Partnering to improve health for all.

Foundation *for* Healthy Communities

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Executive Director's Message

Peter Ames, MPH
Executive Director

The Mission of the Foundation for Healthy Communities is the reason why we exist and a direct reflection of our principles. After completing a strategic planning process, the Board of the Foundation decided to review the Mission Statement to make sure it best communicated our values and our purpose. After a year-long process in 2020, I'm pleased to share with you the updated Mission Statement, which vividly communicates who we are today and will help guide us into the future:

To build healthier communities for all by leading partnerships, fostering collaboration, and creating innovative solutions to advance health and health care.

Our commitment to improving health and health care for all people continues to drive everything that we do, and it is our partnerships that allow us to deliver on this Mission. We look forward to continued and new partnerships as we further our impact under this new Mission Statement.

Yours in Health,

Peter

New Hampshire Hospitals Provide Over $496.7 Million in Community Investments

Foundation releases
2020 Community Benefit Report:
An Overview of Hospital Charitable Activities

New Hampshire's hospitals provided more than $496.7 million in community benefits in 2018, according to the ***2020 Statewide Community Benefit Report: An Overview of Hospital Activities*** recently released by the Foundation for Healthy Communities.

Hospital community benefit programs are designed to provide increased access to care and address population health inequalities for vulnerable patients. This includes financial assistance provided, unreimbursed costs of patient care, free or low-cost immunizations, charitable

contributions, family support services, health education and community building activities. Community benefit investments include:

- Health services for vulnerable or under-served people
- Financial or in-kind support of public health programs, such as management of chronic diseases like asthma and diabetes
- Donations of funds, property, or other resources that contribute to a community priority, such as obesity, substance abuse, or health care services for the homeless
- Health care cost containment activities, like free health education programs that can help people manage their conditions without the need for more costly services
- Health screening and prevention services

The statewide community benefit report is published annually by the Foundation and its affiliated organization, the New Hampshire Hospital Association, to demonstrate the impact of New Hampshire hospitals and health systems beyond the traditional hospital care setting. The 2020 report represents data collected fiscal year 2018 data from 24 non-profit New Hampshire hospitals as they reported to the IRS to quantify hospital contributions, such as unreimbursed costs, uncompensated care and other free, discounted and unique programs that are critical to the health of New Hampshire communities.

Download the 2020 Community Benefit Report

Study Examines Barriers to Patients Receiving the Right Care

Foundation Releases 2020 Barriers to Care Report

Ideally, any person needing health care should receive it in the setting most appropriate to meeting their individual needs. Unfortunately, in New Hampshire, there are many patients who no longer require acute care in a hospital setting and who are medically cleared for discharge, but who are unable to leave. The delay in discharges is due to a variety of issues, which are often complex ***barriers to care.*** These delays can have a profound effect on patients, along with their families, caregivers, and health providers. This report represents the 4th time data has been collected statewide to highlight the ongoing issues confronting New Hampshire's healthcare systems, with previous reports published in 2015, 2016 and 2017.

Although the data and analysis in ***this report*** reflect data pre-COVID-19, it is imperative to acknowledge the additional challenges and barriers to discharge that have arisen since the onset of the pandemic in March 2020. During this outbreak there have been significant impacts to the ability of patients to move appropriately along the continuum of care. This study offers some insights to these new barriers to discharge, although it must be acknowledged that the listing of all possible extenuating factors remains incomplete.

This report provides a snapshot of the barriers to care preventing timely hospital discharge experienced by patients in all 26 acute care hospitals and 1 specialty hospital in New Hampshire between August 1 and October 31, 2019. Each one of these patient experiences contributes to a significant cumulative financial and human cost during this three-month period. Although this data pre-dates the COVID-19 public health emergency, it remains not only relevant but continues to underscore the urgency needed to address long-term as well as newly highlighted issues.

Key Findings

- 643 individuals were delayed in discharge, 60% were aged 65 or older, 45% had Medicare as their primary insurance, and 82% were New Hampshire residents
- 1,037 barriers to care were reported. (More than one barrier could be identified for each patient.). Barriers were divided into 5 major topic areas:
    - 38% Housing: unable to access a place to live with appropriate supportive care
    - 26% Insurance: difficulty with Medicaid application process or under-insured
    - 18% Assistance Needed: unable to access needed mental health care, transportation or specialty care
    - 10% Decision-Making: Person lacks decision-making capacity and/or needs a guardian

- 8% Other: other barriers including history of IV drug abuse, sex offender or criminal record

On average, a person spent **17 extra days in the hospital after being medically discharged**. 65 patients experienced delays > 40 days, and 18 patients had delays > 100 days, including one individual spending an additional 495 days in the hospital.

A total of **10,598 additional, medically unnecessary patient days** were reported. This translates to an estimated **$27,028,7221 in additional unreimbursed acute care costs for New Hampshire hospitals** in this three-month period.

Download the Barriers to Care Report

Working Together to Address the Mental Health Crisis in New Hampshire

A Behavioral Health Clinical Learning Collaborative Update

The Foundation for Healthy Communities' Behavioral Health Clinical Learning Collaborative is a grant funded program designed to address the management and treatment of patients experiencing mental health crises in the emergency department (ED) setting while they wait for the appropriate disposition and services. The Collaborative is funded by the Endowment for Health and New Hampshire Charitable Foundation.

The Collaborative partnering members are statewide clinicians and staff from hospital emergency departments, community mental health centers and numerous interested stakeholders. The members believe we need to share standards to address the mental health crises specifically in the ED setting. Two strategies created thus far from the Collaborative are the ***Suicide Screening & Intervention Toolkit for New Hampshire Emergency Departments*** and a ***Trauma-Informed Care Pilot Project***. Highlights of each are featured below.

Suicide Screening & Intervention Toolkit for New Hampshire Emergency Departments

An agreed upon priority identified by Collaborative members was to examine and implement opportunities to standardize the use of the Columbia-Suicide Severity Rating Scale (Columbia) in NH Emergency Departments (ED). The Columbia is an evidence-based tool that allows ED staff members to screen quickly for suicidality and provide clinical decision support to help determine next steps in care.

The Behavioral Health Clinical Learning Collaborative created the ***Suicide Screening & Intervention Toolkit for New Hampshire Emergency Departments*** to outline recommendations for suicide screening in the EDs based on current evidence, experience, and input from Collaborative members and stakeholders. Currently, 23* of the 26 acute-care hospitals in NH currently have access to the Columbia in their emergency departments, however, use of the Columbia varies amongst hospitals. The goal of the project is to invoke confidence and support for screening staff and provide guidelines to determine further assessment and management needs for those with suicidal risk. Referring to standardized screening questions can support clinical staff in speaking the same language and collaborating efficiently and effectively with their care team partners. We believe that standardizing the screening process throughout the state will help to reduce the burden on our limited resources while assisting patients in receiving the right level of care.

**The final 3 hospitals are planning to implement the Columbia by the end of 2021.*

Trauma Informed Care Pilot Project

The Behavioral Health Clinical Learning Collaborative created a timely pilot project in May 2020 with Cassie Yackley, Ph.D., a clinical psychologist, master trainer and trauma-responsive practice content expert. Dr. Yackley and the Collaborative worked with select staff from two community mental health center emergency services teams at The Mental Health Center at Greater Manchester and Riverbend Community Mental Health Center and their respective

partner hospital emergency departments at Catholic Medical Center and Concord Hospital. The staff were educated and trained on trauma-informed care principles and implemented an individualized trauma-informed strategy within each of their ED settings.

Bianca Ciuffredo, a clinician with the Mental Health Center of Greater Manchester who is well versed in working with patients in the ED, summarized her experience in the pilot project. *"What we might describe as 'problem behavior' is part and parcel of the Shame/Blame cycle that many individuals with trauma experience. Clients presenting with problematic behaviors (child maltreatment, Substance Use Disorders, suicidal behavior, dangerous behavior) tend to feel shamed or blamed, which results in those folks not engaging or transcending from the situation. We recognized, through the project, that a culture shift is required of all of us, especially while working with individuals experiencing a mental health crisis who have a history of trauma. We are seeing the effects of the Covid-19 pandemic are compounding traumatic times for all of us, and we are seeing the effects on clients in the EDs - from individuals who we are very familiar with, to those whom we have never met. Asking 'what's wrong' with a person implies that he or she 'did something wrong' vs. asking 'what happened to you?' implies that the psychiatric crisis is not by any means the patient's fault. In my experience, this knowledge base has helped to develop rapid therapeutic rapport, which is crucial in emergency settings. To be able to develop a relationship, even in a crisis, increases the chances that a client will feel safe, even going so far as to mitigate the disrupted neurodevelopment of deeply traumatized individuals."*

The accelerated pilot project at the Collaborative provided both foundational and practical sessions on trauma-informed care to help the teams begin to develop tools and approaches to improve the safety and support in our ED and CMHC settings.

Learn more about the Behavioral Health Clinical Learning Collaborative and its priorities by contacting Nancy Fennell, Director, at 603-415-4276 or nfennell@healthynh.org.