



New London Hospital
Dartmouth-Hitchcock

The New London Hospital Association, Inc.
2021-2023 CHNA Improvement Plan

EXECUTIVE SUMMARY

The purpose of the following Community Health Improvement Plan (CHIP) is to describe how New London Hospital Association, Inc. (NLHA) will improve the health of the community through investments in community-based population health strategies in the communities it serves in our 15 town service area in the Lake Sunapee Region; how these investments align with identified community health needs; and what broad outcome goals NLH is striving to achieve through these investments.

This document also serves as a compliance need. The Patient Protection and Affordable Care Act of 2009 require not-for-profit hospitals to develop and act on a recorded CHIP. Community Health Needs are identified through community surveys, focus groups, key informant interviews and objective data gathered from state and federal registries. The CHIP aligns with what is reported on the Federal IRS Form 990 Schedule H, *Hospitals* community benefit tax filing to demonstrate how not-for-profit hospitals meet their charitable mission.

In the first quarter of 2021, NLHA conducted a CHNA. The results of that assessment, along with demographic data and health status indicators from state and federal resources, identified priority community health concerns. Cost of care (health insurance, health services and prescription drugs), access to behavioral health services and substance misuse prevention are in the top five priorities. Other priorities areas identified in the community survey were child neglect, food insecurity, access to treatment and recovery services, youth tobacco use, and access to care. While healthcare for seniors, prevention and treatment of cancer and domestic abuse were identified as a top ten priority in 2018 these specific priorities did not come forward as a top priority area in the 2021 CHNA.

The following CHIP identifies the support NLHA provides to our community. Where we do not take a lead role, we participate with our community partners to support their work, understanding a coordination of efforts is required to make an impact on the complex social issues we face.

Our collective effort is our best strategy to move toward improved health and well-being. Our Community Health Assessment Partners were: Dartmouth-Hitchcock, Valley Regional Hospital, Mt. Ascutney Hospital and Health Center, Alice Peck Day Memorial Hospital, Visiting Nurse and Hospice for VT and NH, and Lake Sunapee Region VNA and Hospice.

2021 Community Health Improvement Planning Team

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Lindsey Lafond, Community Health Worker
Taralyn Bielaski, Community Health Coordinator
Jenny Albee, Physical Therapist and MPH Student
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IDENTIFIED 2021 CHNA PRIORITY NEEDS

FY 2021 CHNA Identified Priority Areas	Survey Priority Rank	Page
Cost of health insurance	1	2
Access to behavioral health services	2	4
Cost of health care services	3	2
Cost of prescription drugs	4	2
Substance misuse prevention	5	5
Access to Food	6	6
Access to SUD treatment and recovery services	7	5
Child abuse and neglect prevention	8	8
Access to primary care services	9	9
Youth tobacco use and vaping prevention	10	5
Community partner collaboration and financial contributions	Additional Priority	10
Access to healthy eating and active living programs & resources	Additional Priority	6

Priority Areas: 1, 3 and 4	Current State Indicator	Programs, Strategies, Actions	Resources	Measure	Measure Target
Cost of Care (health insurance, healthcare services and prescription drugs)	The estimated proportion of people with no health insurance has declined in the NLH service area from 8.1% in the 2018 community health assessment to 6.3%, NH overall is 5.9%	Financial counseling to assist community members in the Health Insurance Marketplace, Medicaid and general financial counseling.	Outsourced service to Conifer	N/A	
		Collaboration with Service Link re: a Medicare specific (Healthy Conversation) CM & CHW trained to offer presumptive eligibility (10)	Staff	# Participants	>10 Healthy Conversation participants a year for Medicare discussion
	The % of the population with Medicaid or no insurance coverage (16.4%) is lower than NH overall at (19.2%)	Support Tiger Treatment Center at Newport Middle High School, only site in the state	1 Provider on-site at NMHS, 8-9AM, Mon-Wed-Fri	#Student Visits	>75visits per year Year two & three >100 visits per year
		Provide Medication Bridge assistance counseling on-site at NHC for free or low cost medication options, Provider referrals from NL	24 hrs./week staffing	#Patient encounters	>350 patient encounters per year
		Net Community Benefit Expense*	\$3,492,435	N/A	
		Provide Gas Cards to/from medical services and hospital inpatient	\$200.00 annually	#Gas cards distributed	>10 cards

		Support Care Management services for patients – both inpatient and ED	Care Management Team: Director, team of 10 staff + CHW and MSW in Practices	N/A	
		Support Transitional Care Nurses in both New London and Newport Practices	3 RN's (2 FT and 1 PD)	N/A	

*Schedule H (form 990) for year ending FY20

Priority Area: 2	Current State Indicator	Proposed Programs, Strategies, Actions	Resources	Measure	Target
Access to Behavioral Health services	Suicide deaths per 100,000 people; any cause or mechanism is 18.5 compared to 17.3 (NH)	Offer or support FREE NAMI Connect Suicide Prevention Training classes in region – collaboration with GS-PHN	Certified on-site Instructor	# Classes	2 classes per year
	Self-inflicted harm – ED visit, age adjusted rate per 100,000 population; Greater Sullivan County PH region 218 compared to 196 (NH)	In collaboration with Kearsarge Community Network (KCN) support Mental Health First Aid Classes (Adult/Youth)	Staff	# Classes	2 classes per year
		Collaborative Care Model: Provide psychiatric coverage (NP and MSW) in New London (2 days) and Newport (3 days), as well as, ED – Call Service	Staff	Implement Model	Implement model by November 1, 2021 Years 2 and 3 – track patient visits
		Provide leased Space at Newport Health Center, Mon-Fri for Counseling Associates Admin, On-site counseling 3 days per week	Expanded collaboration and leased space	N/A	N/A

	Psychiatrist FTEs per 100k population (1.8) are less than half the FTE capacity in NH overall (5.0 per 100k population).				
		Explore hosting or supporting support groups in region for Substance Use Disorder and Behavioral Health	Possible meeting space or support/referrals: NAMI, Better Life Partners and Aware Recovery	N/A	
		Contract with D-H tele-psychiatry for inpatient and emergency department patients, contract with Vicki Anderson	Contract with D-H	Utilization	Track utilization in FY22
		UniteUs referral platform	Staff	Registering/Training, #closed loop referrals	TBD, estimate 7-2022 #TBD

Priority Areas: 5, 7, 10	Current State Indicator	Proposed Programs, Strategies, Actions	Resources	Measure	Target
Substance misuse prevention, and access to treatment and recovery	Drug & alcohol related – ED visits, age adjusted rate per 100,000 population; Greater Sullivan County region 50.6 compared to 140.1 NH overall	Collaboration with GSC-PHN Substance Misuse Prevention Coordinator(s) for community prevention initiatives	Staff and office space	# Community events	>2 events per year
Youth tobacco use and vaping prevention		MAT Program (NHC, NLH and ED) in collaboration with D-H, Counseling Associates and BetterLife Partners	Staff, education	Number of x-waivered Providers New BUP starts- in both Practices & ED	>12 x-waivered Providers by June 30, 2022 >12 BUP starts *Closed loop referrals-Unites

<p>Overdose deaths per 100,000 people; Sullivan County 16.2 compared to NH overall 29.2</p> <hr/> <p>Engaged in binge drinking in past 30 days. % of youth; Greater Sullivan County region at 17.2% of female compared to 14.8% NH overall</p>	<p>In collaboration with the GS-PHN support community/employee education and distribution of Naloxone / Narcan Kits</p>	Staff	#participants	>25 participants
	<p>Provider orders for Narcan kits</p>	Staff/training	Process Improvement for Practices, inpatient & ED	Process improvement by end of calendar year 2022
	<p>Explore EMS /ED distribution of Narcan kits and deterra bags to families of patients</p>	Staff		
	<p><i>Implementation</i> of the electronic Adult Screener on tablets</p>	Staff/training	<p><u>Year 1</u> Implement Collaborative Care Model and required screening</p> <p><u>Year 2-3</u> Automated adult screener at NHC and NLH</p>	Date of implementation TBD
	<p>Collaboration with the Regional Greater Sullivan County 360 Coalition and the COMPASS SUD Coalition</p>	Staff representation on coalition and at events	#meetings	
	<p>Distribute Deterra Bags as a prevention method</p>	Staff	#bags distributed	>200 bags per year

		Support Drug Take Back events	Partnership with COMPASS, PD and GS-PHN on 2 events	#Pounds	>500 pounds per year
		Explore on-site medication drop off bins	Staff Cost of bins and pick-up service	Proposal	Develop a proposal based on information by the spring of 2022
		Medication Safety Education within the community	Staff	#Participants	>25 participants year

Priority Area: 6	Current State Indicator	Programs, Strategies, Actions	Resources	Measure	Target
Food Security <hr/> Access to Healthy Eating and Active Living (HEAL) programs & resources	Experienced food insecurity , past year: Sullivan County 10.1% compared to 8.8% NH overall <hr/> Ability to buy and eat healthy food, was in the top 5 among residents under age 45	NHC & NLH Mobile Farm Stand for food insecure patients	Current grant Staff time	#Patients	>30 patient average weekly per season
		Emergency Food Cards: \$20 food cards for food insecure patients in Inpatient and Practices	Current grant Staff time	#Cards distributed	>20 cards annually
		FVRx Program: \$15 Rx voucher for class participation	Current Grant Staff time	#Participants	>25 participants annually
		Little Free Pantries	Staff time	Restocking frequency	>26 weeks required

		CHW & MSW connect patients with state and local programs (SNAP, WIC, pantries) and enrolls patient in NLH programs	Staff	#Patients	>100 patients per year enrolled in food access programs *Need process to measure
<p>Adults aged 20+, percent obese: Sullivan County 33.4% compared to 26.4% NH overall</p> <p>High school students, percent obese, GSCPHR 16.5% compared to 12.8% NH overall</p>		Support a Know your numbers (BP) campaign with Higi Health Kiosk	Current Grant Staff	#Visits to Kiosk	>1500 visits per year
		Community HEAL project or event in collaboration with partners	Staff	# Collaborative HEAL Efforts	2 per year
		Support a 12-month CDC Diabetes Prevention Program (DPP)	Staff	#Participants	>10
		FEED Kearsarge Tray it Forward – tray distribution, education, community gardens	Staff	# Trays	>350 trays a year
		Offer and support Free Nutrition Education	Staff time	#Classes	>2 Classes
		Active Transportation - collaboration with the New London Bike Walk Coalition	Staff	#Collaborative efforts	>2 per year
		Explore extension of the Hospital Community Power Line Trail to	Staff	Trail Completion	Completed by 12-2022

		Parkside Rd. to connect Lyon Brook Trail through a collaboration with the NL Conservation Commission			
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Priority Area: 8	Current State Indicator	Programs, Strategies, Actions	Resources	Measure	Target
Child Abuse/ Neglect Prevention Family Strengthening	8.2% of children in the NLH service area live in households with incomes below the federal poverty level compared to 9.2% NH overall Two towns have child poverty estimates over 15%: Goshen (15.9%) and Croyden (23.7%) Substantiated child maltreatment victims, rate per 1,000 children	CHW role in Pediatrics in New London – increase referrals	Staff	#Referrals	>24 referrals year
		Car Seat Checks	Staff	Event	1 event per year
		TLC onsite at NHC, and explore need in NL	Office Space	Office Time	1 day per week – pause due to COVID
		D-H Midwife on-site at NHC and explore need in NL	Office Space	Office Time	1 day per week
		Recruitment Staff participation in Project Search Board, CSC /KRHS student preparation programs <i>and explore NLH Recruiter KCN sub-group participation</i>	Staff	#meetings	>6 meetings
		Maternal Depression Screening post-partum at 2-week newborn visit (screening) at NHC,	Staff	Screening implemented	Date TBD in early 2022

	under age 18: Sullivan County 5.3% compared to 3.5 NH overall	explore/implement in New London			
		Reach Out and Read Program – Peds only in Newport, New London	Current Grant	N/A	
		Gun lock distribution in collaboration with the D-H Injury Prevention Center	Staff	#Locks	>24 locks
		Diaper Banks – both locations	Current Grant, Staff	N/A	
		Collaboration and support of Kearsarge Community Network (KCN) on community consecutiveness, workforce development and community education to target Community Resiliency	Staff	#meetings	>6 meetings per year

Priority Area: 9	Current State Indicator	Programs, Strategies, Actions	Resources	Measure	Target
Access to Primary Care Services	Currently more demand for services than staff	Recruit and hire staff	Staff	#Job openings	<5 job openings in NLH Practices by June 30, 2022 (NLH)
		MyDH Utilization	Marketing	% of growth of patients utilizing the system	>60%

	Primary Care FTE per 100k population: GSC-PHR 18.7 compared to 42.3 in NH overall	Explore early AM hours in New London	Staff	N/A	Year one – staffing priority, Years two and three explore expansion
		Explore team based care model in Medical Group – New London	Staff	N/A	Year one – staffing priority
	Percent of adults who report having a health care provider: GSCPHR 86.8% compared to 87.5% NH overall	Express Care – a fast, convenient way for patients to access high quality care	Staff	#Visits	>600 visits per month

Additional Area:	Current State Indicator	Programs, Strategies, Actions	Resources	Measure	Target
Community Partner Collaboration and Financial Contributions	N/A	Support, lead, participate in multi-sector Public Health Coalitions and Boards.	Community Health Staff	#Coalitions, PH organizations	>10 organizations
		Promote Staff Participation on Statewide Boards of Directors and Committees	Leadership, SLT and Staff	#Boards	>10 Boards and committees
		Provide and support Meeting Space for	Meeting Space	#Community Groups	>10 groups 23 in 2019

		community partners (AA, Rotary, Clergy)			Pause due to COVID in 2020
		Support of health-related community activities	Monetary Contributions and sponsorships	\$12,000	>\$12,000