

# HEALTH EMPOWERMENT PARTNERSHIPS

CHESTER COUNTY HOSPITAL

COMMUNITY BENEFIT REPORT 2019



Penn Medicine  
Chester County Hospital

PAGE 2  
SOCIAL NETWORKING OFFERS NEW AVENUES TO CONNECT  
WITH HEALTHCARE PROVIDERS

PAGE 6  
HEART FAILURE SUPPORT GROUP IS EASING  
THE BURDEN OF SELF-CARE

PAGE 10  
HOW THE OPIOID TASK FORCE IS TAKING STEPS TO FIGHT  
THE OPIOID EPIDEMIC IN CHESTER COUNTY

PAGE 14  
NEED A RIDE?  
SHINE WILL PICK YOU UP!

PAGE 16  
INCREASING STRENGTH: PHYSICALLY + MENTALLY

PAGE 20  
COMMUNITY

# VISION

TO BE THE LEADING PROVIDER OF CARE IN THE REGION AND A NATIONAL  
MODEL FOR QUALITY, SERVICE EXCELLENCE AND FISCAL STEWARDSHIP.

Chester County Hospital is committed to identifying, prioritizing and serving the health needs of our community. In fulfillment of the Patient Protection and Affordable Care Act, the hospital performs a Community Health Needs Assessment (CHNA) every three years. In 2019, a group of local hospitals and health systems, including Chester County Hospital, convened to develop the first-ever Southeastern PA Regional CHNA. From this needs assessment, a corresponding Community Health Implementation Plan (CHIP) specific to Chester County Hospital was written and put into action.

The hospital's many established and long-standing community partnerships inform the work done for CHIP, with the common goal to help Chester County become a community in which all individuals can be healthy and empowered to manage their health.

**Chester County Hospital's Community Benefit Report 2019—Health Empowerment Partnerships—** shares a few of the ways we are partnering with these local organizations to create new possibilities for wellness and good health among our neighbors of Chester County.

Visit [ChesterCountyHospital.org](http://ChesterCountyHospital.org) to learn more about the Community Health Needs Assessment and Implementation Plan.

### STRATEGIC QUESTION 1

How can the community expand upon the patient experience using technology to enhance access to healthcare resources?

### IMPLEMENTATION PLAN

Chester County Hospital will utilize social networking to engage and share health resources within the community.



## SOCIAL NETWORKING OFFERS NEW AVENUES TO CONNECT WITH HEALTHCARE PROVIDERS

**The barriers to healthcare are numerous.** They range from the systematic—a lack of health insurance—to the mundane—a lack of childcare or an inability to take time off of work—to a combination of both. As part of a larger initiative to make preventive healthcare more accessible, Chester County Hospital has taken to social media—Facebook, specifically—where it has launched a pair of private groups, one for expecting and new mothers and another for those living with prediabetes and type 2 diabetes, that are designed to serve as informal forums, educational resources, and direct lines to clinical experts within the hospital.

Preventive healthcare is vital to maintaining wellness and accessing treatment promptly when needed. It's even more valuable for expecting mothers. Early and regular prenatal care has been found to help reduce the risk of pregnancy complications, as well as the risk of complications for the fetus and infant, according to the Eunice Kennedy Shriver National Institute of Child Health and Human Development.





And certain diseases, like diabetes, are easier to treat in the beginning and even preventable when they're detected early enough. Yet nearly a quarter of those with diabetes in the United States have never even been diagnosed, according to the Centers for Disease Control and Prevention.

#### CARVING OUT A SAFE PLACE FOR SUPPORT

The Mother and Baby Facebook group was introduced in June 2015. Amy C. Latyak, BSN, RN, CCE, CBC, the coordinator of the hospital's Childbirth Education Program, serves as the group's primary administrator, but she tends to let much of it occur organically among the group's nearly 875 members.

"I'll post links to resources, like free car seat inspections, relevant support groups, and upcoming classes," Latyak says. "But much of the content is generated by our mothers. Someone looking for advice will post a question and many of the moms in our group will chime in with their feedback. It can be something simple, like, 'Do I need to bring a blow dryer when I come in to deliver?' Or something more serious, like, 'Does anyone know if this car seat has been recalled?'"

**"Sometimes the best advice you receive as a mom is from another mother," reads the group's description.**

All posts are first approved by Latyak or one of the group's other administrators, which includes members of the hospital's Marketing and Public Relations department. And she'll intervene when she feels a concern warrants an individually tailored response or a member should consult their doctor.

The day-to-day dialogue is generally light—a new mom may post a photo of her newborn accompanied by a thank-you to her caregivers at the hospital—"but the intention of this group," its description continues, "is for the mothers in our community to come together in a safe place to ask questions, solicit advice, share a story, and provide support for each other." To that end, Lynne Rudderow, MSN, CRNP, a nurse practitioner in the



CCH Diabetes Online Support Group Administrators



Amy Latyak, Mother Baby Group Administrator

hospital's Ob/Gyn Clinic and a former teacher in the Childbirth Education Program, also occasionally posts and fields questions. A number of staff nurses at the hospital are members too, and they'll sometimes interact with other group members, according to Latyak.

The group isn't meant to replace the Childbirth Education classes offered at the hospital or checkups by an Ob/Gyn, but it may make the prospect of either feel a little less intimidating for someone. An added benefit is that it provides a means for a new or expecting mother to reach out for support when she otherwise feels alone and isolated.

#### ADAPTING TO MEET A GROWING NEED

Last September, the hospital's Nutrition and Diabetes Services department launched its own Facebook group. Like Mother and Baby, the CCH Diabetes Online Support Group is meant to function as both a virtual support group and a continuing education resource, or an extension of the hospital's four-week Diabetes Self-Management Program.

The group's posts generally revolve around diet, exercise, and

lifestyle tips. Though a new weekly series has drawn the most reaction from members so far. Each week, the "Motivational Monday" posts highlight a different person who's being treated by the department and the progress they're making with their disease. "Maybe they've lowered their blood sugar or lost weight or both," Boccella says. A brief profile usually accompanies before and after photos. It's a tried-and-true formula, and for good reason. "When you see other people making strides, it's natural to think, If they can do it, so can I!" Boccella says.

The Nutrition and Diabetes Services department once held an in-person support group at the hospital for those diagnosed with prediabetes and type 2 diabetes, but it disbanded when its organizer retired at the end of 2018.

Boccella says they always intended to fill the void, but since each monthly session only drew between 10 to 20 people, they took their time exploring other forms of outreach in an effort to boost interest and participation as both prediabetes and type 2 diabetes grow in prevalence.

While the Facebook group is still very much in the early days of its development, the response so far has been enough for Boccella and her colleagues to see that there's a need for an in-person support group, too. The in-person group convened for its first session in February 2020.

**"I think most people, when it comes to diet and lifestyle, believe they should be able to better themselves on their own. But the reality is, it's not that easy," says Maureen Boccella, MS, RD, CDE, LDN, the manager of the department and one of its four full-time educators who serves as the administrator for the group. "We recommend, to everyone that we work with, that they check in with us at least once a year. Our Facebook group is another way we can keep in touch in the meantime."**





# 2

**STRATEGIC QUESTION 2**

How will Chester County Hospital promote optimal health to reduce the impact of chronic diseases and to enhance overall outcomes and quality of life?

**IMPLEMENTATION PLAN:**

The hospital will partner with the American Heart Association and collaborate with primary care practices to offer education and ongoing support through its Heart Failure Support Group.

The American Heart Association cooking demonstration held at Chester County Hospital.

## HEART FAILURE SUPPORT GROUP IS EASING THE BURDEN OF SELF-CARE

For many living with heart failure, their greatest challenges begin after they're discharged from the hospital. More than 20 percent are readmitted within 30 days, according to the American College of Cardiology. That number jumps to nearly 50 percent after six months. And the average cost of those hospitalizations, the Centers for Medicare and Medicaid Services says, runs a little over \$9,000 per patient.





Attendees at an AHA-sponsored Living With Heart Failure Support Group enjoyed a low-sodium cooking demonstration

Enter Chester County Hospital's Living With Heart Failure support group, which formed in the summer of 2018. The group meets at 2 PM on the second Thursday of each month in the medical office building across the street from the hospital. It's open to both heart failure patients living in the area and their caregivers. Participants are referred through their primary care physicians, word of mouth, or through their cardiovascular providers.

"Because of the high readmission rate, we recognized a need to offer ongoing

support to those with congestive heart failure," says Rebecca Mountain, DNP, RN, heart failure coordinator for Chester County Hospital. Mountain oversees the support group. She developed it with Susan Pizzi, MS, RN, the hospital's coordinator for Community Health Education. "We know that those who practice good self-care will have a better chance of doing well at home and will have fewer hospital readmissions. We also know that many aren't as consistent with their self-care as they need to be.

So, a support group can help by exposing them to further education about how to take care of themselves."

#### FORGING A NEW RELATIONSHIP WITH FOOD

The typical self-care regimen for someone living with heart failure includes attending doctors' appointments, which can be frequent, taking medications as prescribed, and staying as active as possible, even if that means taking short walks throughout the course of a day.

The part that proves to be most difficult, Mountain says, is the diet, which she describes as "very strict and low in sodium." The American Heart Association recommends consuming no more than 1,500mg of sodium per day—and that's for everyone, not only those living with heart failure. On average, however, American adults eat more than 3,400mg of sodium daily, with most of it coming from the food we buy at the grocery store.

**"The diet can be overwhelming. It's a huge learning curve for most," Mountain admits. "So, anything we can do to remind them of the steps they should be taking in a way that feels less daunting is likely to make a big difference."**

To that end, Mountain invited the American Heart Association to partner with the hospital in presenting to the support group. A greater emphasis has been placed on the diet since the organization's involvement. In December 2019, a chef led the group through a cooking demonstration using only low-sodium ingredients. At the end of the meeting, everyone was given a 13-pound

box of fresh produce to take home with them, along with some easy recipes.

Group members have also received, courtesy of the American Heart Association, low-sodium cookbooks, weekly medication organizer boxes, automated blood pressure cuffs, and scales. Those living with heart failure need to weigh themselves daily. Sudden weight gain could be an indication that they're retaining fluid, which is the congestion part of heart failure. That congestion only adds to the weakened heart's workload.



Rebecca Mountain, DNP, RN  
Heart Failure Coordinator

#### FINDING COMFORT IN FRIENDS

Beyond the self-care guidance and the helpful items donated by the American Heart Association, another important benefit of the support group is the sense of community it fosters. Heart failure can be an isolating disease that limits your interactions to doctors and caregivers. By simply being around others in a similar position on a consistent basis, opportunities arise to feel a little more connected.

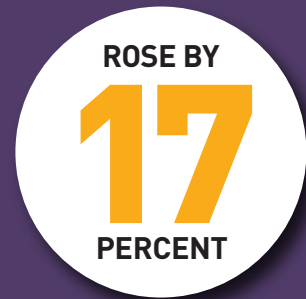
While Mountain is working to grow the support group, attendance has tripled in the year since it formed. More importantly, Mountain says she's noticed in recent months that the group's becoming closer-knit. Its members are more comfortable asking questions of the presenters and framing them around their particular concerns.

"It can take a while for that type of environment to develop, so it's been heartwarming to see," Mountain says.

There are plans to extend the support group's reach to Southern Chester County. This group will meet at Jenner's Pond, a continuing care retirement community in West Grove. Like the Living With Heart Failure group that meets at the hospital, participation is free.



## A LOOK AT THE Opioid Epidemic in Pennsylvania



FROM 2016 TO 2017—THE RATE OF  
DEATHS CAUSED BY DRUG OVERDOSE DEATHS  
(the majority of which were opioid-related)



IN 2017, PROVIDERS WROTE NEARLY  
60 OPIOID PRESCRIPTIONS  
PER EVERY 100 PEOPLE.



IN 2017, THE NUMBER OF CASES INVOLVED  
THE USE OF DRUGS LIKE  
OPIOIDS DURING PREGNANCY

# 3

### STRATEGIC QUESTION #3

What methods will the community employ to offer gold-standard, evidence-based treatment options for patients with Opioid Use Disorder (OUD)?

### IMPLEMENTATION PLAN:

Chester County Hospital will partner with community leaders in OUD treatment to address inconsistencies in treatment of this population.

## HOW THE OPIOID TASK FORCE IS TAKING STEPS TO FIGHT THE OPIOID EPIDEMIC IN CHESTER COUNTY

In 2017, the United States Department of Health and Human Services declared a public health emergency and unveiled a five-point plan to combat the opioid epidemic, including improving access to treatment and using medications to reverse an overdose.

However, the opioid epidemic had already taken a devastating toll on the US and continues to do so. Every day, over 130 people lose their life due to an opioid-related drug overdose.

The impact of opioid use is expansive. Not only does it contribute to the deaths of millions, but it can also lead to problems in newborns who were exposed to opioids while in the womb, which is called neonatal abstinence syndrome (NAS). Complications can range from birth defects to premature birth to developmental problems.

In August 2018, Chester County Hospital (CCH) took action to address the growing concern by organizing a multidisciplinary task force focused on improving the care delivered to patients with opioid use disorder in Chester County.

“We know that we see opioid use disorder in the community. In 2017, there were 144 accidental overdoses in Chester County—many of them due to opioid or heroin,” Heather Teufel, pharmacist at Chester

County Hospital and leader of the CCH Opioid Task Force, shared.

The hospital’s multidisciplinary opioid task force, consists of:

- Physicians
- Bedside nurses
- Social workers
- Pharmacists and pharmacy managers
- Quality managers
- Information specialists (IS)
- Nursing managers
- Representatives from Chester County Drug and Alcohol Services
- Additional individuals, as needed

While Teufel takes the lead in organizing the task force, the variety of team members is integral to its effectiveness.

“Together, the members have helped to address barriers and change perceptions amongst our clinicians in regards to caring for patients with OUD,” Teufel said.

The goal of the task force is simple and straightforward—and crucial to the patients at CCH. It works to provide evidence-based treatment to patients with OUD, including the use of medication-assisted treatment (MAT), such as buprenorphine products or methadone, as well as a warm hand-off to the community.

A warm-hand off is exactly what it sounds like—a way to compassionately ensure patients with OUD have the resources they need when they leave the hospital. “We take the next step to make sure

patients are connected with an outpatient treatment provider. We don’t just give them a packet of resources and tell them who to call to make an appointment,” explained Teufel.

These resources can range from rehabilitation centers to outpatient providers to support groups—or a combination of all three. The task force also makes sure patients know which resources will be supported by their insurance and what they can expect to pay out of pocket. This way, they can prevent any financial surprises or complications from occurring down the road.

A patient case can end up in the hands of the task force in a number of ways. They run reports on patients that are currently receiving medication-assisted treatment for OUD, and patients can also check “yes” to drug use on their admission paperwork. And sometimes, all it takes is a simple physician referral that leads the task force to assist in the management of care.

In the future, the task force will be establishing an alert through PennChart, the health system’s electronic medical chart, which will notify the team if a patient has specific criteria that could be associated with a substance use disorder. “This alert will be utilized to identify patients who arrive in the emergency room with a complaint, history, or medication that may be indicative of OUD,” Teufel shared.

The alert will be sent directly to the task force using a HIPAA (Health Insurance Portability and Accountability Act) compliant application.

Similar to any addiction, patients with OUD aren't always aware or willing to accept that they have a problem. Other times, however, patients walk into the emergency department seeking help to fight their addiction. Because of the various stages patients with OUD may be in, the task force needs to be ready to meet them wherever they might be.

"We are currently identifying what evidence-based treatment options or referrals we should offer to patients based on where they are in understanding their disease process," Teufel said.

The opioid epidemic is still a new concern for the country, and new evidence is continuously being presented to the healthcare community regarding effective treatment. Improvement and progress are critical to the functioning of the Opioid Task Force at CCH.

"We regularly discuss patient cases in order to identify gaps in our current processes in order to develop action plans for improvement," Teufel explained.

The task force can have a number of roles in the care of a patient with opioid use disorder — all of them equally crucial to the wellbeing of the patient.

## **BREAKING DOWN THE STIGMA OF OPIOID ADDICTION**

The opioid epidemic has challenged the perspectives and understanding of everyone in the country, including providers who prescribe opioids, patients who develop OUD, and loved ones who are affected.

One of the most significant roadblocks in addressing this epidemic is the stigma that is often associated with addiction. Fear of this stigma can keep patients with OUD from seeking the treatment they need, which leads to poor health outcomes. Patients may feel discriminated against, ashamed, and misunderstood by both their healthcare providers and loved ones.

Breaking this stigma is a critical aspect of treating opioid use disorder, and it's one of the task force's primary goals. This comes largely from raising awareness around opioid use disorder—and addiction in general.

**"We work collaboratively with partners in the community to break down the barriers to connecting patients with evidence-based treatment. We want to see our community members who suffer from addiction have a chance to recover," Teufel shared.**

The task force's impact goes beyond providers at CCH and deep into the

community of Chester County. In September 2019, they hosted a speaker panel called "Voices of Recovery," which featured patient experiences with treatment, recovery, and maintaining sobriety. The goal was to provide education to the community and increase awareness using real stories from Chester County patients affected by OUD.

## **SCIENCE-DRIVEN SOLUTIONS**

Stigmas and biases are only one aspect of addressing the opioid epidemic. Treatment needs to be effective in order to get patients with OUD the support they need. The task force works closely with providers at CCH to help them utilize medication-assisted treatment (MAT) to support patients.

MAT has been a game-changer for opioid addictions. It has been proven to decrease opioid use and opioid-related overdose deaths. It also can reduce criminal activity and infectious disease transmission that is associated with OUD.

Patients who receive medication-assisted treatment are more likely to improve social functioning and stay on their course of treatment, including therapy and support groups. And for women who are opioid-dependant and pregnant, MAT reduces the symptoms associated with neonatal abstinence syndrome (NAS) and their length of stay in the hospital.

The task force works diligently to stay up-to-date on the most effective treatments and ways to access patients who need help. For instance, they uncovered that patients who begin MAT in the emergency department are more than twice as likely to continue treatment compared to patients who are referred for treatment. At CCH, they take advantage of the emergency department as a primary access point for opioid use disorder screening.

Successful treatment for OUD is not just about science, however, according to Teufel.

**"Patients with OUD need to be shown compassion on top of being offered evidence-based treatment options to decrease their withdrawal symptoms and cravings and increase their likelihood of entering recovery."**

## **A COMMUNITY EFFORT: FIGHTING THE OPIOID EPIDEMIC IN CHESTER COUNTY**

Just as the task force draws on multiple disciplines within its hospital walls, the success of the opioid task force at CCH depends largely on the support of the community. The collaboration between CCH and community services is critical to ensuring patients in the community receive the services they need.

For instance, the task force works with Chester County Drug and Alcohol Services and the Regional Overdose Prevention Coalition to find ways to reduce harm in patients with OUD.

"We have distributed at least 40 doses of naloxone nasal spray to patients at risk for an opioid overdose—free of charge and donated by the county," Teufel shared. Naloxone nasal spray reverses the effects of an opiate overdose, and it has the power to reduce thousands of deaths each year and offer patients a second chance to get long-term treatment.

The task force also collaborates with the Coatesville Comprehensive Treatment Center — often referred to as the "Methadone Clinic" — to establish pathways to streamline care for patients who are referred there from CCH.

The goal is to complete that warm hand-off to the community — and the task force is constantly gathering information on how to do that successfully.

Caroline Haggerty, RN, manager of quality and patient safety at CCH, and lead of the maternal and child care branch of the task force, explained, "The task force functions effectively because it is a collaboration of hospital and community members from multiple disciplines who have expertise with the clinical and social impacts of OUD. It also helps that the CCH and Penn Medicine

leadership are committed to providing the resources needed to address the issues with the opioid crisis."

The Chester County community also plays a crucial role in providing understanding and empathy to those impacted by OUD.

Haggerty added, "The opioid crisis has affected so many of us in the community. Nearly everyone knows someone who has personally been affected, whether it be themselves, a family member, a friend, or a co-worker."

Compassion is essential—from healthcare providers, loved ones, and community members alike.

The task force has made strides since it was established. However, Teufel noted that, along with the rest of the country, there is still progress to be made.

"We by no means have it all figured out, and we're still in the early phases of really rolling out MAT induction pathways. We have done a lot to start to break down the stigma and biases in regards to treating patients with OUD or substance use disorders—but we have so much more to do," she explained.

Beating the opioid epidemic requires significant effort, and fortunately, the opioid task force at Chester County Hospital, is up to the task.



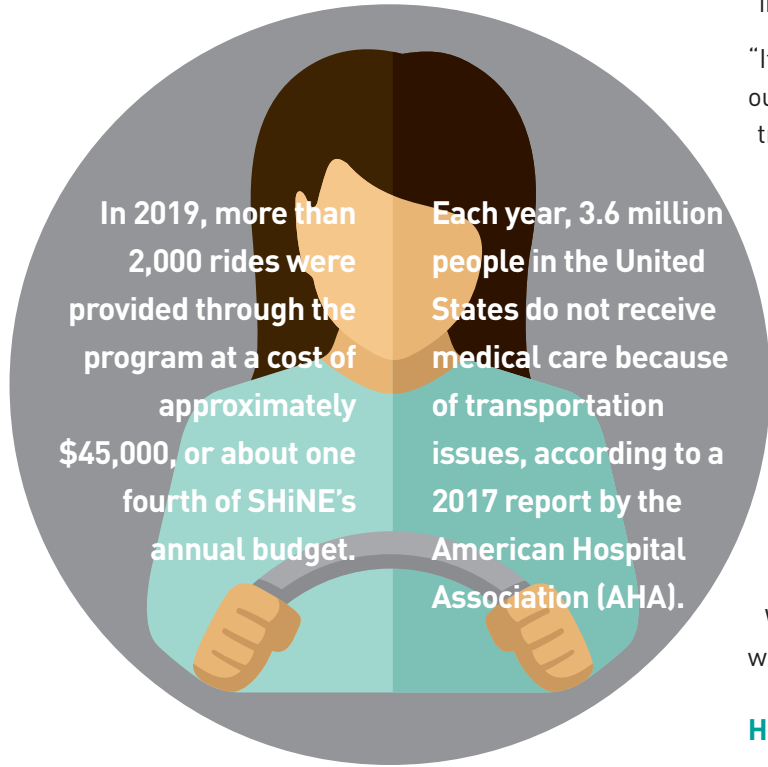
# 4

## STRATEGIC QUESTION #4

How can the community partner with Chester County Hospital to improve the patient experience through efforts to enhance healthcare navigation?

## IMPLEMENTATION PLAN

Implementation plan: Chester County Hospital, in partnership with SHiNE, will offer transportation options to enhance transitions of care for cancer patients.



## NEED A RIDE?

### SHiNE WILL PICK YOU UP!

**SHiNE, an all-volunteer nonprofit, ensures that every patient at the Abramson Cancer Center at Chester County Hospital has a ride to and from their treatments and wellness appointments.**

Brittany Fols, a social worker at Chester County Hospital, described the Abramson Cancer Center's transportation assistance program as "invaluable."

"It's been remarkable to see what a difference it can make for some of our patients and their families," she said. "Getting to and from their treatments and appointments can be a major source of stress for anybody. By eliminating that, patients can focus more on their wellbeing."

"Research has shown that only 20 percent of health needs can be attributed to medical care, while social and economic factors—like access to healthy food, housing status, educational attainment, and access to transportation—account for 40 percent," the report stated.

In other words, someone's inability to get to a doctor's appointment or a treatment is much more than a simple inconvenience. It potentially sets off a cascade of new concerns, including increased health expenditures and poorer overall health. Which is why efforts to overcome transportation barriers can become what the AHA describes as "health enablers."

## HOW IT WORKS

Virtually anyone along the care continuum at the Abramson Cancer Center at Chester County Hospital can identify a candidate for the transportation assistance program, but it's most often social workers, like Fols. New patient coordinators, patient service associates, and nurse

navigators also identify those in need of the service. Patients can simply request a ride, too. Rides can be arranged on a one-time basis or throughout a patient's course of treatment.

The rides are scheduled through a platform called Ride Health, which coordinates the trip assignments and delivers real-time updates every step of the way. The rides are provided by Uber. And the program is funded entirely by SHiNE. So essentially, the only thing required of the patient is to be ready at the appointed time. There's no payment at the point of service.

It was the nonprofit's largest expense last year, according to Stephanie Challis, BSN, RN, survivorship navigator at the Abramson Cancer Center at Chester County Hospital, who has served as the SHiNE's chair for the last 10 years.

**"We found that cancer patients sometimes had trouble getting to their appointments, and it wasn't always a matter of means," Challis said of the program's impetus. "It seemed to be especially true for those who had treatments every day. They weren't feeling well, and their family members weren't always available to drive them. It puts a huge burden on all involved. Getting treatment in a timely manner has a big impact on cancer recovery."**

The program's recipients agree. A recent patient at the Abramson Cancer Center at Chester County Hospital found the task of securing a ride to appointments and his daily radiation treatments somewhat anxiety-inducing—especially because he was living out of town with family and unable to drive himself. When he shared this with his nurse navigator, she tapped into SHiNE's transportation resources to arrange rides through SHiNE's program. This service enabled him to get to appointments and stay on schedule with his treatment. He was so grateful for this offering that he generously donated six months worth of rides to SHiNE after he completed his treatment.

## A CONSTANT SOURCE OF SUPPORT

SHiNE, which stands for Salons Helping in Neighborhoods Everywhere, was formed in 1998 when Maria McCool, owner of Calista Salon & Spa in West Chester, was compelled to help support a staff member and some of her clients who were fighting cancer. She and her staff organized a fashion show and donated the proceeds to the hospital. They did this for several years as the show grew larger with each installment and generated more in donations.

When the fashion show became too large for McCool to coordinate, she handed over control of her nonprofit to the Chester County Hospital Foundation, which oversees fundraising on behalf of the hospital. Today, SHiNE otherwise remains as it was then: volunteer operated. That enables it to donate 98 percent of what it raises, according to Challis. In recent years, that's amounted to more than \$160,000 per year.

The transportation assistance program is one of several significant ways the organization has made its presence felt at the hospital. "We've really evolved in a big way over the last 15 years," Challis said. SHiNE funded the first nurse navigator at the hospital. It also covers the cost of personalized wigs and acupuncture for interested patients. In addition, the nonprofit provides organizational binders at the start of treatment and pays for massages and gym memberships, complete with oncology-certified specialists in both fields.

**AS FOLS SHARED,  
"IT'S TRULY AMAZING WHAT  
THEY'VE DONE—  
AND CONTINUE TO DO."**



## STRATEGIC QUESTION #5

How will Chester County Hospital enhance overall quality of life for patients that present as fall risks?

### IMPLEMENTATION PLAN:

Chester County Hospital will increase the Matter of Balance program through partnering with community groups.

# 5



How problematic are falls by older adults? The US healthcare system spent an estimated \$50 billion on this particular ailment in 2015. This amount represented six percent of all Medicare payments and eight percent of all Medicaid payments that year, according to a study published in the *Journal of American Geriatrics Society*.

Perhaps most concerning, the study's authors wrote, is that without significant improvements to falls risk assessment and prevention, costs will only climb as the Baby Boomer generation continues to grow the senior segment of our population to unprecedented proportions. As it was, the \$50 billion was a 32 percent increase in spending from only two years earlier.

## INCREASING STRENGTH: PHYSICALLY MENTALLY

Chester County Hospital recognized the seriousness of this issue early on and has operated a Falls Task Force for the last 15 years. Comprised of representatives from the full spectrum of the hospital's staff, including non-medical personnel, its mission is geared primarily toward preventing falls within the hospital's walls. Now, a relatively new program at the hospital is empowering seniors themselves.

A Matter of Balance was developed during the 1990s at Boston University. Funded by the National Institute on Aging, the program trains physical therapists, occupational therapists, registered nurses, and social workers in evidence-based practices with the intent to go out into the community and teach seniors how to improve their mobility and reduce their risk and fear of falling in the process.

But the program quickly became too expensive to sustain. With a new grant from the US Administration on Aging, healthcare workers were replaced by trained volunteers, which enabled A Matter of Balance to spread across much of the country. Today, Master Trainers, as they're called, train new instructors for the program through a one-day course. The instructors are often medical professionals, but they can also be volunteers who are interested in simply contributing in their communities. The program itself has remained true to its original model.

A Matter of Balance was introduced in Chester County in 2011 through a Pennsylvania Department of Health (PA DOH) grant. Today, the Chester County Health Department, with support from the PA DOH, funds both the instructor training and the courses that are taught at various venues throughout the county. Over the last nine years, roughly 1,200 seniors have participated in the program in Chester County.



**“We help them not only increase their strength and flexibility but we also work to empower them to make smart choices and become more aware of their surroundings so that they become less likely to fall,” Boyle said.**

Chester County Hospital began offering this program in 2018. Typically, a class is offered in the spring and another is available in the fall, but the demand was so high the hospital held two classes last fall. They’re taught by Susan Pizzi, MS, RN, coordinator of Community Health Education, and Michelle Boyle, MS, community health educator.

**ALL MATTER OF BALANCE CLASSES, regardless of the venue, follow the same framework. They meet once a week for two hours at a time over eight weeks. The curriculum is built around these four core elements:**

- **Restructuring cognitive techniques that help instill the belief that falls and the fear of falling are controllable.**
- **Enhancing falls management by helping participants set realistic goals for increasing their activity.**
- **Promoting changes to modifiable risk factors, like securing loose rugs at home.**
- **Teaching exercises that are known to reduce the risk of falling by increasing strength and balance.**

The exercises are introduced in the third week, and they remain a fixture through the end of the program. “The booklet participants receive has a pretty well rounded exercise program that helps build flexibility and strength in both the upper and lower extremities,” explained Christine Schweidler, PT, MDT, coordinator, Balance and Vestibular Program at Chester County Hospital, and a guest speaker at the hospital’s A Matter of Balance classes.

The exercises are low-impact and, with the exception of a chair, require no equipment. If even that regimen may sound ambitious, you’re not alone. Schweidler said she often fields questions during her guest appearances, and they generally follow the same lines: “I have a bad shoulder and I can’t push up,” “I have a bad knee and I can’t stand up.”

“In those cases, we’ll try to emphasize doing all other exercises to strengthen the healthy joints, while doing as much as possible to strengthen the one that hinders participants,” she shared. “One of the reasons someone can fall is because they’re losing strength and flexibility in their lower extremities. Maybe their ankles are getting tight or their quads are weak. It alters their gait, and then they could trip more easily. So, we’re just trying to emphasize the importance of maintaining their range of motion and their strength to help prevent a fall.”

For many, that may mean learning to use a cane or a walker, which the program also covers. “We try to teach that the cane can help them with their balance as far as feeling where they are in space. It’s not necessarily that they need it to lean on; it’s another point of contact,” shared Schweidler.

Confidence usually grows as the participants’ physical ability improves. Just as important to that process is socialization. Though it’s not explicitly addressed in the curriculum, it’s often a natural byproduct of spending 16 hours together.

**“People do not even have to fall themselves to start having a fear of falling,” said Mary Jo Baldino, RN, the outreach coordinator for Penn Medicine at Home and A Matter of Balance Master Trainer. “They hear their friends, neighbors, and relatives talk about how they fell and broke this and that, and that’s enough. That fear is a risk factor itself for falling.”**

The natural response in such instances is to limit one’s activities to try and play it safe. But the safeguard can quickly become isolating, which inevitably heightens fear and risk of falling.

To appreciate how much of a difference the strategies promoted by A Matter of

Balance can make, Baldino explained that she only needs to compare the pre and post class surveys. “They not only show a progression, they’re full of confidence.”

Baldino, having taught the course all over the county, has impacted countless lives, and impacted countless lives, though there’s one woman in particular who resonates with her. She uses a walker, but she spent many of her days sitting in the same spot at the Kennett Area Senior Center. When she started taking A Matter of Balance class that was held at the facility, it was clear that she harbored a genuine fear of falling.

But as the weeks passed, a new woman emerged. Not only was she exercising during the classes, she also started participating in some of the fitness classes at the senior center. Along the way, she confided in Baldino that she’d always wanted to join one of the center’s bus trips, but she was too intimidated by the prospect of climbing on and off of the bus, so she never signed up.

After the course concluded, Baldino continued to visit the senior center about once a month for health screenings. The next time she encountered the woman, she couldn’t believe what she was seeing and hearing. The woman was active and outgoing—and she was organizing her own bus to Atlantic City!



## OUR HEROES

**Each issue of Chester County Hospital's Health Empowerment Partnerships: Community Benefit Report shares ways in which the hospital helps the community it serves, in partnership with other county organizations and leaders. While this issue focuses on the efforts made in 2019, the hospital would be remiss in not mentioning the incredible show of support, togetherness, and love shown from our friends, families and neighbors during the Coronavirus (COVID-19) pandemic in early 2020. It is a pleasant and heartwarming twist for this publication to be able to share how the community helped the hospital during its time of need.**

While Chester County Hospital mobilized quickly to help slow the spread of the virus in March 2020, it was not prepared for the worldwide shortage of vital personal protection equipment (PPE) and disinfection supplies needed to keep frontline staff and patients safe. Within days of the Philadelphia region being hit with its first cases, the Chester County community reached out in droves offering their assistance. Messages included encouragement and support, but also requests for how they could help our healthcare heroes fight this pandemic.

After just one week, in response to the outpouring of support received, the hospital opened a drive-through donation center, asking for any PPE or cleaning supplies individuals, businesses or organizations may have. The call did not go unanswered.

**As of May 2020, the hospital received more than 201,090 pieces of PPE, generously donated by the community.**

As masks continued to become harder and harder to obtain, the hospital once again was overwhelmed with the community's support and willingness to help. Countless individuals reached out offering to make hand sewn masks to keep our clinical staff and patients protected. The Chester County Hospital Foundation worked closely with these individuals, providing them medical-grade material that can be sanitized and templates for how to make these masks as safe as possible. **The hospital received more than 61,000 handmade masks through this process.**

The generosity and consideration for clinical staff on the frontlines didn't end there. Local restaurants, caterers, and businesses came together to not only keep our staff well-fed during their long shifts, but also to help support local, small businesses in the community during the Governor's stay-at-home order, which forced many businesses to lose revenue

or close. Local hotels reached out to offer a place for staff to stay, knowing that many feared taking the virus home to their families. Elementary school students sent homemade messages of thanks and encouragement to frontline staff, touching the hearts of many.

The ways in which the hospital was supported by those it serves are many and the depths of Chester County Hospital's gratitude knows no bounds. Hospital leadership, frontline staff, volunteers and employees are awestruck by all that each of you have done during this crisis—we could not have weathered the storm without you. Our friends, families and neighbors in Chester County are truly the hospital's most treasured partnership of all.



## ABOUT US

Chester County Hospital provides quality medical and nursing services without discrimination based upon age, sex, race, color, ethnicity, religion, gender, disability, ancestry, national origin, marital status, familial status, genetic information, gender identity or expression, sexual orientation, culture, language, socioeconomic status, domestic or sexual violence victim status, source of income or source of payment. Although reimbursement for services rendered is critical to the operation and stability of Chester County Hospital, it is recognized that not all individuals possess the ability to purchase essential medical services and further that our mission is to serve the community with respect to providing healthcare services and healthcare education.

Therefore, in keeping with this hospital's commitment to serve all members of its community, it provides:

- Free care and/or subsidized care;
- Care at or below costs to persons covered by governmental programs;
- Health activities and programs to support the community are considered where the need and/or an individual's inability to pay co-exist. These activities include wellness programs, community education programs, and special programs for the elderly, handicapped, medically underserved, and a variety of broad community support activities.

EMERGENCY CARE IS PROVIDED 24-HOURS-A-DAY AND IS ACCESSIBLE TO ALL REGARDLESS OF A PERSON'S ABILITY TO PAY.

Chester County Hospital provides care to persons covered by governmental programs at or below cost. Recognizing its mission to the community, services are provided to both Medicare and Medicaid patients. To the extent reimbursement is below cost, Chester County Hospital recognizes these amounts as charity care in meeting its mission to the entire community.

## 2019 FACTS AND FIGURES

**Beds: 244**

**Adult Admissions: 14,749**

**Outpatient Tests and Procedures: 458,199**

**Emergency Department Visits: 41,770**

**Births: 2,367**

**Employees: 2,450**

**Physicians: 705**



**Penn Medicine**  
**Chester County Hospital**

CHESTER COUNTY HOSPITAL, WHICH IS PART OF PENN MEDICINE, IS AN ORGANIZATION DEDICATED TO THE HEALTH AND WELL-BEING OF THE PEOPLE IN CHESTER COUNTY AND SURROUNDING AREAS.