



Community Health Needs Assessment 2022



Approved and adopted on September 30, 2022 by the
Gaylord Specialty Healthcare/Gaylord Hospital Board of Directors.

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2022 CHNA EXECUTIVE SUMMARY

The Community Health Needs Assessment (CHNA) is a part of the Patient Protection and Affordable Care Act that helps ensure that nonprofit hospitals have the information needed to identify needs and enhance benefits to the communities they serve. Through data collection every three years, the assessment and strategies developed help Gaylord prioritize service improvements based upon engagement with the community served and improve the coordination of community benefits with other efforts to improve community health.

Gaylord Specialty Healthcare comprises three components: Gaylord Hospital, a 137-bed long-term acute care hospital (LTACH); Outpatient Services, which offers more than 30 programs for a variety of medical conditions; and Gaylord Physical Therapy which provides orthopedic rehab for those recovering from injury or surgery.

As an LTACH, Gaylord patients are referred directly from acute-care hospitals. The key distinction of patients cared for in an LTACH is the multiplicity of diagnoses and problems leading to an aggregate of care needs that extends beyond the capabilities of a typical acute-care hospital. Our comprehensive discharge planning process educates patients and families about the available hospital and community resources that can help them address the ongoing psychosocial, educational, career and medical issues they may face following their diagnosis or accident.

The assessment examined a variety of indicators, including barriers to care, workforce challenges, health conditions, and adaptive sports programs. Research targets included referring providers from acute-care hospitals, hospital staff, patients, participants from support groups, and adaptive sports program participants living with permanent physical or visual disabilities. Data from state and national resources were also included in the assessment.

Gaylord's mission is to enhance health, maximize function, and transform lives. Because of the unique needs and widespread geography of our patient population, our strategies are designed mainly to support our patients as they transition in the broader community, improving community health through better care, improved access, and enhanced activities.

Community Health Needs Implementation Plan

Based on the feedback from our unique communities, Gaylord will focus on the following priorities over the next three-year cycle:

- Expanding care and education for individuals involved in workplace injuries, as well as their employers and insurance carriers
- Offering expanded neurological outpatient therapy services to reduce barriers to care
- Enhancing outreach to regain and grow participation in adaptive sports and recreational programs
- Addressing workforce shortages through LTACH-specific CNA education classes with bedside clinical training

The final report of the CHNA was made public on September 30, 2022 and is found on the Gaylord Specialty Healthcare website at www.gaylord.org. Paper copies are also available upon request from publicrelations@gaylord.org. The Gaylord Board of Directors approved the CHNA on September 30, 2022.

AN OVERVIEW OF GAYLORD SPECIALTY HEALTHCARE

Gaylord Specialty Healthcare is a rehabilitation-focused, nonprofit health system that provides inpatient and outpatient care for people at every point in their journey from illness or injury to maximum recovery. It is anchored by Gaylord Hospital, a long-term acute care hospital, and includes Gaylord Outpatient Services and Gaylord Physical Therapy for patients who require diagnosis and treatment on an outpatient basis. Gaylord offers many unique programs, including the state's only transitional living facility for people with acquired brain injuries. Gaylord's Milne Institute for Healthcare Innovation is a hub for accelerating world-class rehabilitative research, technology development and innovation to improve the quality of life and function of people around the world. A newly launched residency program in physiatry, a joint program with UConn School of Medicine and Hartford Hospital, will educate the next generation of rehabilitation doctors in Connecticut and beyond. Together, these entities deliver a complete continuum of rehabilitative care driven by clinical experience, innovation and human compassion.

Gaylord Hospital, located in Wallingford, Connecticut, is a nonprofit, inpatient care setting operating 137 private beds for those who need intensive medical rehabilitation following an acute illness, traumatic accident or other serious health event. Licensed as a long-term acute care hospital (LTACH). Gaylord patients are admitted directly from acute care hospitals and require a complex aggregate of long-term medical, nursing and respiratory care that extends beyond the capabilities of a typical acute care hospital. Situated on a 400-acre campus that includes walking paths, sports facilities and aquatics, Gaylord serves a mix of local, regional, national and international patients.

Gaylord Outpatient Services features neurological physical, occupational and speech therapy, complemented by medical, respiratory and nutrition expertise to serve patients with multi-faceted medical conditions. With nearly 30 programs and unique rehabilitation technology, Gaylord seeks to restore mobility and function for every patient. Patients have the option of choosing services on the main campus in Wallingford, or in our North Haven location.

Gaylord Physical Therapy facilities are located in Cheshire, Cromwell, Madison, North Haven and Wallingford, Connecticut, where highly-trained physical therapists help patients regain their maximum level of physical performance following targeted, individual goal-based plans. Gaylord physical therapists are experts in recovery from many types of injuries and medical conditions. They employ leading technologies and proven techniques, such as Alter-G, ZeroG, BITS and Aquatic Therapy, to accelerate the recovery of motion and function.

Gaylord by the Numbers



1902
year founded



925
of Gaylord employees



5 Outpatient locations
• Cheshire
• Cromwell
• Madison
• North Haven
• Wallingford



169
of towns in CT
served by Gaylord

1,465
inpatient admissions per year

366
COVID inpatient
discharges

137
inpatient beds

About Gaylord

Gaylord Specialty Healthcare is a rehabilitation-focused, **nonprofit** health system that provides inpatient and outpatient care for people at every point in their journey from illness or injury to maximum recovery. It is anchored by **Gaylord Hospital**, a long-term acute care hospital, and includes **Gaylord Outpatient Services** and **Gaylord Physical Therapy** for patients who require diagnosis and treatment on an outpatient basis. Gaylord's **Milne Institute for Healthcare Innovation** is a hub for accelerating world-class rehabilitative research, technology development and innovation to improve the quality of life and function of people around the world. The newly launched **residency program in Physiatry**, a joint program with UConn School of Medicine and Hartford Hospital, will educate the next generation of rehabilitation doctors in Connecticut and beyond. Together, these entities deliver a **complete continuum of rehabilitative care** driven by clinical experience, innovation and human compassion.

94,514
outpatient visits in
FY2021

1st
Post
COVID support group



ONLY ONE IN CT
residential living facility for people
with acquired brain injuries

ONLY ONE IN USA



Only LTCH with this
level of accreditation for
CARF in inpatient and
outpatient rehabilitation

specialty accreditations for:
• brain injury specialty program
• spinal cord program
• stroke specialty program



98%
of patients are likely to
recommend Gaylord

1 MILLION+
STEPS TAKEN
1st in CT
Ekso bionic suit



9/2022

LOCATIONS

Gaylord Hospital

50 Gaylord Farm Road
Wallingford, CT 06492

Gaylord Outpatient Services

Neurological Physical, Occupational and Speech Therapy, Medical Services and Orthopedic Physical Therapy Services

50 Gaylord Farm Road
Wallingford, CT 06492

Gaylord Physical Therapy

1154 Highland Avenue
Cheshire, CT 06492

Gaylord Outpatient Services

Neurological Physical, Occupational and Speech Therapy and Orthopedic Physical Therapy Services

8 Devine Street
North Haven, CT 06473

Gaylord Physical Therapy

50 Berlin Road
Cromwell, CT 06416

Gaylord Physical Therapy

28 Durham Road
Madison, CT 06443

MISSION, VISION AND VALUES

- Mission – To enhance health, maximize function and transform lives.
- Vision – To be a recognized and acknowledged destination for rehabilitation and complex medical care providing high-quality, patient-centered, compassionate, team-based healing at every point in the journey from illness or injury to maximum recovery.
- Values – Clinical excellence, compassion, integrity, respect, accountability and a commitment to safety.

ABOUT THE COMMUNITY HEALTH NEEDS ASSESSMENT

The Community Health Needs Assessment (CHNA) ensures that nonprofit hospitals have the information and data needed to inform decisions related to meeting the specific needs of the communities they serve.

Conducting a CHNA is a best practice for improving community health and quality of life. The Internal Revenue Code 501(r)(3), as set forth by the Patient Protection and Affordable Care Act, requires nonprofit hospitals to perform a CHNA every three taxable years with input from persons representing the broad interests of the community. The requirement for an implementation plan serves to hold organizations accountable for the initiatives that are selected to be addressed.

CHNA at Gaylord Specialty Healthcare

Gaylord asks each of these disparate groups to describe their healthcare challenges and leverages individuals' experiences to inform the development of future community programs and services. In addition, Gaylord examines secondary data gathered at the state or national level to inform options and opportunities to improve the ongoing health and well-being of the communities it serves. The CHNA assessment examines a variety of indicators including barriers to receiving care, workforce capacity, demand for specialized programs, complex health conditions, as well as unmet social and emotional health needs identified by members of our community. Staff assess resources available and submit suggestions for consideration in the creation of our Community Health Needs Assessment (CHNA).

The established priorities of the CHNA enable service line leaders at Gaylord to steer their programming, community service and available funding towards meeting these needs.

Gaylord Specialty Healthcare is proud to present the 2022 Community Health and Needs Assessment and report on our continued efforts to enhance health, maximize function and transform lives for our patients and community members.

To view previous CHNA and CHIP (implementation reports), visit

<https://www.gaylord.org/Patients-Families/About/Community-Health-Needs-Assessment>.

GAYLORD'S ROLE IN THE CARE CONTINUUM

Definition of the Community Gaylord Serves

Conducting a CHNA for the populations that Gaylord serves transcends the immediate geography of our five physical locations. Populations served range from clinical staff at acute care hospitals, to patients who require medical and rehabilitation services, individuals with disabilities who may benefit from sports and recreation opportunities, to people in need of support groups or other emotional or spiritual assistance in times of trial and change.

Inpatient: The community served by an LTACH has medical, nursing, rehabilitation and mental health care needs. At Gaylord, patients have primary diagnoses including traumatic brain and spinal cord injuries, complex stroke, serious respiratory conditions, extensive wounds, resistant infectious diseases, neurological disorders, orthopedic problems and multisystem complications. The key distinction among patients who are cared for in an LTACH is the multiplicity of diagnoses and problems leading to an aggregate of care needs that extends beyond the capabilities of a typical acute care hospital. Gaylord accepts admissions from acute care hospitals across the state of Connecticut, as well as from nearly a dozen other U.S. states and occasionally other countries. We serve approximately 1,500 admissions per year, with New Haven and Hartford counties accounting for the greatest number of admissions.

Outpatient: For the roughly 8,700 unique outpatients we serve annually, the largest population comes from New Haven County. Very few patients come from outside of Connecticut. Approximately half of our patients require more than one type of service (i.e., a combination of physical, occupational and speech therapies). A large number of the remaining patients utilize our orthopedic-based physical therapy services located across the state.

Adaptive Sports: Gaylord offers the state's largest adaptive sports program for people with permanent physical disabilities or visual impairments. Few programs and recreational outlets exist in the region for people with disabilities. COVID-19 further limited this population's ability to access appropriate adaptive activities. Gaylord saw a 45% drop in the number of participants early in the pandemic. Isolation and lack of activity have the potential to negatively affect this population's social, emotional and physical well-being.

Gaylord's Role for Inpatient Populations

As an LTACH (or LTCH) Gaylord Hospital plays a vital role in the post-acute care continuum. Annually, Gaylord admits over 1,400 patients from Connecticut, New England and sometimes from across the United States or overseas.

"Most people who need inpatient hospital services are admitted to an "acute-care" hospital for a relatively short stay. But some people may need a longer hospital stay. Long-term care hospitals (LTCHs) are certified as acute-care hospitals, but LTCHs focus on patients who, on average, stay more than 25 days. Many of the patients in LTCHs are transferred there from an intensive or critical care unit. LTCHs specialize in treating patients who may have more than one serious condition, but who may improve with time and care, and return home. LTCHs generally give services like respiratory therapy, head trauma treatment, and pain management."

<https://www.medicare.gov/Pubs/pdf/11347-Long-Term-Care-Hospitals.pdf>

These individuals are discharged to a number of community settings including home, sub-acute care facilities, and residential settings. The majority of Gaylord patients do require continued post-acute care and guidance on accessing additional services immediately following discharge. These services ensure a smooth transition back into the community and help prevent costly re-hospitalizations that negatively affect the patient, their family and the healthcare system at-large.

Discharged Gaylord patients receive follow-up communication from our staff, or their delegate, to determine current health status and overall success after their return to the community. We ask questions pertaining to emergent hospital visits or re-admissions, falls, pain, community participation, quality of life and more. The questions from this survey, and other surveys, are located in Appendix H.

Because Gaylord is one of only two LTACHs in a state with more than 40 acute care hospitals, we consider acute care discharge planners, care managers and physicians to be among our key community constituents. Their awareness of the availability of post-acute care and perceptions about access for patients is a real-time and reliable way to identify opportunities to improve services and programs. Gaylord annually surveys these professionals to determine how we can best support our patients' needs and optimize their recoveries following an acute care hospital stay.

The number of patients and types of diagnoses treated has remained stable year-over-year until 2020, when the COVID-19 pandemic brought an influx of severe COVID admissions (more than 350 to-date). Simultaneously, mandatory quarantine protocols intended to slow the spread of the disease resulted in fewer work-related injuries, car accidents, and sports/high-risk-related injuries and admissions.



In order to maintain the system's current level of accreditation, leadership invests time and resources in the creation of service line-specific committees which monitor adherence to the strict policies, procedures and ancillary service offerings required to earn recertification. Patients, families and referral sources are made aware of the additional accreditations and recognitions held at Gaylord (see Appendix E) and can be assured that the continual adoption of best practices works to solidify our unmatched clinical outcomes and exceptional patient satisfaction scores.

When unmet needs are identified – through stakeholder surveys or changes in the landscape of healthcare – experienced teams revisit established programs or assess the feasibility of new programming to address emerging population health needs. In 2020, our outpatient COVID-19 Recovery Services for people with long-COVID was the result of such market-driven planning.

The aforementioned COVID-19 services were created after the 2019 CHNA was released. When critical disruptions in healthcare affect the patients and community that Gaylord serves, the organization pivots to assess the need and available resources within Gaylord or its community partners to develop solutions. Visit <https://www.gaylord.org/Patients-Families/Conditions-Services/COVID-19-Recovery-Rehab-Services> to view the clinical services and support group offered at Gaylord that serve the residents of the communities we serve.

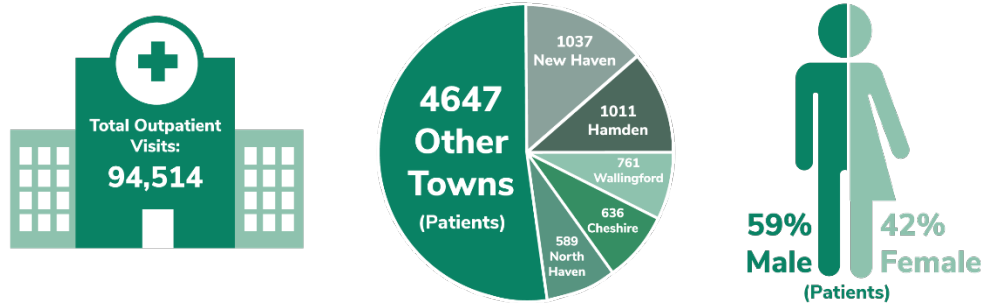
Gaylord's Role for Outpatient and Community Populations

Outpatient Services are a vital component of Gaylord Specialty Healthcare's continuum of care, including more than 90,000 outpatient medical, therapy and specialty clinic visits provided annually to more than 8,500 unique individuals from Connecticut - and beyond.

To ensure that Gaylord outpatient services continues to grow in a fiscally responsible manner, patient visit volume is monitored monthly and our programs, physical spaces and opportunities for expansion are re-evaluated annually.

Gaylord staff members serve as liaisons in the community, visiting healthcare providers to assist with patient referral flow and to remove barriers to access as needed. This team continuously solicits feedback from our community healthcare providers on perceived wait times, clinical expertise and access issues. Feedback is documented and discussed with services line leaders to explore process changes and workflow improvements.

2021 Gaylord Outpatient Services:



When Gaylord receives new services suggestions from community partners, our leadership team considers need, availability of resources and financial feasibility. The Wheelchair Assessment Services program is an example of a suggested service that is not available anywhere else in the state. Clients can come to the Wallingford campus and be evaluated by a Gaylord physical therapist who is a certified Assistive Technology Professional (ATP). Additional specialists are included as needed in this three-hour assessment which results in a plan for appropriate state-of-the-art equipment that will minimize secondary complications and maximize the patient's independence and function. Gaylord is the only provider with this level of specialized service for this low-volume, but high-utilization population.

Gaylord uses the Press Ganey post-care survey to determine outpatient satisfaction. The information gleaned from this survey establishes benchmarks and informs the annual goals set by Gaylord leadership. Every patient receives a survey to assess their satisfaction with care, staff, facilities and more.

Gaylord's mission, "To enhance health, maximize function and transform lives," is lived by clinical and support staff at every level and is demonstrated by superior outcomes every year. To learn more about the most recent report for inpatient and outpatient outcomes, visit <https://www.gaylord.org/Healthcare-Professionals/Outcomes>.



Gaylord's continued growth in outpatient services is a direct reflection of the popularity and need for Gaylord's exceptional care. In 2008, Gaylord opened a second location to offer expanded outpatient services. At the time of this report's publication, there are five Gaylord outpatient locations across Connecticut to ensure that patients have access to Gaylord expertise. The fifth center was opened in 2022.



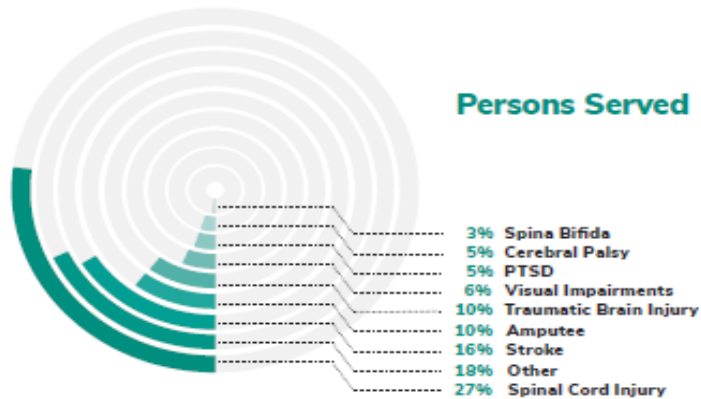
For decades, the Gaylord Sports Association has been dedicated to helping people with a physical disability experience the benefits of adaptive sports and recreation. Gaylord offers the most diverse adaptive sport and recreation program in the state of Connecticut with 15 different sports. Programs range from introductory clinics to competitive sports teams.

This team of dedicated staff, coaches and volunteers provide instruction, adaptive equipment and activity modification with an individualized approach to maximize the independence of each participant. Always striving to provide a safe, fun and supportive environment for all participants and their families. Instruction is based on each participant's level of ability and skill. Everyone from casual beginners to competitive athletes are welcomed.

The Association's goal is to assist participants in gaining the confidence, independence and skills to meet their adaptive sports goals. A mantra of believing adaptive sports can inspire individuals to overcome obstacles and lead a happier and healthier life.



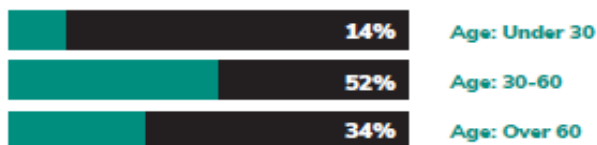
Demographics & Sports Offered



Sports Offered

- Archery
- Boccia
- Cycling
- Fishing
- Golf
- Kayaking
- Pickleball
- Paratriathlon
- Wheelchair Rugby
- Rock Climbing
- Sled Hockey
- Skiing & Snowboarding
- Wheelchair Tennis
- Water Skiing
- Yoga

Demographics



Programs

- Adaptive Sport Clinics
- Club Sports
- Competitive Teams
- Classes
- Tournaments
- Special Events

Competitive Teams & Programs

- Gaylord Wolfpack Sled Hockey Team
- Gaylord Sports Association Jammers Wheelchair Rugby
- Gaylord Sports Association Hornets Tennis Team
- Paratriathlon Training Program

COMMUNITY EDUCATION AND SUPPORT GROUPS

Gaylord annually provides hundreds of hours of community education and support group services, free of charge. In years past, anyone in the area who wanted to take advantage of the programs could attend, however those with transportation issues or endurance limitations due to health might find the trip to Wallingford difficult. When COVID emerged in 2020 and introduced new requirements including social distancing and quarantine time, healthcare providers quickly pivoted to embrace virtual meeting options. To best serve Gaylord's fragile population, four aspects of virtual interaction were implemented and continue to remain viable options today:

- Telemedicine and Teletherapy
- Online Support Groups
- Virtual Educational Lecture Series
- Virtual Adaptive Sport and Recreational Opportunities (sport and leisure activities for the physically disabled and visually impaired)

Telemedicine and teletherapy are used, as needed, at all of Gaylord's locations. Since the COVID-19 vaccine was introduced, the frequency of use has been reduced, but virtual options remain for patient services.

Virtual access to Gaylord's free support groups, adaptive sports association activities and educational lectures allows our clinical experts to maintain a strong presence with few barriers to accessibility. With the use of digital promotion and dedicated staff hours to develop, grow and raise awareness of programs throughout the greater community, Gaylord has exceeded expectations for community members served. Gaylord runs awareness campaigns year round and partners with many community and civic organizations to spread the word, partner on topics and use cost-effective methods to reach populations at all income and educational levels. (See Appendix F for community partners for education.)

DESCRIPTION OF PROCESS AND METHODS USED TO CONDUCT CHNA

Gaylord conducted quantitative and qualitative research to assess health needs within the community. These consisted of a focus group with Gaylord staff members and multiple surveys developed and disseminated via online survey platforms. Additional research included a review of relevant national, regional and local data including, but not limited to, nursing shortages, workplace injuries, need for neurological therapy services, access to inpatient LTACH care, and barriers to finding and accessing sports and recreation activities. Finally, Gaylord considered DataHaven's CHIME 2022 reporting to further explicate the needs already identified by the previously mentioned research. Details for all sources can be found in Appendix F, G, H and I.

Survey questions focused on awareness and access, as well as anecdotal opinions and perceptions of service.

Consideration for identified needs to be addressed required the following:

- Clinical expertise already employed by Gaylord or an established partner/affiliate/vendor
- The ability to recoup costs, if a reimbursable service
- Capability to include expenses in upcoming budget years, if service not reimbursable
- Opportunity for fundraising or donor solicitation, where appropriate

Reasons for appropriate suggestions or identified needs not to be addressed:

- The service, support, opportunity is already available within reasonable proximity to Gaylord's locations
- The cost to provide the service would cause unacceptable financial hardship, endangering financial viability of this nonprofit
- The expanded expertise required is not practical or supportable at an LTACH

Data collected by the Gaylord Community Relations Coordinator demonstrates the increase in internally produced clinical and/or community education, and facility space allocated to host healthcare-related meetings and support groups, and the staff time to supervise students while shadowing or interning at a Gaylord campus.

The following statistics reflect resource time and facility space as converted by the Lyon's CBISA Software program into dollar value. This data is submitted quarterly to the Connecticut Hospital Association in accordance with federal and state regulations.

For reference, the below services have been provided outside of the initiatives established in Gaylord's 2019 CHNA and CHIPs to support ongoing community needs:

- Space donated to outside groups: 239 hours of rental space, equaling \$35,854
- Staff time donated to support clinical education for university students: 11,204.5 hours, equaling \$348,711
- Staff time to produce and deliver education requested by civic and community partners: 142 hours of staff time, equaling \$13,382

During FY2021, Gaylord provided the equivalent of more than \$425,000 to support community health needs outside the scope of initiatives related to any CHNA.

SOCIAL DETERMINANTS OF HEALTH

Social determinants of health (SDOH) are the conditions in the environment in which people are born, grow, live, learn, work, play, worship and age that affect a wide range of health, functioning, and quality-of-life outcomes and risk. SDOHs are mostly responsible for health inequities—the unfair and avoidable differences in health status between populations (WHO, 2019; NASEM, 2017). As SDOHs are key drivers of health and health outcomes, strategies for addressing them collectively have the potential to improve health and reduce longstanding, disproportionate disparities in health among historically underserved populations.

The team at Gaylord acknowledges the work being conducted by our peers in the acute care settings to work with research organizations to monitor, educate and address SDOH. Understanding the importance of this work, we are also mindful that Gaylord has a limited ability to influence poverty status, median household income, employment status, education level, homelessness/living environment or food insecurity. However, every small contribution represents a step in the right direction.

For example, lack of transportation has been identified as a concern among the communities Gaylord serves. While providing transportation services has been determined to be financially

unfeasible, Gaylord's care management teams, who schedule our clinical support services, dedicate time to research options and assist patients in securing transportation to and from health and wellness appointments. Gaylord Outpatient Services in North Haven is conveniently and deliberately located on the bus line, making it easier for patients to use that location.

Gaylord does own several accessible vans and uses them to transport participants to community re-entry trips and sporting and recreational activities.

Resources related to SDOH

Gaylord recognizes that SDOHs influence health outcomes and the ability to access services. Due to our mission serving patients downstream of illness and injury, and the vast geography we serve, our focus is primarily focused on what we can do for the patients in our care who are experiencing financial and social hardships that influence their health.

Gaylord offers financial assistance through a Free Bed Fund, the Elizabeth Birney MS Endowed Fund and Gaylord Special Needs Fund, among others. All levels of Gaylord staff are empowered to refer patients and families to these funding sources. Oftentimes the staff will initiate the assistance process and will help secure the services/item/support within days of initiating the request. Being a small, independent system allows us to be nimble and responsive, something often noted by our patients in surveys collected on a quarterly basis.

We assist patients who indicate they are experiencing hardships with basic needs in their lives by referring them to others in the community in the continuum of care who offer services to assist, and connect them with Connecticut's 2-1-1 service. Gaylord staff frequently refer patients to the line when needed in order to access services provided and funded through the federal, state, or acute care hospital systems.

For more information about the current research on social determinants of health, and the CHNA plans, visit the website of the acute-care hospital system closest to your residence. Appendix B lists resources potentially available to address the significant health needs identified by SDOH research.

INPUT RECEIVED FROM PERSONS WHO REPRESENT THE INTERESTS OF THE COMMUNITY

Surveys to key constituents were conducted with more than 10 different groups to gather feedback through a combination of closed and open-ended questions during the 2022 data gathering process. Feedback was gathered from patients and community stakeholders to better understand the strategies they currently use to maintain their health, their experiences with accessing healthcare services, barriers to care, and their perceptions of gaps in care.

Since the publication of the 2019 CHNA, Gaylord has received no written comments related to the initiatives chosen to be addressed on behalf of the community served.

In collaboration with CHESPROCOTT Health District, Gaylord attends the Healthy Communities Coalition meetings where healthcare providers, Health District staff and Chamber of Commerce leaders meet to share

current needs identified by residents. Gaylord partners with staff from the Health District, and community healthcare providers from other organizations, to offer education as part of the Gaylord Lecture Series, sessions which are offered free of charge. Since 2020, Gaylord has collaborated on 11 sessions, often hosted at Gaylord locations, which included physical therapy for better health, regaining a safe exercise routine following stroke, exercise programming for those living with disability and diabetes education as the diagnosis affects nutrition, physical activity and accessing community resources, as examples. CHESPROCOTT has stated they consider Gaylord to be an excellent partner for offering education due to the wide variety of expertise in clinical areas, flexibility and creativity of staff, ability to use current earned and owned media and paid placement when needed to gain awareness and attract attendees. Post-event surveys are administered to gauge the satisfaction with information, presenter, and ease of access and future topics which are of interest. Those potential topics are tracked and considered for an in-person or virtual session versus sending additional information to the requestor to assist in providing education or accessing existing resources.

Key constituents surveyed included former patients and community members, mostly from Connecticut and at least 18 and older, who may benefit from use of services, support groups or sport activities. Surveys assessed topics including health, employment, living situation, continued use of therapy, post-discharge hospitalizations, current pain, and number of falls, quality of life, and satisfaction with goals attained, satisfaction with community participation, and emotional health. Respondents spanned a broad range of ages, ethnicities, and socioeconomic status. A full list can be found in Appendix G.

SUPPORT GROUP PARTICIPANT FINDINGS

Seventy-four members of support groups offered by Gaylord completed surveys about their experience with the groups and perceived opportunities for improvement. Survey respondents were asked to rate their specific support group; they were asked if the group has made a difference in their life; and they were asked to note key improvements needed to provide better service for group members.

Key take-aways include:

1. How has your experience been in the support group? 80% answered overwhelmingly positive
2. This program has made a difference in my life - 88% Strongly agreed or agreed
3. What key improvements do you feel are needed to provide better opportunities for group members?
Some of the most common responses were:
 - Go back to meeting in person (instead of virtual)
 - Guests to speak on specific topics
 - More frequent meeting opportunities
 - Discussion on new technologies
 - Advanced reminders of group

ACUTE-CARE HOSPITAL CARE MANAGEMENT SURVEY

Online surveys were sent to Directors of Care Management at local referring hospitals and forty-seven were completed and returned to Gaylord's admissions department. This annual survey serves a dual purpose. The questions range from access to services, satisfaction with programming, to response times for placement requests for patients in an acute-care hospital setting. By asking this audience for their feedback, Gaylord meets the requirements for CARF accreditation and also gathers data for CHNA-related efforts. This feedback from key referrers facilitates service conversations and adjustments in a fluid healthcare landscape.

A key question “Are there any additional services needed?”

Responses included:

- Take patients on vents with Medicaid; take patients on vents and dialysis
- Need more beds available for our LTACH-appropriate patients
- Better admission process/communication to hospitals
- Ability to take more tracheostomies and hemodialysis patients

SURVEY TO PARTICIPANTS IN GAYLORD SPORTS ASSOCIATION

An online survey was sent to all past and current participants of the Gaylord Sports Association. It was also sent via email to participating athletes from any Gaylord team or clinic including, but not limited to, sled hockey, rugby, tennis, and triathlon. The survey asked 51 questions and garnered 64 completed surveys. Responses are categorized by: participant/athlete, volunteer, community partner and coach/instructor.

Key highlights included:

- How did you hear about the Sports Association? Nearly 40% from Gaylord staff; 16% word of mouth/ support group meeting, 6% from online search, 0% from social media, 14% from other adaptive sports programs, 27% other medical facility or misc.
- New Sports of Interest: Frisbee Golf, Soccer, Youth Sled Hockey, Wheelchair Football, Billiards, Wheelchair Basketball, Outdoor Rock Climbing, Horseshoes, Wheelchair Curling
- Likelihood to participate again: 95% of respondents are likely to participate with the Sports Association again.
- Likelihood to recommend to others: 93% of respondents would recommend the Sports Association to others.
- Suggestions for improvements:
 - More afternoon, evening and weekend opportunities for those who work
 - Offering more sports opportunities, e.g., more bike riding opportunities.
 - Making information know to a wider audience

NOTE: While past CHNAs were conducted through a variety of survey processes, this year's focus was digital communications. The advantages of a digital process are ease of access and the convenience of taking the survey at a time that fits each recipient's schedule. The disadvantage of an online survey is the lack of ability to provide surveys in multiple mediums, e.g., written, online, phone, in-person to encourage a larger response and provide assistance, when needed, to those with abilities of varying degrees.

PRIORITIZED DESCRIPTION OF SIGNIFICANT HEALTH NEEDS IDENTIFIED

How are Gaylord's priorities determined?

The following questions were considered in the process of determining the priority health areas based on the survey findings:

- **Impact:** Does this affect or exacerbate quality of life and health-related issues?
- **Magnitude:** How many people are affected? Does the problem lead to death, disability, impairment, quality of life?
- **Feasibility:** Can we make a difference? What is the ability of Gaylord Specialty Healthcare to impact the issue given available resources?

Gaylord examined the community needs of our service population with health data from a variety of sources. The hospital also reviewed its existing programs and outreach vehicles, its human and financial resources and the potential for community partnerships. Due to limited resources and the extraordinary cost of helping individuals with disabilities, Gaylord's implementation strategy and plan is focused on leveraging its existing programs, services, partnerships and resources to assist the target populations.

In response to the data uncovered in our 2022 Community Health Needs Assessment, Gaylord has developed four priority areas. Those four priorities fall into existing programming categories, including **clinical services**, **social/emotional support through recreation**, and **workforce development**.

Priorities to be addressed:

1. Expand healthcare options for those involved in workplace injuries
 - Based on the incidence rate of workplace injuries versus the existing comprehensive programs in CT, Gaylord can expand services to meet the need for increased single service needs and bundled package services. Feedback from conversations with engaged workers compensation payers and third party administrators, an increase in the ability to offer a larger Work Conditioning program will be beneficial.
2. Increase access to neurological-based therapy services
 - After reviewing the hospital encounter data for CT and the current Gaylord outpatient service visits from 2021, access to additional programming will be implemented. These care options will address post-acute injury or illness, and are supported by current referring community providers, and new referral sources which are identified and called upon by the Gaylord Outpatient Regional Managers to discuss needs, access, and referral process and follow up documentation on each new patient evaluated at Gaylord.
3. Recover lapsed athletes and engage new adaptive athletes to participate in adaptive sports
 - Social media and digital outreach to organizations interacting with potential athletes with physical disabilities and vision impairments will allow for more widespread awareness of activities which facilitate social/emotional connections to maintain or increase well-being
4. Address the community-wide nursing shortage by opening a CNA academy
 - Identified shortage of healthcare providers and available training programs. According to the U.S Bureau of Labor Statistics, between 2020 and 2030 "about 192,800 openings for nursing assistants and orderlies are projected each year" (U.S Bureau of Labor Statistics, 2020).

Population/Identified Need #1

Injured Workers: Increased Work Conditioning Programming

OSHA defines workplace injuries as injuries and illnesses that occur while an employee is working, including work in a home office. Injuries will be considered work-related if the injury or illness occurs while the employee is performing work for pay or compensation in the home, and the injury or illness is directly related to the performance of work, rather than to the general home environment or setting. Statistics on the costs of loss of production, rehabilitation and recovery from a workplace injury are staggering.

In 2017, non-governmental nursing and residential care facilities had among the highest incidence of nonfatal occupational injuries of all industries in the state, specifically, 8.8 injuries and illnesses per 100 full-time workers. Almost half (3.5) of those cases were severe enough to result in days away from work. A 2015 analysis by the United States Bureau of Labor Statistics explained that overexertion and bodily reaction (including lifting and moving patients) were the causes of about 45 percent of injuries requiring time off from work in non-governmental hospitals (Dressner, 2017). Overall, injuries from overexertion in lifting or lowering patients are decreasing throughout the nation, but not so in Connecticut (Figure 3).

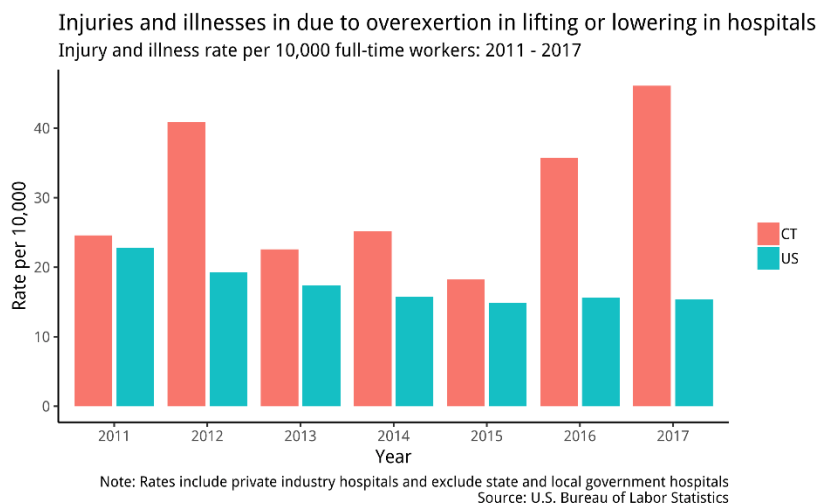


Figure 3.

According to the Bureau of Labor Statistics, “private industry employers reported 33,300 nonfatal workplace injuries and illnesses in Connecticut in 2020” (U.S Bureau of Labor Statistics, 2020). This results in an incident rate of 3 cases per 100 full time workers. According to this report, Connecticut was among 20 states that had an incidence rate of total recordable cases significantly greater than the national rate of 2.7 per 100 full time workers.

The U.S Department of Labor concluded that from 2019 to 2020, the count of total nonfatal occupational cases actually dropped from 2,814.0 to 2,654.7 (thousands) in the United States. To break that down, the numbers stated:

- In 2019, there were 2,686.8 work-related **non-fatal injuries**; In 2020, this dropped to 2,110.1
- In 2019, there were 127.2 work-related **non-fatal illnesses**; In 2020, this increased to 544.6
- In 2019, there were 10.8 work-related **respiratory illnesses**; In 2020, this increased to 428.7

Many injured workers require care in an outpatient setting. Although Connecticut has a population of 3.6 million people, few physical therapy practices in the state specialize in work conditioning. Although Gaylord has always been able to provide care for patients injured in workplace incidents, our service volumes have not grown at the same rate as data collected from the Bureau of Labor Statistics. There are many more injured workers and employers who could benefit from the technology, staff expertise, and education programming already in place at Gaylord.

Gaylord currently offers a Work Conditioning Program, with volumes and programming in a trial setting. The program was developed to provide the injured worker, workers' compensation carrier and treating physician with a structured program designed to address safe and successful return to work. Entry into the program typically follows or works in collaboration with the traditional rehabilitation program when the injured worker has reached a point in their recovery that they are able to tolerate the transition into more functional movements directly related to their occupation. The program includes a physiatrist, a care manager and a physical therapy team dedicated to providing a comprehensive individualized plan tailored to the injured workers' specific needs and return to work requirements.

Population/Identified Need #2

Neurological Patient Population: Outpatient Therapy Services

Neurological disorders are defined as **“diseases of the central and peripheral nervous system. In other words, the brain, spinal cord, cranial nerves, peripheral nerves, autonomic nervous system, neuromuscular junction, and muscles”(WHO, 2016).**

Neurological impairment, whether from illness or injury, requires a personalized plan for rehabilitation. In terms of clinical excellence and human compassion, Gaylord's inpatient program ranks among the nation's best at enabling patients to achieve their goals.

At Gaylord, plans are personalized and based on realistic targets for mobility, daily personal care, memory, comprehension, and communication skills. Every plan is carried out by a team that may involve occupational therapy, physical therapy, speech/language therapy, and care managers. Specialists in psychology, nutritional services, respiratory therapy and therapeutic recreation may also be involved. Inpatients receive from one to three hours of therapy per day provided by therapists dedicated to restoring personal independence.

Neurological rehabilitation often requires continued care through an outpatient setting. Services that continue once a patient is discharged from the hospital are deemed more successful with a team approach for developing and implementing a treatment plan for outpatient therapy.

Gaylord provides outpatient neurological rehab on the Wallingford, Connecticut campus and has cared for thousands of patients. The incidence rates of stroke, brain injury, and post-COVID-19 illness demonstrate that additional service locations would benefit the community. By expanding services to a location closer to public transportation and by providing choices to this patient population, additional patients will benefit from a multidisciplinary approach to outpatient care.

Population/Identified Need #3

Disabled and Vision-Impaired Sport and Recreation Participants: Increase Opportunities for In-Person and Virtual Activities

Since the start of the COVID-19 pandemic, many organizations, especially healthcare, have transitioned and modified their care model to offer virtual options for their clients and patients. This was the case at Gaylord, with increased telehealth visits and a transition to virtual educational programs for both community and professional audiences. Adaptive sports and recreational activities were more difficult to offer virtually. The team working with adaptive athletes is dedicated to helping people with physical disabilities and vision impairments to experience sports and recreation.

On page 13 of this CHNA, a summary of sports offered and persons served paints the picture of the diversity of those involved in the programming. However, surveys of these groups shed light on the need for more services and the preference, at least in the past 24 months, for virtual participation. The survey also provided suggestions for additional sports to support the social, physical and emotional needs of this very unique community.

Despite the availability of a COVID-19 vaccine and the subsequent lightening of restrictions related to social distancing, the participation of the adaptive athletes involved with Gaylord programs remains lower than before the pandemic. While in-person sports and recreation have returned, many of the participants have not.

Unique participants in adaptive sports:

- **2019- 242 participants**
- **2020- 78 participants (height of the pandemic)**
- **2021- 134 unique participants**

Source: Gaylord Sports Association, program tracking software

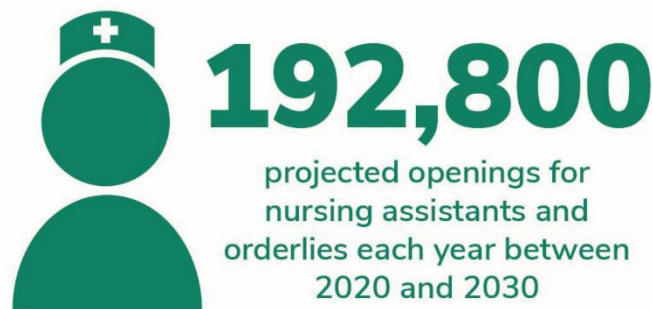
Included in those served are persons following amputation of an upper or lower extremity. According to the Amputee Coalition of America, “the prevalence rate of amputation is 4.9 per 1,000 persons. Given this rate, there are an estimated 17,173 amputees in the state of Connecticut” (Amputee Coalition of America, 2009). Gaylord’s programs leverage experts who understand the needs of single and double amputees.

With strong survey results around ongoing program participation and likelihood to recommend the sports program to others, there is clearly a need to reconnect with participants. Program participants report enjoying a sense of camaraderie, belonging, support and of not being alone on the journey related to their disability. Reaching out to new members of this community, including veterans, and reengaging previous participants who have yet to return to adaptive recreation programming, is an important focus for the team.

Population/Identified Need #4

Workforce Development: Offer training for certified nurse's assistants

The demand for staff in the nursing profession has been on the rise for years. The COVID-19 pandemic has exacerbated this issue, and the demand is predicted to continue to rise. According to the U.S Bureau of Labor Statistics, between 2020 and 2030 “about 192,800 openings for nursing assistants and orderlies are projected each year” (U.S Bureau of Labor Statistics, 2020). One of the reasons for this demand is the baby-boom population, who will need more and more care as they age. Roughly 10,000 Baby Boomers turn 65 every day, and 60% of Americans have at least one chronic health condition. For older Americans, this number only increases (Penn Foster, 2020).



U.S Bureau of Labor Statistics, 2020

The critical shortage of healthcare workers was acknowledged in 2020 and the Office of Workforce Strategy (OWS) was created. It is a division of the Connecticut Department of Economic and Community Development, which serves as the administrative staff to the [Governor's Workforce Council](#) (GWC). The image below is a summary of the finding surrounding certified nurses' assistants.

Certified Nursing Assistants (CNAs)

- The annual churn rate for CNAs is 30-50%, and there were over 2,500 open positions in the beginning of 2020. There is a need to improve the job quality for CNAs to improve CNA retention rates. This will require buy-in from all stakeholders across the healthcare continuum.
- The CNA certificate is offered at many of the state's community colleges, some private colleges (Goodwin and Stone Academy), the American Red Cross, a number of continuing education locations, and some technical high schools like Oliver Wolcott Technical School in Torrington.
- The course typically lasts 5-10 weeks and requires 75 classroom hours plus 25 clinical hours. The cost is usually between \$1,000 and \$1,600 and can be borne by the student or often the skilled nursing facility that is hiring the student.
- CNA work is viewed as physically demanding and emotionally challenging but can be personally rewarding for employees with a desire to care for others.
- Compensation for CNAs is well below the Connecticut Living Wage and often below other low-skill job opportunities, including jobs in warehousing or retail. Compensation for a starting CNA is approximately \$15 to \$16 per hour with shift work (nights, weekends, and holidays) paying a premium of \$1 or \$2 more per hour. Other states, like California, have quality job initiatives focused on healthcare.
- Most skilled nursing facilities have education and training money available for CNAs, but many do not access available career pathways due to literacy issues and the need to work multiple jobs/shifts to make ends meet. A small number do become Licensed Practical Nurses (LPN) and Registered Nurses (RNs).
- The constant replacement of CNAs impacts the quality of the care given and the experience of the residents of the facilities. These conditions have existed for some time prior to the arrival of COVID in 2019. The poor patient outcomes during the pandemic are certainly, in part, due to the understaffed, undertrained, and under-protected CNA staff.
- Skilled Nursing Facilities (SNFs) play a critical role in caring for our elderly patients who are discharged from the acute care settings. Hospital readmissions of patients discharged to SNFs are costly and negatively impact hospital quality performance metrics and reimbursement.

In 2021 there were approximately 1.5 million CNAs in the United States, 82% of whom are women. The average age of a CNA is 41. Skilled Nursing Facilities (SNF's) employed the largest number of CNAs at 38%.

<https://portal.ct.gov/-/media/Office-of-the-Governor/News/20201028-Governors-Workforce-Council-Strategic-Plan.pdf>

The demand for qualified staff to care for patients at an LTACH level of care is increasing ne across the U.S. and here in Connecticut. Complicating the lack of an adequate applicant pool, certified nurse's assistants (CNAs) just out of school tend to lack the skill set required to care for the complicated patient needs in the LTACH population. CNAs help perform critical tasks that ensure patients are well-cared for and feel safe and satisfied with their care during their hospital stay.

Throughout the pandemic, CNA programs were shortened to expedite the flow of additional workers into the field, however Gaylord identified that many CNAs were coming to Gaylord without the adequate training and preparation needed to work with this complex patient population. Even prior to the pandemic, Gaylord's efforts to work with a local CNA school to provide extra training around the special needs of LTACH patients did not adequately prepare CNA students to manage a diverse patient population. As a result, in 2021, Gaylord experienced a 38% turnover rate due to general inability to perform job requirements, specifically due to inadequate training.

Research into CNA training programs offered close by revealed there was only one hospital-based program, at that time, running out of Griffin Hospital in Derby, Connecticut. Since then, due in part to the increased demand resulting from the pandemic, many hospital systems have begun investigating running CNA training schools, including Gaylord Hospital. The state of Connecticut mandates the program curriculum. The Gaylord Nursing Education team determined that coupling a robust classroom setting, with clinical experience at the bedside in a medical or rehabilitation unit would allow students to be highly prepared for the unique demands of LTACH bedside care. Additionally, Gaylord's new training program would include important principles required to be learned and adopted by all Gaylord employees, such as high reliability organization safety training and customer service.

Current Gaylord staff were encouraged to invite anyone interested in becoming a CNA to check out Gaylord's new program, and the response was overwhelmingly positive. The team began to prepare for the application to become a training site.

Certified Nursing Assistant Academy

[Online Application](#)

Gaylord's Certified Nursing Assistant program is a robust, in-person active learning experience. The classroom portion of the program is held in Gaylord's Nursing Education Classroom and Simulation Lab. The clinical portion of the program takes place on a rehabilitation unit within Gaylord Hospital. Upon program completion, students are prepared to take the CT Certified Nursing Assistant (CNA) certification examination. The program is led by a registered nurse and a CNA with many years of experience at Gaylord. Group size will be limited to 8 students per session.



Why Gaylord?

Gaylord recognizes that the CNA is an integral role within the hospital setting and believes in building an educational structure that best prepares CNA's to perform the critical tasks that ensure patients are well-cared for and safe during their hospital stays.

The CNA Academy at Gaylord addresses these challenges by ensuring that all CNAs who complete and graduate from the CNA program have the knowledge required to care for patients in unique and complex medical care environments and intensive rehabilitation, like Gaylord. The clinical rotation at Gaylord is provided on a rehabilitation unit in a long-term acute care hospital located on the same campus as the education portion of the program, no additional traveling is required.

Through the CNA Academy at Gaylord, students will be trained with state-of-the-art equipment, and exposed to a diverse team of experienced staff members, and to patients with various **complex medical needs**.

CNA Academy graduates who successfully pass the curriculum and certification exam may be eligible for employment at Gaylord Specialty Healthcare. [Click here](#) to learn about the benefits of being part of the Gaylord nursing team.

This initiative has been fast-tracked due to the critical importance of helping to train the next generation of nurse's assistants. During 2022, Gaylord received the approval to offer CNA training. The first cohort has graduated with 100% of students successfully passing the state exam. The inaugural class had seven students, four of whom chose to take positions at Gaylord. Planning is underway for additional and changes are being made to the application process, onboarding, classroom training flow and bedside training. The CHIP for this initiative will present the future plans for this important training opportunity for local residents.

IMPLEMENTATION PLAN FOR IDENTIFIED NEEDS

To address the four identified needs described in the previous section, Gaylord teams will implement the following plan:

POPULATION, IDENTIFIED NEED	PLANNED ACTIONS	ANTICIPATED IMPACT	RESOURCES, COLLABORATION
Clinical Services			
Injured Workers: Increased Work Conditioning Programming	<ul style="list-style-type: none"> Establish dedicated work-related injury programs for inpatients and outpatients Integrate the use of rehab technology to expedite the recovery of patients with work-related injuries Educate providers and Workers' Compensation payers to best-practice programs 	<ul style="list-style-type: none"> Increased number of patients able to access rehabilitation services for work-related injuries Increase endurance Facilitated safe return-to-work plans Reduced repeat injuries Increased employer-based injury prevention programs, due to education, based on work-related injury statistics and outcomes 	<ul style="list-style-type: none"> Have physician specialist available to consultant on injured workers. Dr. Jerrold Kaplan, Gaylord employed physiatrist, currently leads Workers' Compensation related services and will oversee additional services in this area of specialty; Work load for non- Workers' Compensation responsibilities will be evaluated for reassignment Gaylord communications team will assist in surveying decision makers in work comp space to determine best methods of ongoing communication, needs for programming, barriers to access and resolution, if within Gaylord's scope Education for key constituents to include clinical outcomes, tours, and patient specific communications Collaboration with external organizations TBD once survey results analyzed
Neurological Patient Population: Outpatient Therapy Services	<ul style="list-style-type: none"> Expand existing footprint currently occupied by Gaylord Add OT, PT, ST therapy services to 	<ul style="list-style-type: none"> Increased access to those on the bus line Easier access from major highway arteries 	<ul style="list-style-type: none"> Construction costs for expansion of footprint in Gaylord budget Rehabilitation technology purchases included in Gaylord budget

	<p>an additional location</p> <ul style="list-style-type: none"> Educate providers 	<ul style="list-style-type: none"> Closer proximity to specialty providers in the vicinity Increase in patient compliance due to increased capacity and convenient location 	<ul style="list-style-type: none"> Hiring of staff to meet the volume needs for patient care and support services, offset by insurance revenue for patient care Collaboration with Yale New Haven Health has begun. Yale providers agree with the need for specialized neuro rehab services for their patient population. Yale providers have been using existing Gaylord services and will continue to do so Follow up patient clinical outcome reports and staff to staff communication will continue and be expanded as needed
Social/Emotional Support Through Recreation			
Disabled and Vision Impaired Participants: Increase Opportunities for In-Person and Virtual Activities	<ul style="list-style-type: none"> Utilize social media to increase awareness of adaptive sports programming Increase clinic offerings in team sports such as sled hockey and wheelchair tennis Bring back special events to introduce lapsed and new participants to programs Provide online fitness classes to expand geographic reach Increase outreach to veterans 	<ul style="list-style-type: none"> Engage more participants Decrease isolation Increase health and fitness Improve self-esteem and mental health Expand geographic reach 	<ul style="list-style-type: none"> Sports Association uses donation income to support all programming. Will need to determine number of program increases and impact to staff, space and equipment New anticipated budget needs will be reviewed with Development Department for changes in fundraising events in coming years to cover expenses Grants will be investigated for additional funds Communications team will use earned, owned and paid placement to support new and expanding programs Email communication systems will be used more frequently to interact with potential or lapsed athletes to garner more interaction.

			<ul style="list-style-type: none"> • Current participants will be asked to share event information with their peers. • Communications with affiliates across the region will be implemented with Achilles International, Veterans' Organizations, blind runners groups, other LTACH providers, etc.
Workforce Development			
Willing students: Offer training become a certified nurse's assistant	<ul style="list-style-type: none"> • Establish curriculum • Create website / online application • Set class size and schedule. Revise as needed. • Positively impact quality of care 	<ul style="list-style-type: none"> • Increase the number of properly trained and certified nurse's assistants • Including but not limited to: <ul style="list-style-type: none"> • Immigrants • Underemployed / unemployed • Recent high school graduates • Aspiring healthcare workers • Career change individuals 	<ul style="list-style-type: none"> • Gain Department of Public Health approval for program (completed) • Hire instructor (part-time instructor hired) • Additional space for education required- Development Dept. and Government Relations staff involved to secure necessary funding • Awareness campaign needed for ongoing rolling admission to the program – Communications team involved • Tracking of data required: ownership TBD - graduation/completion rate of the program, costs per student, efficiency of group size, retention of the students in the field, etc.

HEALTH NEEDS IDENTIFIED, GAYLORD UNABLE TO ADDRESS

The annual survey to acute-care referral sources continues to present the ongoing need for placement to care for the same patient populations year after year. These are patients which require a high cost to care for as it relates to medication and or equipment and or intensive staff resources and or the patients require a component of care that Gaylord does not offer in-house. Gaylord cares for as many of these identified patients as can be cared for without putting the financial viability of the organization at risk. Referral sources as asking for all providers to take more of these complicated and resource intensive patients, but most or all have imposed limits related to financial or staffing concerns. These patient needs include but are not limited to hemodialysis, peritoneal dialysis, those with Medicaid as payer, combative, suicidal or behaviorally challenged patients, ventilator dependent patients, out of state patients with that state's insurance, patients with tracheostomy, and intensive wound care.

EVALUATION OF IMPACT OF ACTIONS SINCE THE 2019 CHNA

While identified initiatives continued to be pushed forward as much as possible, some areas continued to be placed on hold due to the challenge of in-person care and safety while social distancing. As a healthcare system that banded together to serve more patients than were served in 2020 with safety as the highest priority, we proudly report the following progress of our 2019 CHNA and Implementation Plan with this progress update for 2021.

Priority 1: Brain Health and Mild Cognitive Impairment programming

Brain health refers to the ability to remember, learn, play, concentrate and maintain a clear, active mind. It's being able to draw on the strengths of your brain—information management, logic, judgment, perspective and wisdom. Brain health is all about making the most of your brain and helping reduce some risks to it as you age.¹

Strategies to address this need from 2019 CHNA:

- 1) Gaylord is beginning to foster a relationship with the Mayo Clinic to replicate their HABIT program at Gaylord, which provides intervention for Mild Cognitive Impairment (MCI). We are going to send a neuropsychologist out to the Mayo Clinic to receive MCI training. This training will expand the types of patients that Gaylord serves from those with major concussions or brain injuries to those with mild cognitive impairment and dementia. This program will also have physical activity as well as nutrition components.
- 2) Investigate and look to implement additional screening evaluations and programming for patients who are required to, or voluntarily wish to, gather more information about their mental capacity.
- 3) Increase the availability of pediatric and adult neuropsychology services to meet the demand in the community.

¹ <https://brainhealth.nia.nih.gov/>

Anticipated impact:

- Establish additional programs for better patient care.
- Share the information with referring providers for more coordinated care.
- Increase the number of patients utilizing the psychology department each year.

2021 Strategy Updates:

- 1) A Gaylord neuropsychologist has been trained by the Mayo Clinic staff to administer the Healthy Action to Benefit Independence & Thinking® (HABIT) program designed to equip older adults with mild cognitive impairment (MCI) to compensate for losses and develop healthier habits to slow the progression of the disease. The launch of this program was delayed when the pandemic reduced neuropsychology staffing and caused a reallocation of staff hours to cover COVID–related needs. HABIT is a group-based model, with 20 people per group, including caregivers. As of November 2021, Gaylord continues to adhere to DPH mandates regarding social distancing and group size, preventing the offering of the program anytime in the immediate future.
- 2) The need for neuropsychological screenings for pilots as mandated by the regulations of the Federal Aviation Administration (FAA) has been identified as a population for Gaylord to serve. Supplies have been ordered and a staff member is prepared to administer the screenings beginning in the spring of 2022.
- 3) During FY2021 the psychology department provided 2,455 outpatient visits. This represents an increase of 20% over FY2019 visits- numbers represent pediatric and adult initial evaluations and follow-up appointments.

Priority 2: Expand healthcare options for those involved in workplace injuries

The Bureau of Labor Statistics shows a large volume of work-related injuries. Gaylord seeks to expand its staff and capabilities to address the high demand by providing quality care and excellent outcomes. Injured workers currently benefit from the technology and staff expertise already in place at Gaylord.

Strategies to address this need from 2019 CHNA:

- 1) Establish dedicated programs for inpatients and outpatients who require specialized resources to help them through the workers' compensation system.
- 2) Contract a physician specialist available to see injured workers.
- 3) Use a trained care manager to interact with the insurance companies, worker compensation liaisons/adjustors, lawyers, etc.
- 4) Integrate the use of rehab technology to expedite the recovery of the patients using Gaylord's programs.
- 5) Communicate the scope of the services to appropriate audiences.

Anticipated Impact:

- Increase the number of patients able to access rehab services for work-related injuries.
- Help workers return to any type of work status, including full-time, part-time or per diem.
- Provide clinical speakers to interested audiences who have relationships with decisions makers in the worker's compensation fields to facilitate care options.

2021 Strategy Updates:

- 1) Gaylord has built a dedicated team to address the needs of the injured worker and others involved in their care including acute care hospital staff, insurance carriers, employer, patient and family. The Gaylord staff makes themselves available to answer questions and align clinical needs across the Gaylord continuum. Gaylord provides coordinated, individually managed, team-based, rehabilitative and complex medical care for injured workers' in inpatient and outpatient areas. In 2021, Gaylord treated 26% more patients in the outpatient setting than in 2020. For additional program outcomes, click here: <https://www.gaylord.org/Patients-Families/Conditions-Services/Workers-Compensation>
- 2) As of January 1, 2021, Jerrold Kaplan, MD was promoted to the position of medical director of outpatient services and inpatient and outpatient workers' compensation cases. Gaylord expanded the care management team in 2020 in order to provide robust supervision to patients in the injured workers program. A dedicated outpatient care manager with clinical training as a certified occupational therapist assistant joined the team established by a registered nurse, who now focuses on inpatient care management. Both staff report to Dr. Kaplan and work as a team to achieve the best treatment protocols and pathways for communication, efficiency and superior patient outcomes.
- 3) By using trained care managers to interact with the insurance companies, worker compensation liaisons/adjusters, lawyers, etc. they have established trust with adjustors and nurse case managers' facilitating the injured worker's progress toward achieving goals of treatment and return to work. An example in 2021, Gaylord introduced a new Work Conditioning Program offered specifically to injured workers. This program was designed to help provide a safe and successful return to work and uses a progressive conditioning program based on the injured worker's specific job tasks. Depending on the patients' capabilities, they may participate in three to four hours of therapy per day, three days a week, over four to six weeks. The program can follow or work in tandem with traditional rehab and establishes short and long-term goals that are specific to job tasks. Treatment oversight includes a physiatrist, *care manager*, physical therapy team that includes a conditioning specialist and the weekly update from this team is shared with the authorized representative from the workers' insurance carrier. This program has been highly successful and has a waiting list for patients to be able to participate in it.
- 4) To differentiate Gaylord's program, the use of advanced rehabilitation technology continues to be a priority. From offering use of tablets with the latest rehab-focused apps to high-end robotic technology, intellectual and financial investments are made yearly by Gaylord to continue improving the program to facilitate patient recovery. A few noteworthy pieces of rehab tech are:
 - a. The Ekso® Bionic exoskeleton, or Ekso, is a portable, adjustable bionic suit designed to help patients with lower-extremity paralysis or weakness, resulting from a spinal cord injury, stroke or other neurological condition, to stand and walk.
 - b. The ZeroG® Gait and Balance System protects patients from falls while providing dynamic body-weight support as patients practice walking, balance tasks, sit-to-stand maneuvers and even stairs. Only available in CT at Gaylord.

- c. AlterG® Anti-Gravity treadmills use NASA-developed Differential Air Pressure (DAP) technology that enables unprecedented unweighting therapy and training capabilities. This unique unweighting with air pressure comfortably lifts the user and allows him/her to walk or run at a fraction of their body weight.

A recent study completed by Gaylord's Milne Institute for Healthcare Innovation found that the Body Weight Support Systems (BWSS), specifically the ZeroG TRIP system, improved patients' balance. According to the study, "the BWSS-P positively impacted the balance performance of a subset of stroke inpatients who scored greater than or equal to 21 on their BBS assessment" (Hrdlicka, 2021). The BBS assessment (Berg Balance Scale) is an assessment used to measure a person's balance, and will also determine if they are a low, moderate or high fall risk. [Read more here.](#)

- 5) Communications with referral sources, potential patients and legislators are delivered in the form of press releases on new staff appointments and purchases of technology and an [annual report](#) on the outcomes of the patients in the injured worker program.

Treating injured workers is what we specialize in. The 2020 Gaylord Inpatient and Outpatient Clinical Outcome report states 97.2% of workers' compensation inpatients were discharged back to the community. For FY2021, this success rate increased to 100%. If someone is admitted to Gaylord with a work-related injury, they have an excellent chance of returning to work and back to their lives.

The team has also begun to send injured worker program information via email to contacts to share outcomes, white papers and treatment options to this targeted audience.

Priority 3: Pulmonary/COPD rehabilitation, ventilation weaning and caregiver training

Gaylord has the expertise and resources to not only wean patients from the vent but to teach the patient's caregivers how to care for them while on the vent. Our clinical staff has identified the need for a program to explain the magnitude of the responsibility of taking a loved one home on a vent. Gaylord will endeavor to create a video-based program to teach caregivers about the various challenges of taking someone home on a vent and provide a realistic and helpful account of what is needed.

Strategies to address this need from 2019 CHNA:

- 1) In 2019, Gaylord applied for a grant from CHEFA to create a video about educating caregivers on the responsibilities of caring for someone on a ventilator. The purpose of these videos will be to better prepare patients and family members that are considering being discharged on a ventilator. This is an underserved educational need.
- 2) Gaylord will track the number of caregivers who watch the video.
- 3) To improve general pulmonary care, Gaylord is continuing to investigate increasing outpatient space for the pulmonary program.
- 4) Gaylord will continue to offer outpatient pulmonology physicians onsite to see patients

Anticipated impact:

- Gaylord will make the vent videos public and share them with other healthcare systems. The Admissions staff experience barriers when it comes to insurance case managers approving a Gaylord stay for vent-dependent patients. These videos will be used to attempt to educate the insurance industry on the value of vent caregiver teaching.
- All patients being considered for vent admissions will be given the opportunity to watch the video series as it will increase their knowledge about the methods used to care for their loved one while at Gaylord Hospital.

2021 Strategy Updates:

- 1) A series of three videos was created to educate audiences in need of realistic, detailed information for taking home a loved one on a ventilator. The videos are serving to educate those in the insurance industry, those in acute care hospitals, patients and caregivers. The vent videos were uploaded to YouTube on November 19, 2019, as previously reported in the 2020 CHIP.
- 2) In an effort to serve as wide a community as possible the video series was placed on YouTube. This placement was convenient for potential Gaylord patients and their caregivers to watch and learn and provided worldwide access to critical information that is not well represented for this population. The numbers below represent views from referral sources, patients and loved ones from November 2019-October 2021. The overwhelming increase in views demonstrates a continued need for this type of education and healthcare service.
 - Vent Program Video 1- Ventilator Care at Gaylord: Viewed 4.3K times
-230% increase in views over 2020
 - Vent Program Video 2- Training Caregivers: 6K views
- 400% increase in views over 2020
 - Vent Program Video 3- Preparing the Home: 2.9K views
- 45% increase in views over 2020
- 3) Gaylord's Outpatient Rehabilitation Program secured a donation to be used to refresh and enlarge the space where outpatient pulmonary services are delivered. The larger space allowed an additional class session for exercise and education to be offered every nine weeks, as reported in the 2020 CHIP update. During the summer of 2021, the outpatient pulmonary rehab staff offered an evening session to benefit post-COVID patients who were experiencing long-haul symptoms. With this additional space and evening session, Gaylord's Outpatient Rehabilitation Program was able to treat 135 patients for a total of 1,468 visits. Another increase in session offerings continues to be investigated with the ongoing pandemic.
- 4) Gaylord Outpatient Medical Services trialed offering sleep physicians' services in the Wallingford, CT location for 6 months. The volumes for sleep-related issues for patients with a pulmonary diagnosis using the practice were deemed not large enough to continue the model. We are currently investigating a new model for providing these services while maintaining a relationship with the previous physicians and using their current office locations for patient care when referrals are needed.

COVID-19 Update

COVID was not on the radar of healthcare providers during the establishment of the CHNA in 2019. However, when the pandemic hit the US in March of 2020, many providers, such as Gaylord, changed treatment models and began caring for COVID patients. As of October 2021, Gaylord Specialty Healthcare had successfully discharged more than 350 COVID-19 patients, many of them of who were on ventilators, required tracheostomy care and oxygen.

Patients and families continue to rely on Gaylord to provide a continuum of care related to post-COVID concerns. Whether inpatient care, outpatient care, a support group or community education, Gaylord dedicates hundreds of hours to physical recovery, cognitive well-being and the ability to return to a higher level of functioning. A reunion was offered on the Wallingford campus in July of 2021 to participants in its COVID support group. This created a safe space for COVID survivors to meet in-person and share their stories of survival and triumph with each other, as well as be reunited with caregivers.

Priority #4: Provide wellness lectures and access to adaptive sports opportunities

As a nonprofit healthcare system, Gaylord strives to provide educational opportunities and wellness programming to our community, from school-aged children through senior citizens. By arming the community with the latest research on health conditions and how to avoid risky behaviors, we hope to build a stronger, healthier tomorrow. Our community's members often reach out via our website "Contact Us" form looking for resources. By continuing to inform them where and when to seek help, we can build a stronger relationship. Educational opportunities include the ThinkFirst program, rehab technology updates, how to better exercise, avoid falls, increase balance and how to slow the process of osteoporosis to name a few.

Strategies for implementation:

- 1) Provide community lectures on topics related to Gaylord Outpatient Services and Gaylord Physical Therapy offerings.
- 2) Partner with local YMCAs, community employers, Chamber of Commerce, etc. to provide education.
- 3) Build relationships with sports clubs, teams, schools, etc. to allow Gaylord Physical Therapy staff to interact with local youth groups to encourage active living.
- 4) Provide support to the Gaylord Sports Association (adaptive recreational and competitive sports) for their programs to be expanded upon.

Anticipated impact:

- Maintain our relationship with the community as a trusted healthcare resource in central Connecticut.
- Increase the physical benefits, social opportunities, independence and skill enhancement for those we serve.

2021 Strategy Update

- 1) Due to COVID-19, most events continue to be presented virtually, via Zoom. Some topics that our staff has covered include Fall Prevention, Osteoporosis, Preparing your Body for the Golf Season, and Air Quality & Lung Health. Gaylord slowly began to transition back into the community for in-person presentations. Some of the topics we presented were the Benefits of Stretching and the annual Diabetes Management seminar. As of October 2021, Gaylord held 19 presentations, either in person and virtual, with an average of 19 people attending each presentation.
- 2) Gaylord partnered with many organizations in 2021 to reach a wider audience and help community members to stay connected during this difficult time. Partners included Chesprocott Health District, the Russell Library, the Wallingford Library, as well as the Cromwell and Cheshire Senior Centers to name a few.
- 3) In 2021, similarly to 2020, restrictions from schools and sporting leagues made for difficulty in supporting and interacting with students via sport and school organizations. Gaylord did make financial contributions to various community teams and activities in an effort to keep healthy activities running. Any team or club whose sport or activity was postponed will have Gaylord's support when the restrictions are lifted.

In 2021, Gaylord Physical Therapy was able to connect with the Connecticut Grind travel baseball team in Orange, CT. Andrew McIsaac PT, DPT, presented an arm health presentation via Zoom to more than 50 players and coaches. He also connected with the Athlete Training Institute, which is a multi-sport training facility in Cromwell, CT to provide materials on arm health for pitchers with plans to speak to their players in the near future.

The Gaylord Sports Association activities were severely impacted by COVID-19. Scheduled sports trips and adaptive sports programs were placed on hold in March 2020. Many of the in-person events were switched to Zoom mid-summer in order to keep participants connected and physically active. After a year where the Sports Association only served 232 people, the rebound in 2021 proved to be satisfying with 588 individual athletes served via 126 events. These events included archery, bocchia, pickle ball, golf, sled hockey, kayaking, wheelchair rugby, alpine skiing, tennis, triathlon and yoga. Plans continue for virtual and in-person activities moving into the future, always planning for flexibility to keep athletes engaged in sport and recreation happenings for physical and mental well-being.

Appendices

Appendix A – References for the 2022 CHNA

Long-term care hospital services, Medicare Part A (Hospital Insurance) covers care in a long-term care hospital
www.medicare.gov/Pubs/pdf/11347-Long-Term-Care-Hospitals.pdf

DataHaven Press Release, March 20, 2018, Connecticut Residents Once Again Urged to "Pick Up the Phone!" to Support Largest-Ever Survey on Neighborhood-Level Quality of Life, Health, and Happiness – Over 75 Leading Foundations, Hospitals, and Local Agencies Join DataHaven Initiative

<https://www.ctdatahaven.org/blog/connecticut-residents-once-again-urged-pick-phonesupport-largest-ever-survey-over-75-leading>

www.ctdatahaven.org/reports/datahaven-community-wellbeing-survey

Centers for Disease Control and Prevention (CDC), Health-Related Quality of Life (HRQOL), Well-Being Concepts,
<https://www.cdc.gov/hrqol/wellbeing.htm>

World Health Organization, About Social Determinants of Health,
http://www.who.int/social_determinants/sdh_definition/en/

National Academies of Sciences, Engineering, and Medicine 2017. Communities in Action: Pathways to Health Equity. Washington, DC: The National Academies Press. <https://doi.org/10.17226/24624>

What do you need help with? Search resources in Connecticut:

www.211ct.org/

CHESPROCOTT Health District: <http://chesprocott.org/>

Centers for Disease Control and Prevention. National Center for Chronic Disease

Prevention and Health Promotion, Division of Population Health. Healthy Aging

Data [online]. [accessed Feb 06, 2019]. URL: <https://www.cdc.gov/aging/agingdata/index.html>.

<https://portal.ct.gov/-/media/Office-of-the-Governor/News/20201028-Governors-Workforce-Council-Strategic-Plan.pdf>

U.S Bureau of Labor Statistics, 2020

Dressner M. (2017). Hospital workers: an assessment of occupational injuries and illnesses. Monthly Labor Review, U.S. Bureau of Labor Statistics, June 2017. <https://doi.org/10.21916/mlr.2017.17>

<https://medical-dictionary.thefreedictionary.com/work+hardening>

American Medical Association data for Neuro: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7607495/#>

Neuro definition: <https://www.who.int/news-room/questions-and-answers/item/mental-health-neurological-disorders>

Nursing shortage stat: <https://www.bls.gov/ooh/healthcare/nursing-assistants.htm#tab-6>

<https://partners.pennfoster.edu/blog/2020/march/how-to-meet-the-growing-demand-for-cnass>

Amputee Rate in CT: <https://www.cga.ct.gov/2009/INSdata/Tmy/2009HB-05093-R000205-Morgan%20Sheets,%20Amputee%20Coalition%20of%20America-TMY.PDF>

Workplace injuries-CT- https://www.bls.gov/regions/new-england/news-release/workplaceinjuriesandillnesses_connecticut.htm

TBI numbers in CT: <http://www.biact.org/understanding-brain-injury/brain-injury-facts-statistics>

<https://portal.ct.gov/DPH/State-Health-Planning/Healthy-CT-2020-Dashboards/36-INJ-Traumatic-Brain-Injury>

<https://www.cdc.gov/traumaticbraininjury/data/index.html>

<https://stateofhealth.ct.gov/HCT2020/INJTBI>

Stroke in CT www.ct.gov/DPH/HeartStrokeData

References for the 2019 CHNA

Busse, A., Hensel, A., Gühne, U., Angermeyer, M. C., & Riedel-Heller, S. G. (2006). Mild cognitive impairment long-term course of four clinical subtypes. *Neurology*, 67(12), 2176-2185.

Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health. Healthy Aging Data [online]. [accessed Feb 06, 2019]. URL: <https://www.cdc.gov/aging/agingdata/index.html>.

Luo, H., Yu, G., & Wu, B. (2018). Self-Reported Cognitive Impairment Across Racial/Ethnic Groups in the United States, National Health Interview Survey, 1997–2015. *Preventing Chronic Disease*, 15. <https://doi.org/10.5888/pcd15.170338>

Dressner M. (2017). Hospital workers: an assessment of occupational injuries and illnesses. *Monthly Labor Review*, U.S. Bureau of Labor Statistics, June 2017. <https://doi.org/10.21916/mlr.2017.17>.

Gage, B., Bartosch, W., & Green, J. (2005). Long-Term Acute Care Hospital (LTCH) Project Approach. Retrieved from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/LongTermCareHospitalPPS/Downloads/RTI_phase1.pdf

Garner DJ, Berlowitz DJ, Douglas J, Harkness N, Howard M, McArdle N, Naughton MT, Neill A, Piper A, Yeo A, Young A. *Eur Respir J*. 2013 Jan; 41(1):39-45.

King, Angela C. Long-Term Home Mechanical Ventilation in the United States. *Respiratory Care* Jun 2012, 57 (6) 921-932; DOI: 10.4187/respcare.01741

Lloyd-Owen SJ, Donaldson GC, Ambrosino N, Escarabill J, Farre R, Fauroux B, Robert D, Schoenhofer B, Simonds AK, Wedzicha JA. *Eur Respir J*. 2005 Jun; 25(6):1025-31.

Petersen, R. (2011). Mild Cognitive Impairment. *The New England Journal of Medicine*, 364(23), 2227-2234.

Plassman, B. L., Langa, K. M., Fisher, G. G., Heeringa, S. G., Weir, D. R., Ofstedal, M.B., ... & Steffens, D. C. (2008). Prevalence of cognitive impairment without dementia in the United States. *Annals of internal medicine*, 148(6), 427-434.

Research Triangle Institute. (2009). *Examining Post-Acute Care Relationships In An Integrated Hospital System*. Waltham, MA

Rose L, McKim DA, Katz SL, Leasa D, Nonoyama M, Pedersen C, Goldstein RS, Road JD, CANuVENT Group. *Respir Care*. 2015 May; 60(5):695-704.

Votto, J. J., Koenig, L., Kirby, T. F., & Dollard, J. (2017). Post-ICU Mechanical Ventilation: Weaning Outcomes In 15,724 Patients Reported From The National Association Of Long Term Hospitals (NALTH) Health Information System (NHIS). In A51. *CRITICAL CARE: RISK STRATIFICATION AND PROGNOSTICATION-FROM BEDSIDE TO BIG DATA* (pp. A1817-A1817). American Thoracic Society.

<https://brainhealth.nia.nih.gov/>

<https://www.bls.gov/iif/oshstate.htm#CT>

<https://www.mayoclinic.org/diseases-conditions/mild-cognitive-impairment/symptoms-causes/syc-20354578>

Appendix B – Resources

The list below is a starting point for users who are unfamiliar with websites or other resources intended for both the consumer and the health professional. This list is not all inclusive nor does it constitute recommendations made by Gaylord staff.

Brain injury

American Brain Tumor Association - <https://www.abta.org>

Brain Injury Association of America - <https://www.biausa.org>

Brain Injury Association of Connecticut - <http://www.biact.org>

National Resource Center for Traumatic Brain Injury - <http://www.tbinc.com>

Traumatic Brain Injury - <http://tbi.org>

Disabled athlete

Adaptive Athletes - <http://usadaptive.net/resources-for-adaptive-athletes>

National Organization on Disability - <https://www.nod.org>

Workplace injury

<https://www.osha.gov/workers/>

Pulmonary

American Association of Cardiovascular and Pulmonary Rehabilitation -

<https://www.aacvpr.org/Resources/Resources-for-Patients/Pulmonary-Rehab-Patient-Resources>

Stroke

National Institute of Neurological Disorders and Stroke - <https://www.ninds.nih.gov>

National Stroke Association - <http://www.stroke.org>

Spinal cord injury

National Spinal Cord Injury Association - <https://unitedspinal.org>

National Spinal Cord Injury Association – Connecticut Chapter - <http://www.sciact.org>

Spinal Cord Injury Information Network - <http://www.uab.edu/medicine/sci>

ACRONYMS AND ABBREVIATIONS

ABI - Acquired brain injury

ACMA - American Case Management Association

ALS - Amyotrophic Lateral Sclerosis

BITS - Bioness Integrated Technology Systems

CARF - Commission for the Accreditation of Rehabilitation Facilities

CHEFA Grant - Connecticut Health and Educational Facilities Authority Grant

COPD - Chronic Obstructive Pulmonary Disease

CVA - Cerebrovascular accident/stroke

MARTTI - My Accessible Real Time Trusted Interpreter

MCI - Mild cognitive impairment

MS - Multiple sclerosis

SCI - Spinal cord injury

TBI - Traumatic brain injury

USOC - United States Olympic Committee

Appendix C – Support groups

The following support groups are offered at Gaylord Specialty Healthcare in Wallingford, CT.

Acquired Brain Injury Patients Family & Caregiver Support Group

Open to all family and caregivers of current inpatients or recent Gaylord patients with an ABI

Call Dorene Scolnic, LCSW, CCTSW for schedule (203) 679-3506

Amputee Success Group at Gaylord

First Thursday of every month from 5:00 - 6:00 p.m. at Luscomb Inpatient Gym

Open to the community

For more information: Amputee Support Group (203) 741-3424

Better Breathers at Gaylord

First Thursday of every month from 1:00 - 2:00 p.m. at the Cullen Board Room in Chauncey Conference Center

Open to the community

For more information: Helen Young, BS, RRT-NPS, RPFT at (203) 741-3351

Community Stroke Support Group

First Thursday of every month from 3:30 - 4:30 p.m. at Jackson Ground Floor Atrium

Intended for patients, families and peers

For more information: (203) 284-2875

Spinal Cord Injury Support Group

Fourth Monday of the month at 5:00 p.m. in the Luscomb Gym
For more information: (203) 284-2875

COVID-19 Support Group

Runs bi-weekly on Tuesday evenings via Zoom
For information: Jamesrusso@gaylord.org or (203) 284-2946

Additional programs and support groups are available for current inpatients at Gaylord Hospital. The Care Management team shares the appropriate resources with patient and families upon admissions and throughout their stay.

Appendix D – Inventory of Services

- Inpatients are accepted for transfer to Gaylord once their clinical needs and insurance plans are reviewed and deemed appropriate. Patients are at Gaylord Hospital for an average of 28 days, with approximately 50% being discharged to the community. Others are transitioned to a lower level of care to finish their rehabilitation or medically-based goals. All inpatient programs are comprehensive, multidisciplinary and accredited by CARF and the Joint Commissions. The patient's care is overseen by an experienced team of hospitalists, physiatrists, ACLS and or rehabilitation-certified nurse's working alongside physical, occupational, speech and recreational therapists to deliver an individualized program
 - Brain Injury
 - Acquired and traumatic injuries, AVM, tumors
 - Stroke
 - Including dedicated program for young stroke survivors
 - Spinal Cord Injury or Illness
 - Including a dedicated adolescent rehab program
 - Neurological
 - Lou Gehrig's disease, Muscular Dystrophy, Guillain-Barre, post-Polio syndrome, peripheral neuropathy, Myasthenia Gravis and Multiple Sclerosis.
 - Orthopedic
 - Amputations, arthritis, bilateral joint replacements and fractures
 - Complex Medical/Major Multiple Trauma
 - Including heart failure, arrhythmias, post-surgical complications, complex wounds, sepsis
 - Pulmonary/Ventilator Weaning
 - COPD, pneumonia, lung transplant patients and home vent teaching
- Outpatient care is delivered in multiple locations with highly specialized rehab technology and highly credentialed staff. Patients are referred by community care providers, or continue their care from Gaylord inpatient program. Evaluations may indicate a single-service, such as physical therapy. If comprehensive care is required, the Gaylord physician coordinates appropriate specialists such as

nutrition, physical, occupational, speech, neuropsychologists, sports medicine physical therapists, vestibular/balance specialists pulmonary rehab and more. Specialty programs include

- **Transitional Living** -The Louis D. Taurig House has served as a stepping stone in the rehabilitation continuum of care since 1989. Taurig House is the only transitional living center/residential center for people with acquired brain injury in Connecticut. Located in Wallingford on the Gaylord Hospital campus, the Taurig House is an 8-bed co-ed facility. When a person has completed inpatient rehabilitation, but is still not ready to go home because of language, physical and/or cognitive problems, Taurig House provides the necessary transition to ease the patient from hospital to home
- **ThinkFirst Program** - ThinkFirst is sponsored by Gaylord Specialty Healthcare and the National Spinal Cord Injury Association, Connecticut Chapter. ThinkFirst is an injury prevention program that is offered free to schools (grades K-12) and community groups such as clubs, scout troops and health fairs, etc. The program is taught by a physical therapist from Gaylord Hospital and addresses the ways to prevent injury when participating in age-specific activities, such as bicycle safety for elementary students and drinking and driving for high school students. An important focus is helping students understand the impact of brain and spinal cord injuries on their lives and how they can be prevented.

Appendix E – Accreditations & Recognition

Gaylord Specialty Healthcare Accreditations



The **Commission on Accreditation of Rehabilitation Facilities (CARF)** certification is a rigorous process that ensures programs meet the highest standards of patient care. Those utilizing health and human services will likely see the internationally recognized CARF symbol proudly displayed at many care providers throughout the United States, Canada, and Brazil. Gaylord is CARF (Commission on Accreditation of Rehabilitation Facilities) accredited for all inpatient and outpatient rehabilitation programs and has specialty accreditation for its spinal cord, stroke, and brain injury programs. Gaylord is one of two long-term acute care hospitals in the world, and the only one of its kind in the U.S., with this unique level of CARF accreditation.



The **Joint Commission** accreditation and certification is recognized nationwide as a symbol of quality that reflects an organization's commitment to meeting certain performance standards. Each organization must go through a rigorous evaluation process. Accreditation and certification lasts for three years.



AACVPR Gaylord is accredited by the **American Association of Cardiovascular and Pulmonary Rehabilitation (AACVPR)**. The AACVPR Cardiac and Pulmonary Rehabilitation Program Certification process is the only peer-review accreditation process designed to review individual facilities.

Recognitions



States.

Passy Muir Gaylord is recognized as a Passy Muir® Center of Excellence because we use Passy-Muir Valves as a standard of care for our tracheostomized and ventilator dependent patients. This practice has decreased recovery time and enhanced the quality of life for our patients. Gaylord is one of 11 Centers of Excellence in the United



Vapotherm Vapotherm designated Gaylord Hospital as its first Center of Excellence. Gaylord is a pioneer in the use of heated humidification to improve patient pulmonary outcomes and is one of three LTACHs in the country to earn the Center of Excellence classification.



NERSCIC Gaylord is a member of the Spaulding New England Regional Spinal Cord Center, which is one of 14 Spinal Cord Injury Model Systems in the U.S.



National Institutes of Health/StrokeNet Gaylord is a member of this network created to conduct small and large clinical trials and research studies to advance acute stroke treatment, stroke prevention, and recovery and rehabilitation following a stroke.



Arthritis Foundation The Wallingford pool staff is certified by the Arthritis Foundation. They offer classes specifically geared to benefit those with the disease.



Move United The Gaylord Sports Association is a member of Move United, which provides national leadership and opportunities for individuals with disabilities to develop independence, confidence, and fitness through participation in community sports, recreation and educational programs.



GuideStar by Candid Gold Seal of Transparency indicates that a nonprofit has provided key information to its Nonprofit Profile. This recognition shows commitment to transparency, by providing up-to-date information such as organization contact details, mission statement, leadership, program(s), locations served, and an audited financial report or basic financial information.

Appendix F – Community Partner Organizations

Gaylord partners with the following organizations to provide education, free of charge.

Organization	Location
Brain Injury Alliance of CT	200 Day Hill Rd, Suite 250, Windsor, CT 06095
Chesprocott Health District Health district for Cheshire, Prospect, Wolcott, CT	1247 Highland Ave, Cheshire, CT 06410
Cheshire Chamber of Commerce	195 South Main Street, Suite #2, Cheshire, CT 06410
Cheshire Public Library	104 Main St, Cheshire, CT 06410
Cheshire YMCA	967 South Main St, Cheshire, CT 06410
Hamden Chamber of Commerce	3074 Whitney Ave, Hamden, CT 06518
Madison Chamber of Commerce	12 School St, Madison, CT 06443
Madison Jaycees	PO Box 128, Madison CT 06443
Madison Senior Center	29 Bradley St, Madison CT 06443
Meriden YMCA	110 West Main St, Meriden CT 06451
Middlesex Chamber of Commerce	393 Main St, Middletown, CT 06457
MidState Chamber of Commerce	546 South Broad St, Meriden, CT 06450
North Haven Senior Center	189 Pool Rd, North Haven, CT 06473
ThinkFirst Gaylord Chapter	50 Gaylord Farm Rd, Wallingford, CT 06492
Greater New Haven Chamber of Commerce	900 Chapel ST, 10 th Floor, New Haven, CT 06510
Quinnipiac Chamber	50 North Main St, Wallingford, CT 06492
Russell Library	123 Broad St, Middletown, CT 06457
Wallingford Library	200 North Main St, Wallingford, CT 06492
Wallingford Senior Center	238 Washington St, Wallingford, CT 06492
Wolcott Senior Center	211 Nichols Rd, Wolcott, CT 06716

Appendix G – Key Constituents Surveyed

The following organizations were surveyed as key influencers to evaluate community health needs as identified from their vantage point and role in the community.

Organization	Location
Acute-care hospital referral sources	25+ hospitals across Connecticut
Amputee Success Group	Meeting space at 50 Gaylord Farm Road, Wallingford, CT 06492
Better Breathers Group	Meeting space at 50 Gaylord Farm Road, Wallingford, CT 06492
Brain Injury Support Group	Meeting space at 50 Gaylord Farm Road, Wallingford, CT 06492
COVID-19 Support Group	Virtual group, administrators are Gaylord staff members
Gaylord Sports Association participants	50 Gaylord Farm Rd, Wallingford, CT 06492
Gaylord Hospital Follow-up phone call survey	Administered by IT Health Track, Outcomes for Quality Care
Spinal Cord Injury -CT Chapter, United Spinal affiliate	50 Gaylord Farm Rd, Wallingford, CT 06492
Spinal Cord Injury Annual follow-up survey	Gaylord Outcomes Department administers to all former inpatients
Spinal Cord Injury Group	Meeting space at 50 Gaylord Farm Road, Wallingford, CT 06492
Stroke support group	Meeting space at 50 Gaylord Farm Road, Wallingford, CT 06492

Appendix H – Survey questions

Acute-care Hospital Referral sources survey

1. Please indicate your level of satisfaction with the following:
 - a. Satisfaction with admission process?
 - b. Timeliness of acceptance?
 - c. Level of communication?
 - d. Reason for denial, if appropriate?
 - e. Satisfied with medical programs offered?
 - f. Satisfied with rehabilitation programs offered?
2. What additional services can you identify where the lack of availability hinders patient care?

All support groups received similar survey questions

1. Please indicate your level of satisfaction with your experience in the group
 - a. How much does the program make a difference in your life?
 - b. Have you referred anyone else to use this group?
 - c. Have you referred anyone to another support group?
 - d. Time frame you have been attending
 - e. Do you travel to the group/or attend online?

2. Please identify improvements for increased satisfaction for your support group experience:
 - a. Offer at different time
 - b. Offer hybrid in-person and virtual opportunities
 - c. Different speakers/leaders
 - d. Offer more practical tools
 - e. Have a social time included in the meeting or after
 - f. Offer onsite gathering opportunities
 - g. For in-person opportunities would you attend only if held outside?
 - h. Other suggestions

Gaylord Sports Association survey

1. Please indicate what barriers exist, if any, to accessing care you need to maintain your health. Check all that apply.
 - Transportation
 - Cost of care/insurance doesn't cover services
 - Lack of insurance
 - Availability/accessibility of physicians who understand my special needs
 - Physical limitations
 - Services and resources are not located locally
 - Lack of care coordination among providers
 - Lack of support/patient advocacy
 - Other (please specify)

2. What would you say are the greatest unmet needs of the communities for whom Gaylord provides services?

3. What are one or two key improvements that you feel are needed for Gaylord to provide better healthcare for our communities?

4. What is your vision of a healthy Gaylord community?

5. Are there adaptive sports or recreational activities that you would like to see offered which currently are not offered?
6. What are barriers to participation with recreational and sport activities?
7. Please gauge your
 - a) Likelihood to participate
 - b) Likelihood to recommend to others
8. Additional comments

SCI Annual Follow Up Questions – Gaylord Hospital Outcomes Department

1. Follow-up Living Setting

- 01 Home
- 02 Board & Care
- 03 Transitional Living
- 04 Interim Care
- 05 SNF
- 06 Chronic Hospital
- 07 Rehab Facility
- 08 Alt Level Care Unit
- 09 Subacute Setting
- 10 Assist Living Residence
- 11 Other

2. Follow-up Living With

- 01 Alone
- 02 Family/Relatives
- 03 Friends
- 04 Attendant
- 05 Other

3. Follow-up Vocational Category

- 01 Employed
- 02 Sheltered
- 03 Student
- 04 Homemaker
- 05 Not Working
- 06 Retired Age
- 07 Retired/Disable

4. Follow-up Vocational Effort

- 01 Full-time
- 02 Part-time
- 03 Adjusted Workload

5. Follow-up Health Maintenance Primary/ Secondary

- 01 Own care
- 02 Unpaid person or family
- 03 Paid attendant or aide
- 04 Paid professional

6. Therapy Current & Any

- 01 None
- 02 Outpatient
- 03 Home based
- 04 Both 2 & 3
- 05 Inpatient Hospital
- 06 Long-term care

7. Post Discharge Hospitalization within the year after your discharge

- 01 None
- 02 Med/Surgery
- 03 Rehab
- 04 Both

SCI Annual Follow Up Questions – Gaylord Hospital Outcomes Department

8. Current Pain Level (0=No pain, 5=Moderate pain, 10=Worst pain possible)

- 0 No Pain
- 1 - 3
- 4 - 6
- 7 - 9
- 10

9. Number of falls in the year since your discharge

- 0
- 1
- 2
- 3
- 4
- 5 - 9
- 10 +

10. Overall Satisfaction with Program

- 1-Very dissatisfied
- 2-Somewhat dissatisfied
- 3-Somewhat satisfied
- 4-Very satisfied

11. Quality of Life Satisfaction

- 1-Very dissatisfied
- 2-Somewhat dissatisfied
- 3-Somewhat satisfied
- 4-Very satisfied

12. Satisfaction with Goals Attained

- 1-Very dissatisfied
- 2-Somewhat dissatisfied
- 3-Somewhat satisfied
- 4-Very satisfied

13. Satisfaction with Community Participation

- 1-Very dissatisfied
- 2-Somewhat dissatisfied
- 3-Somewhat satisfied
- 4-Very satisfied

14. Emotional Health

Are you depressed?

- 1-Yes
- 2-No

SCI Annual Follow Up Questions – Gaylord Hospital Outcomes Department

15. Mood/Feelings

Are you optimistic about your future?

- 1-Yes
- 2-No

16. Do you have regular follow up appointments with your doctor?

- a. No, never.
- b. Yes, with my PCP only
- c. Yes with my physiatrist only
- d. Yes, with multiple medical professionals

17. Since being discharged have you been able to continue to exercise and what type of exercise have you been doing?

Please choose all that apply:

- a. Exercise program at home
- b. Exercise at gym
- c. Participation in sports
- d. Exercise with a Personal Trainer
- e. Multiple choices (a - d)
- f. None

18. How often do you travel outside the home?

- a. almost every day
- b. almost every week
- c. seldom/never (less than once per week)

Response Options for Demographic, Diagnostic and Supplemental Assessment
90 day follow up phone calls administered by IT Health Track by impairment group on
behalf of Gaylord Specialty Healthcare/Gaylord Hospital

1. Follow-up Living Setting
 - 01 Home, board/care, assist living, group home
 - 02 Short term General Hospital
 - 03 SNF
 - 04 Intermediate Care
 - 06 Home under care of home health service
 - 11 Died
 - 50 Hospice (Home)
 - 51 Hospice (Institutional Facility)
 - 61 Swing Bed
 - 62 Another Inpt Rehab Facility
 - 63 Long Term Care Hosp (LTCH)
 - 64 Medicaid Nursing Facility
 - 65 Inpt Psychiatric Facility
 - 66 Critical Access Hospital
 - 99 Not listed
2. Follow-up Living With
 - 01 Alone
 - 02 Family/Relatives
 - 03 Friends
 - 04 Attendant
 - 05 Other
3. Follow-up Vocational Category
 - 01 Employed
 - 02 Sheltered
 - 03 Student
 - 04 Homemaker
 - 05 Not Working
 - 06 Retired Age
 - 07 Retired/Disable
4. Follow-up Vocational Effort
 - 01 Full-time
 - 02 Part-time
 - 03 Adjusted Workload
5. Follow-up Information Source
 - 01 Patient
 - 02 Family
 - 03 Other
6. Follow-up Health Maintenance Primary/ Secondary
 - 01 Own care
 - 02 Unpaid person or family
 - 03 Paid attendant or aide
 - 04 Paid professional

7. Emergency Department yes/no
If yes, reason:
01 Accident
02 Related to or similar condition as rehab admit
03 Other
8. Therapy Current & Any
01 None
02 Outpatient
03 Home Based
04 Both 2 & 3
05 Inpatient Hospital
06 Long-term care
08 Day treatment
9. 30 Day Post Discharge Hospitalization
01 Yes
02 No
03 Yes but planned
04 Never went home
10. Post Discharge Hospital type
01 Medical Hospital
02 Rehab Hospital
03 Subacute Rehab
04 Skilled Nursing Facility
05 Both Medical & Any Rehab
11. Reason for Hospitalization
12. Home now
01 Yes
02 No
13. Current Pain Level
1-10 Scale (0=No pain, 5=Moderate pain, 10=Worst pain possible)
14. Number of Falls Post-Discharge
15. Falls that Caused an Injury
None, 1, 2, 3, 4, 5-9, 10 & more
16. Overall Satisfaction with Program
1-Very dissatisfied
2-Somewhat dissatisfied
3-Somewhat satisfied
4-Very satisfied
17. Quality of Life Satisfaction
1-Very dissatisfied
2-Somewhat dissatisfied
3-Somewhat satisfied
4-Very satisfied
18. Satisfaction with Goals Attained
1-Very dissatisfied
2-Somewhat dissatisfied
3-Somewhat Satisfied
4-Very Satisfied

19. Satisfaction with Community Participation

- 1- Very dissatisfied
- 2- Somewhat dissatisfied
- 3- Somewhat Satisfied
- 4- Very Satisfied

20. Recommendation of Hospital

- 1- Definitely No
- 2- Probably No
- 3- Probably Yes
- 4- Definitely Yes

Asked of stroke patients only –

- | | |
|--------------------------|--|
| 21. Aspiration Pneumonia | Have you been diagnosed with aspiration pneumonia since your discharge from the rehab hospital? Yes/No

If you are not sure it was aspiration pneumonia, was it pneumonia of other unknown cause? Yes/No |
| 22. Other Injuries | Have you experienced any other injuries since your discharge from the rehab hospital? Yes/No |
| 23. Unplanned Med Visits | Have you had any unplanned medical visits/encounters since your discharge from the rehab hospital? Yes/No |

Appendix I – DataHaven Research

DataHaven

Community Health Needs Assessment

CHIME Data Profile: Connecticut

By DataHaven, May 2022

Data about residents' visits to hospitals and emergency rooms may be used as an tool to examine variations in health and quality of life by geography and within specific populations¹. Unless otherwise noted, all information in this profile is based on a DataHaven analysis (2022) of 2018-2021 CHIME data provided by the Connecticut Hospital Association upon request from a special study agreement with partner hospitals and DataHaven. The CHIME hospital encounter data extraction included de-identified information for each of several million Connecticut hospital and emergency department encounters incurred by any residents of any town in Connecticut. Any encounter incurred by any resident of these towns at any Connecticut hospital would be included in this dataset, regardless of where they received treatment.

In order to develop statewide geographic benchmark comparisons within the CHIME data that could be used to provide context, DataHaven developed a statewide aggregate as well as rates for individual Connecticut towns and regions. Comparisons should be made with caution, especially when examining data for towns or regions near the state border, given that residents in those towns may have been more likely to receive treatment at hospitals located outside of the state in some cases.

Each encounter observation had a unique encounter ID and was populated with one or more "indicator flags" representing a variety of conditions. Each encounter could include multiple indicator flags.

Annualized encounter rates were calculated for the indicator flags assigned within the dataset including Asthma, COPD, Substance Abuse, and many other conditions. Analyses in this document describe data on "all hospital encounters" including inpatient, emergency department (ED), and observation encounters. Annualized encounter rates per 10,000 persons were calculated for the period from 2018 to October 2021 by merging CHIME data with population data.

For each geographic area and indicator, our analysis generally included an annualized encounter rate for populations in each of five age strata (0-19, 20-44, 45-64, 65-74, and 75+ years), and by gender, as well as a single age-adjusted annualized encounter rate. DataHaven also calculated rates by race, but those results are not included in this document because we believe that the collection of race/ethnicity data is not yet standardized in a way that allows for accurate comparisons across geographic areas. In some cases, results are not included in this report if the number of observations and/or populations in any given area were very small. It is important to note that there is no way to discern the unique number of individuals in any zip code, town, area, or region who experienced hospital encounters during the period under examination or the number of encounters that represented repeat encounters by the same individual for the same or different conditions. To better examine encounter rates for asthma, the age-strata used to calculate asthma encounter rates differed from age groupings used for the other disease encounter types (0-4, 5-19, 20-44, 45-64, 65-74, and 75+ years).

Please contact DataHaven or refer to our larger documents at ctdatahaven.org/reports for further information.

¹Data for other towns, zip codes, and regions are available via the regional Community Health Needs Assessment. We recommend comparing the information in this profile to information from surrounding towns, counties, and similar communities. General demographic information is also available at ctdatahaven.org/communities.

Demographics

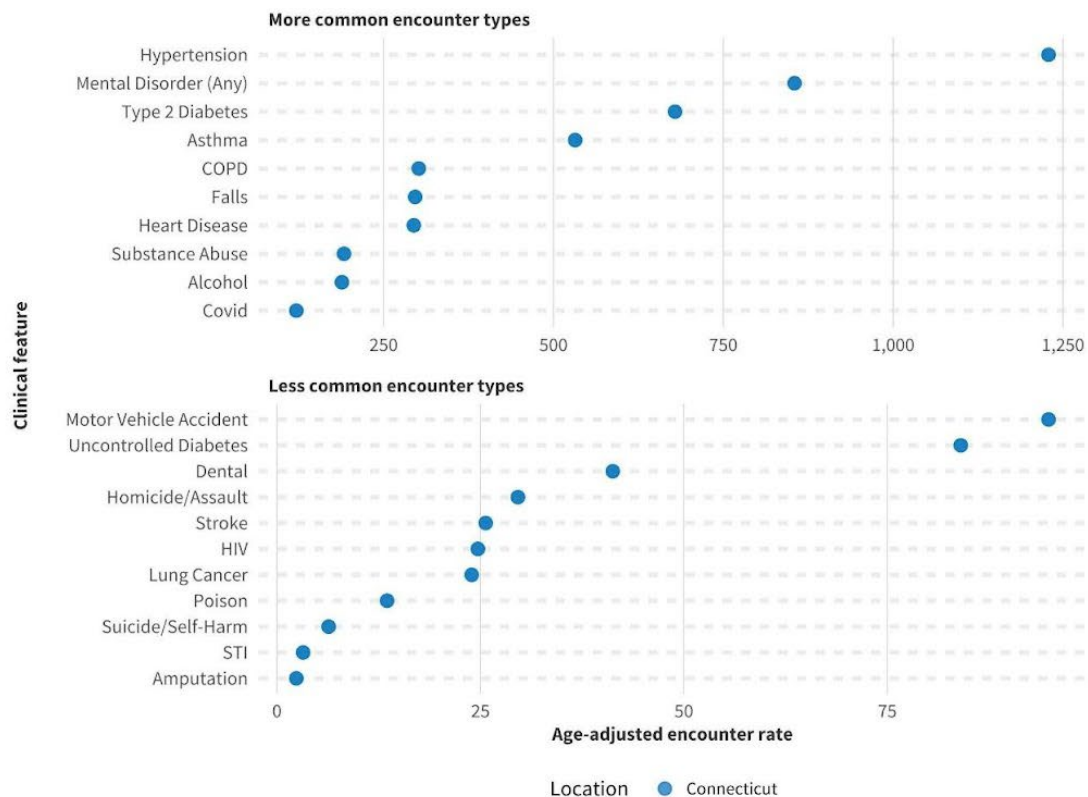
Connecticut has a population of 3,570,549 people, with the following breakdown²:

Gender	All Ages	Age 0-19	Age 20-44	Age 45-64	Age 65-74	Age 75+
Female	1,828,861	410,123	553,258	518,225	184,861	162,394
Male	1,741,688	427,840	560,137	485,500	160,546	107,665
Total	3,570,549	837,963	1,113,395	1,003,725	345,407	270,059

Hospital encounter data

Annualized age-adjusted encounter rates per 10,000 residents

Connecticut, 2018-2021



²DataHaven analysis (2022) of population data from U.S. Census American Community Survey 2019 5-year estimates.

Encounter rates per 10,000, age-adjusted and by age Connecticut, 2018–2021

Alcohol

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	189	189	13	214	334	197	79
Female	108	108	12	141	173	94	42
Male	275	274	13	286	505	316	134

Amputation

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	2	2	-	1	4	6	7
Female	1	1	-	0	2	3	3
Male	4	4	-	1	6	9	12

Asthma

Sex	Age-adjusted	All ages, crude rate	0-4 years	20-44 years	45-64 years	5-19 years	65-74 years	75+ years
All	532	532	349	669	547	381	481	472
Female	687	687	257	944	732	395	627	553
Male	369	370	437	398	350	368	314	349

COPD

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	302	305	1	26	377	870	1,415
Female	295	319	1	31	383	838	1,312
Male	313	291	1	20	371	908	1,570

Covid

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	122	122	34	111	140	175	307
Female	121	124	36	127	131	154	283
Male	124	120	32	95	150	200	344

Dental

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	41	41	49	51	33	26	27
Female	38	38	45	49	30	24	24
Male	44	45	53	53	37	29	30

Falls

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	297	299	256	156	234	397	1,137
Female	307	324	227	165	247	432	1,232
Male	281	272	283	146	219	356	992

Heart Disease

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	295	299	1	31	255	704	1,973
Female	252	283	1	29	199	585	1,781
Male	347	316	1	33	315	842	2,262

HIV

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	25	25	0	17	56	32	7
Female	20	20	0	13	47	22	4
Male	30	30	0	20	66	45	10

Homicide/Assault

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	30	30	21	58	21	6	3
Female	26	25	21	52	15	4	3
Male	34	34	21	64	27	9	4

Hypertension

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	1,229	1,239	22	466	1,750	2,923	4,145
Female	1,198	1,274	21	487	1,653	2,811	4,158
Male	1,263	1,202	23	446	1,854	3,053	4,124

Lung Cancer

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	24	24	0	1	25	89	112
Female	23	25	-	1	24	88	98
Male	26	24	0	1	26	90	132

Mental Disorder (Any)

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	855	859	291	828	927	1,106	2,185
Female	982	1,013	313	1,017	1,057	1,235	2,377
Male	717	697	269	641	788	958	1,895

Motor Vehicle Accident

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	95	95	62	161	81	49	38
Female	94	92	64	162	75	45	34
Male	96	98	60	159	86	53	45

Poison

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	14	14	12	15	15	12	10
Female	12	12	11	13	12	11	9
Male	15	15	12	17	17	14	13

STI

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	3	3	1	7	2	1	1
Female	3	3	2	6	1	1	1
Male	4	4	1	8	3	2	2

Stroke

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	26	26	1	5	25	60	152
Female	23	25	1	5	20	51	147
Male	29	27	1	5	31	71	158

Substance Abuse

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	192	192	45	333	234	98	28
Female	142	140	43	255	158	62	25
Male	243	246	47	409	315	139	32

Suicide/Self-Harm

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	6	6	11	9	3	1	1
Female	8	7	16	9	3	1	1
Male	5	5	5	9	4	2	1

Type 2 Diabetes

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	679	685	11	214	963	1,718	2,367
Female	630	668	14	248	888	1,547	2,046
Male	744	703	7	179	1,043	1,914	2,850

Uncontrolled Diabetes

Sex	Age-adjusted	All ages, crude rate	0-19 years	20-44 years	45-64 years	65-74 years	75+ years
All	84	85	6	42	127	180	224
Female	75	78	7	42	108	160	196
Male	95	91	5	42	147	204	266



Thank you to the dedicated staff members who contribute to creating the CNHA and the programs needed to serve our community. Whether working at the bedside or in the outpatient setting, in a clinical capacity or in a support role, you are applauded. For those tracking data, administering surveys, volunteering to run support groups off hours or providing proof-reading services, you are commended.

The team at Gaylord is often referred to as a family in patient satisfaction surveys and on nominations for the Employee of the Year award. No truer words were ever spoken. Gaylord is recognized as a Top Workplace and has a reputation for being creative, dedicated and teaching patients and families to #thinkpossible. As Gaylord celebrates 120 years of caring, never let a moment pass to acknowledge a co-worker and their talents. It is shoulder to shoulder that we stand tall together and support each other in this noble field of caring for others when they are at their most vulnerable.

Think Possible

Gaylord Specialty Healthcare is a rehabilitation-focused, nonprofit health system that provides inpatient and outpatient care for people at every point in their journey from illness or injury to maximum recovery.

Gaylord Specialty Healthcare is comprised of three components: Gaylord Hospital which is a 137-bed long term acute care hospital; Outpatient Services which offers over 30 programs for a variety of medical conditions; and Gaylord Physical Therapy which offers orthopedic rehab as a result of injury or surgery.

Together, these entities deliver a complete continuum of rehabilitation care driven by technology, research, clinical experience, and human compassion. Headquartered in Wallingford CT, Gaylord serves a mix of local, regional, national and international patients. **To learn more visit [Gaylord.org](https://www.gaylord.org).**

