been very active in 2019 to lead community education and prevention efforts. They applied for several grants and held a program called "Urgent Conversation" to educate our local

high schoolers about the dangers of drug use. The Hale YMCA Youth and Family Center, located in Putnam, CT, created a Substance Abuse Prevention Coalition. The coalition is led by their Program Director of Substance Abuse Prevention. Meetings began in August 2019 and DKH's Chief Nursing Officer is serving on the committee along with representatives from both the Putnam PD and State PD, Generations, Thompson Ecumenical Empowerment Group (TEEG), the Town of Killingly, 2 of our State Representatives, the Northeast District Department of Health and several other key organizations. DKH is working with Community Health Network of CT, INC. to understand specific geographic areas that need greater attention.

DKH has plans to create a pathway for patients between primary care, behavioral health and opioid dependency treatment providers. We currently have two licensed suboxone providers in the outpatient setting who continue to treat patients with addiction and a grant funded substance abuse counselor offered in the ED for real time crisis. We will also coordinate the care of these patients with their suboxone primary care provider will coordinate further addiction treatment with behavioral health counselors.

NEED IDENTIFIED

Lack of adequate transportation within the community.

GOAL

To positively influence availability of transportation services for our patients.

- » DKH supports any attempt to expand access to public transportation and enhance connectivity in our region
- » Explore grant opportunities that will help patients with transportation

Hospitals are at the cornerstone of addressing patient care access and other social determinants of health, but overcoming transportation challenges must be a community-wide effort. Collaboration between health policy makers, urban planners, and transportation experts could lead to creative solutions that address transportation barriers to health care access while considering patient health, cost, and efficiency.

We know the value that transit service provides to residents throughout Eastern CT. When patients cannot get to their health care provider, they miss the opportunity for evaluation and treatment of chronic disease states, changes to treatment regimens, escalation or de-escalation of care and, as a result, delay interventions that may reduce or prevent disease complications. By the year 2022, the 65 and older age group will increase by 17% in DKH's primary service area. This escalates the need for DKH to assist with a solution for transporting people to and from non-emergency medical appointments. Therefore, DKH supports any attempt to expand access to public transportation and enhance connectivity in our region.

DKH is supporting local initiatives to close the transportation gap. Within the past year, once the need was identified, DKH supported two organizations through formal letters of support.

» In August 2019, Day Kimball Healthcare (DKH) was pleased to support the Quiet Corner Transit Inc. and its request for funds to restore transportation services for seniors, veterans, women in need, and disabled residents within the Quiet Corner area. Rates will be affordable and the

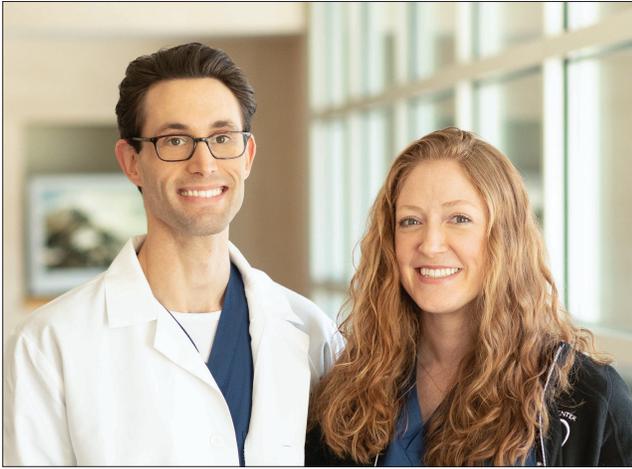
company's founder has worked in the medical field, understanding the special needs of patients and the impact reliable transportation can have on a person's health.

» January 2019, Day Kimball Healthcare (DKH) was pleased to support The Northeastern CT Transit District (NECTD), the Northeastern CT Council of Governments (NECCOG), and the Town of Plainfield's request for funds to re-introduce full day transit service for the people of Plainfield.

Day Kimball Healthcare will utilize their grant writer to assist with closing the transportation gap for specific patient populations. For example, DKH will be applying for a Pink Aid grant in November 2019. Day Kimball Healthcare is dedicated to increasing access to breast cancer care for low-income, at-risk uninsured, and underinsured women through its commitment to removing hidden cost barriers and providing compassionate services to those in need when no other financial support is available.

With Pink Aid grant funds, Day Kimball Homemakers will relieve some of the financial anxiety their patient's face by providing compassionate care services to those diagnosed with breast cancer. Day Kimball Homemakers will offer these services to no less than 10 patients that have been diagnosed with breast cancer by providing the following financial support services including transportation and travel companion services for medical appointments, shopping and errands. With funding from "Pink Aid", our breast cancer patients will be ensured the encouragement and gentle, compassionate care needed to improve their psychological awareness and quality of life.

RESOURCES AND EVALUATION



Day Kimball Healthcare will commit both financial and in kind resources to ensure the effective implementation of the initiatives described in this document, in order to meet the needs outlined in the Day Kimball Healthcare 2018 Community Needs Assessment Plan.

Resources include but are not limited to: hiring additional clinical staff, physicians and surgeons, cost of recruiting those positions, grant writer time devoted to grant writing, staff time devoted to collaborate with local agencies, charitable contributions from the Day Kimball Foundation, and employee volunteer-

ism. Throughout our implementation, specific metrics will be used to track and assess our progress. Based on our performance we will adjust our implementation strategy as necessary.