

Health Empowerment Partnerships

2021

**Chester County Hospital
Community Benefit Report**



Penn Medicine
Chester County Hospital

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.

2021 FACTS AND FIGURES

Beds: 309

Adult Admissions: 14,556

Outpatient Tests and Procedures: 488,725

Emergency Department Visits: 39,470

Births: 3,176

Employees: 2,689

Physicians: Active Staff-724 / Affiliate Staff-118

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

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 continues to evaluate the health needs of the community and update its CHIP accordingly.

The hospital's many established and long-standing community partnerships inform the work done for the 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 2021 —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 to learn more about the Community Health Needs Assessment and Implementation Plan.

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Leadership and Empowerment for Access to Programs (LEAP) member Clayton Kellum joined James Logan, Coatesville City Manager, and Jermaine Thomas, LEAP organizer, at the LEAP for Coatesville Run in May. Kellum suggested the run as the initiative's inauguration to the community it serves.

Collaboration brings more equitable access to healthcare in Chester County

Coatesville, PA, is a special place.

Not only has the city recently gained national recognition as the production base of HBO's *Mare of Easttown*, it also has deep rooted history in America's industrial revolution. Unfortunately, due to centuries of inequities, residents of Coatesville on average are disadvantaged in both wealth and health compared to some other communities in Chester County, the state's wealthiest county. Chester County Hospital (CCH) is working to bridge the gap in health found in this community, thanks to partnerships with its local businesses and residents.

While CCH has many longstanding community partnerships across the county, there have been historically fewer collaborators in neighborhoods with larger minority populations, including Coatesville, where 75 percent of residents are people of color and the median household income is \$45,000 — less than half of what it is across the rest of Chester County.

Nurturing a Reliable Presence in Coatesville

When the Food and Drug Administration granted emergency use authorization to the Moderna and Pfizer-BioNTech COVID-19 vaccines in late 2020, CCH embarked on a grassroots campaign to ensure equitable

access to vaccines. The vaccine effort, which was spearheaded by Timmy Nelson, a member of the hospital's Board of Directors, was formally commended by the Pennsylvania Department of Health.

Nelson, among others at the hospital, employed one of the strategies originally intended to address the disparities outlined in the hospital's community health needs assessment — personally reaching out to influential people and organizations in Chester County's underserved communities. They asked them for help hosting a vaccination clinic or recruiting people to come to the hospital to be vaccinated.

In February, early in the campaign, Jermaine Thomas, a barber and marketer in Coatesville, and a group of fellow community leaders from Coatesville, met with Nelson and Michele Francis, MS, RD, CDCES, LDN, director of the hospital's Community Health & Wellness Services. Thomas immediately moved into action, and arrived at the hospital with several friends for vaccinations the next week.

"There was real synergy throughout that meeting. Jermaine and his colleagues had a lot of ideas, and they were eager to put them into action," Francis says.

From that informal session grew a new committee called Leadership and Empowerment for Access to Programs, or LEAP. Comprised of Coatesville business owners (including Thomas), council people, and residents, the intent of LEAP is to “promote high-quality healthcare, wellness, and educational, health-focused services in the Coatesville area,” Nelson says.

LEAP introduced itself to Coatesville in May with a two-mile run and walk. The event was sponsored by the hospital through a Penn Medicine CAREs Grant. In June, LEAP hosted a meet-and-greet that drew about 50 people. It is important to note, Nelson says, that while the hospital is a member of LEAP, both events were presented by the organization, not the hospital.

“I think one of the main reasons business owners and government officials in Coatesville have been so receptive to us so far is because we’re not coming in and trying to take over,” Nelson says.

In fact, Nelson and Francis haven’t limited community outreach to LEAP. This summer, they also met with the West Chester Ministerial Alliance and Minnie McNeil, director of the W.C. Atkinson Memorial Community Services Center in Coatesville. They also engaged local church groups, which ultimately enabled the hospital to stage two large vaccination clinics in Coatesville.

Clinics like those helped facilitate the progress that has been made this summer, Nelson says.

“Through the vaccine clinics, we proved to the community—and ourselves—that, working together, we can make things happen,” he says.

While the early results are encouraging, there’s still much work to be done. For his part, Nelson says he’s focused on actions. “A consistent presence is how we’re going to continue to build trust in Coatesville, but it’s not a one-

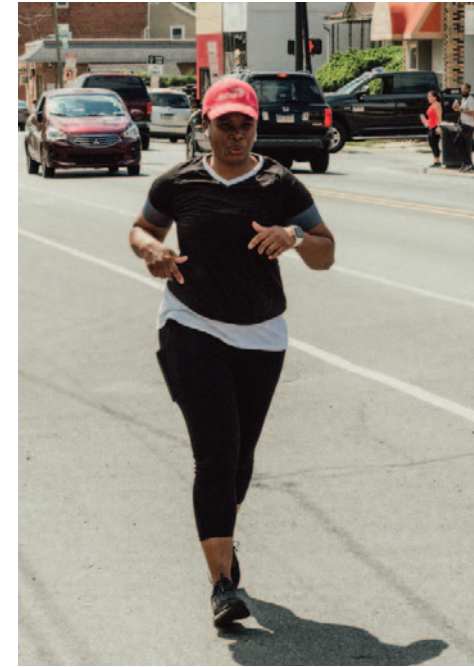


Timmy Nelson,
CCH Board of Directors Member

way street. We’ll keep listening and meeting the needs as they’re expressed to us, but we need the residents of Coatesville to show up for our programs and screenings. That’s how this becomes a true collaboration,” Nelson says.

Francis emphasized the “our part” of the sentiment. She notes that there are at least 70 service agencies operating in Coatesville.

“With that in mind, it really is all about collaboration,” Francis says. “We’re here to support those existing organizations and do whatever is asked of us to improve awareness of and access to programs that improve the health and well-being of Coatesville residents.”



Residents throughout the city of Coatesville joined LEAP for its inaugural run and walk.





Nancy Maratea, RN, goes through the Heart Safe Motherhood Program brochure with a newly enrolled patient at CCH.

Heart Safe Motherhood program **expands** to Chester County, providing vital care for at-risk new mothers

As many as one in 12 pregnant women suffer from preeclampsia, which causes high blood pressure during pregnancy and leading up to delivery.

“Preeclampsia is on the rise here and across the country,” explains Cathleen M. Brown, DO, site director for obstetric hospitalists at Chester County Hospital (CCH). While the condition tends to subside upon delivery, blood pressures can worsen even after giving birth.

If a woman’s blood pressure remains elevated, or surges, during the first week after delivering, and if she’s not being properly monitored, she’s at increased risk of experiencing a seizure, stroke, heart attack, organ damage, developing heart disease, going into a coma, or even dying. But a first-of-its-kind program created by Penn Medicine has radically altered how the increasingly common condition is treated.

Heart Safe Motherhood enables doctors to monitor new mothers with high blood pressure remotely, from the comfort of their own home. The program was developed at the Hospital of the University of Pennsylvania (HUP), where it is now the standard of care for obstetric

patients because data showed it reduced the need for patients to be readmitted with complications. In May, CCH became the fourth Penn Medicine hospital to employ the text message-based program.

Expanding the availability of Heart Safe Motherhood is just one part of a multi-pronged effort to standardize maternal healthcare across the health system; by ensuring that proven safe practices are carried out consistently everywhere helps improve outcomes for all patients, as well as to reduce racial inequities. Elizabeth Howell, MD, MPP, chair of Obstetrics and Gynecology in the Perelman School of Medicine, has described the health system’s dedicated efforts to improve pregnancy and birth outcomes as “a unique opportunity to meet the moment at a transformational point in our patients’ lives” and an important foundation for setting up healthy communities.

At CCH, Heart Safe Motherhood was first made available during the summer to eligible patients in the hospital’s OB-GYN clinic, which provides reduced-rate gynecology care, affordable prenatal care, and childbirth deliveries to uninsured and under-insured women.



As part of the Heart Safe Motherhood program, Nancy Maratea, RN, demonstrates the proper way to use a blood pressure cuff.

the Clinic also have a higher instance of developing hypertension prenatally and in the postpartum period. Rolling the program out in this setting primarily was also beneficial because there is a high percentage of Spanish-speaking patients, which required us to develop Spanish text messages. When we expand to our general OB population we will have already had the opportunity to trial and tweak both the Spanish and English text scripts for health literacy. The initial implementation has gone well and we have now expanded the program to an additional practice under

the hospital's umbrella," says Patricia (Trish) Ward, MSN, RNC-OB, clinical manager of the Mother and Baby Pavilion at CCH.

The program will eventually be made available to all eligible patients at CCH, as Penn Medicine is continuing to expand the availability of Heart Safe Motherhood to more patients in more places.

How a cuff and some texts protect moms and keep families together

Before Heart Safe Motherhood, clinic patients diagnosed with preeclampsia or another pregnancy-related blood pressure disorder were asked to schedule a follow-up within a week of their delivery to have their blood pressure checked. In general, this is a best practice — all people who recently gave birth should see their OB-GYN within a week or two after childbirth for follow-up care. But seven out of 10 women who have high blood pressure during pregnancy skip their postpartum blood pressure check.

At CCH, the pandemic and other challenges kept about

70%

of new moms from making that follow-up, according to hospital records.

Heart Safe Motherhood allows for even closer monitoring while removing many of those barriers. Before being discharged from the maternity unit, the patient is trained to use a blood pressure cuff they will take home and enrolled in a program that enables them to receive text messages from their care team.

Once home, patients receive two automated text reminders for the next 10 days—one in the morning and one at night—to check their blood pressure and text back their numbers. They'll receive an immediate text response, informing them if their blood pressure is normal or high. If it's high, the patient may be asked to take additional readings. When it's necessary, an obstetric hospitalist will contact the patient to discuss next steps.

If appropriate, the hospitalist can prescribe medications remotely, enabling the patient to remain at home with her new baby.

"Before, if a patient was diagnosed with high blood pressure and they were sent home with medication, they might still experience a surge in their blood pressure and need to come back to the hospital for management. That could mean being separated from their newborn," Brown says.

How CCH got ready for the next evolution

Kathleen Macagnone, MSN, RN, CCH Mother and Baby clinical educator, was charged with training the CCH obstetric nurses in how to use the program. This began in July 2020, with formal instruction taking place in October. Among the most important of the nurses' responsibilities is identifying eligible patients, according to Macagnone.

"The first point of identification is the clinic itself. The next is the labor room. There, the nurses or a hospitalist can identify a patient. If a nurse does it, they're supposed to alert a hospitalist, who can confirm the diagnosis and enroll the patient in the program," she says. "The final point of identification is the postpartum unit."

The nurses also come together during a shift and update each other on their patients, a practice called "huddling." Should someone mention a patient with high blood pressure, the other nurses have been trained to ask if they've been considered for enrollment in Heart Safe Motherhood.

Once a patient is enrolled, the nurses are also responsible for explaining to them how it will work, providing them with the cuff, and educating them on how to use it. Macagnone says no further training will be necessary for the nurses as the program expands at CCH.

"This program is a way for us to keep families together, improve compliance and, ultimately, patient outcomes."

Screenings, Health Education, Healthy Meals ... “CHEC!”

Leaning on community partnerships, Chester County Hospital’s CHEC Point program provides health evaluations to those in need.

Across the Health System, community partners are an integral part of providing the best possible care for our patients. They enhance and support the System’s commitment to serving all members of our community — a vision to which Michele Francis, MS, RD, director, Community Health and Wellness Services at Chester County Hospital (CCH), has dedicated her career.

“Community partnerships really allow us to extend our arms out into the neighborhoods and to the people who need it most,” Francis shared. “We don’t have the resources to be everywhere and do everything, which is where these partnerships come into play. They can provide access and extend the resources we do have.”

Among the many programs Francis and her team coordinates is the Community Health Evaluation (CHEC) Point Program, which launched in 2021. This program was created by Chester County Hospital and has been providing monthly community-based health screenings and education supported by valued community partners, including West Chester University, Filet of Soul Culinary Institute, and the Charles A. Melton Arts and Education Center.



Michele Francis reviews CHEC Point Program results with one of the March participants.

There are two components of the monthly CHEC Point Program events:

1. Health Screenings and Education: Community members are screened for blood pressure, weight, and body mass index (BMI). Every other month, attendees can also be screened for total cholesterol, high-density lipoprotein (HDL), and glucose. The hospital has partnered with Lancaster General Health (LGH) for this component. Additionally, a bilingual nurse from LGH has also attended events to help with language barriers. Participants discuss their results on-site with a healthcare professional, and health resources and education like the My Health My Plan brochure are available.
2. Free Meal Program participants are treated to a free, healthy, and delicious meal prepared by Filet of Soul Culinary Institute.



Filet of Soul Culinary Institute provides free nutritious meals to all CHEC Point Program participants at the end of the screening.

The primary funding behind the CHEC Point Program has been a United Way Grant that Francis’ team stewards. The grant covers the costs for the program’s monthly health screenings and the educational material provided.

As for the food, that’s in the hands of the professionals. Chefs at the Filet of Soul Culinary Institute prepare and serve healthy meals at no cost to CHEC Point participants. “These meals help reinforce some of the education participants receive around nutrition and exemplify how delicious nutritious and healthy meals can be,” Francis added.

At the March event, the meal consisted of cinnamon roasted sweet potatoes, collard greens, and Jamaican marinated baked chicken.

There’s also West Chester University, which helps staff the event (while also giving students valuable experience in the community). The students run the blood pressure screening table and are supported by CCH clinical staff.

Finally, there’s the location. Thanks to the Charles A. Melton Arts and Education Center—a longtime partner of Chester County Hospital—the CHEC Point Program has a location in which to host the program and serve the community.

Francis stated, “This program has helped build trust in our community and deepened our relationship with other agencies that are dedicated to addressing the health needs of underserved populations.”

Meeting the **growing need** for Spanish-language diabetes education in Chester County

Five years ago, Carla Graves, MS, Registered Dietician and Diabetes Educator, began leading one-on-one educational sessions about gestational diabetes with pregnant Hispanic and Latina women who were patients at the hospital's clinic. The Clinic is the main source of Spanish-speaking referrals to Graves, coming to her shortly after their routine screening tests result with a gestational diabetes diagnosis.

Since the pandemic, Graves has taken on additional opportunities to educate the Hispanic community in Chester County in their own language.

In recent years, Chester County's population has become increasingly diverse. From 2000 to 2019, the percentage of residents who identify as Hispanic or Latino increased from 4 percent to 7.6 percent — though the actual count is likely even higher — becoming the second-most prominent race or ethnicity in the county.

Chester County Hospital (CCH) continues to implement efforts to ensure that physical and mental health are easily accessible and encouraged among its communities, especially those that have been traditionally underserved.

Online Support and Tailored Programs

With the onset of the pandemic in the spring of 2020, the hospital's Community Health & Wellness Services quickly shifted all its public programming online. In the process, Graves was offered the opportunity to

lead Spanish versions of an established diabetes prevention program and a support group for those living with diabetes and their families.

In addition to her role at CCH, Graves also works as the diabetes care coordinator at Community Volunteers in Medicine. This is a clinic in West Chester that serves a largely low-income, Spanish-speaking population. There she has witnessed firsthand how large and urgent the need is for greater awareness of diabetes among the county's Hispanic and Latino residents in particular.

Graves tailored the curricula so that it's more relevant to her audiences. For example, the discussion topic for a support group meeting just ahead of Thanksgiving was "How to Survive the Holidays." Graves replaced many of the American holidays and the foods that are traditionally served during them with more appropriate examples.

Still, there can be a gap. When she first started working at the clinic, most of the patients had immigrated from Mexico. Today, between her clinic sessions and the wellness programs, participants hail from all over Central America. Each culture speaks the language a little (or a lot) differently and has its own set of customs.

How Quickly Change Can Happen

In November, Graves concluded an eight-week program that outlined how participants could prevent diabetes. One participant was a young mother

who was just diagnosed with type 2 diabetes. She was there, she told Graves, because she didn't want to take medication for the rest of her life.

She immediately began implementing what she learned during the classes, walking more and eating healthier. And by the last class, she'd lost 20 pounds. Her A1C level — a measure of blood sugar levels which can be used to diagnose type 2 diabetes and prediabetes — was also no longer in the diabetic range.

Even more, she converted her entire family. Her husband, she said, also lost 20 pounds. And their five-year-old son, who was already showing signs of fatty liver, was more active and eating more nutritiously.

“Even though I’m only speaking to a few people at a time, you just never know who those people are going to spread that message to,” Graves says. “And because there’s so much misinformation out there these days, I take a lot of pride in being able to provide evidence-based guidance.”



As part of many strategic plans in place to improve access to care, CCH Registered Dietician Carla Graves has expanded her services to virtual diabetes education programs.

Graves tailors the Zoom-run diabetes education class curricula so that it's more relevant to her audiences. For example, she incorporates cultural replacements for food traditionally served during American holidays.



Chester County Hospital celebrated the completion of its three-year Emergency Department expansion and renovation project on February 24, 2022. The first patient was admitted to the new space at 7:15 AM. A 26,000-square-foot expansion of the department was completed last spring. Since then, the unit has been undergoing a renovation that occurred in phases to ensure patient access and care were not impacted.

Chester County Hospital finalizes Emergency Department expansion

With the closing of two area hospitals and the unpredictability of COVID, the final phase of expansion and renovation in the hospital's ED has positioned the unit to meet the growing demand for emergency services in Chester County.

Darren Girardeau, MSN, BM, RN, PHRN, CCRN, CEN, director of Emergency Services at the hospital, said the clean lines and new streams of natural light had already helped lift morale among a staff that's endured a steady succession of construction-related obstacles to its daily workflow. This is on top of the demands of a pandemic that's entering its third year. "It's created a more pleasant environment for both our staff and patients," he says.

One isolation room, seven treatment rooms and two trauma bays round out this final phase of construction, bringing the total number of treatment areas in the unit to 43.

Previously, the beds in the department were divided only by curtains. Now, each behind a closed door, which will help enhance privacy and, Kane says, reduces the risk of infection.

The new department also features a less-centralized floorplan compared to the former unit. A single nurses' station has been replaced by multiple, smaller stations spaced throughout the department. "There's a definite flow about the department," Kane says. "I think everyone feels more in touch, even if we're more spread out than we've ever been."

The doctors occupy an all-glass office in the middle of the floor that they've dubbed "the fishbowl." Within it, they have unobstructed views of all the resuscitation bays. Just as critically, the nurse's can easily see who's in the fishbowl from almost anywhere on

"The number of beds has been an issue for us not only because we're seeing more patients these days but also because the cases we treat, on average, have become more complex since we became a part of Penn Medicine," says Diana Kane, MD, FAAEM, chairperson and medical director of Emergency Medicine at the hospital. "We've become a stop for local patients who require highly specialized care or surgeries. Some, we admit and treat here. Others may be transferred to one of our sister hospitals."



the floor, expediting the process of having a doctor review test results.

Additionally, enhanced security measures have been added to help with staff and patient safety. Since March 2020, the Emergency Department has been supervised by a security officer 24/7. Everyone who enters the department must also pass through a metal detector and an x-ray security screening. "Our staff felt much safer right from the start," Girardeau says. "And the majority of our patients have commented that they feel safer, too."

Most visitors will probably only ever notice the more spacious waiting area (complete with access to a new bistro) and exam rooms. But all around them, subtle and pronounced changes are positioning providers to be even better prepared when patients need them most.