



Report to the Community **Community Health Improvement Plan**

2020/2021 Results

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*Numbers throughout reflect persons served except where noted.
2020 and 2021 data reported is full calendar year.*

Community Health Improvement Plan

In 2019 Deborah Heart and Lung Center (Deborah) completed a CHNA and developed a supporting three-year plan for community health improvement to address identified health priorities. The strategies implemented to address the health priorities support our continued commitment to the health and well-being of the communities we serve.

Guided by findings from the 2019 CHNA and input from key community stakeholders, as well as residents of the communities we serve, Deborah leadership identified the following priorities for 2020-2022:

- **Linkages to Care**
- **Chronic Disease Management**
- **Issues of Aging**

The following report highlights Deborah's strategies in addressing these priorities.

CHNA Priority Area 1: Linkages to Care

Goal: Improve access to healthcare and assist in coordination of care

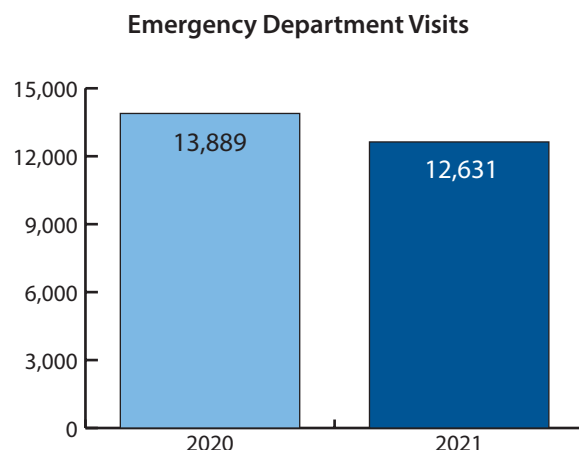
Objective: *Assist in identifying gaps in access to care and recruit/retain providers in our service area.*

Deborah has taken a multi-pronged approach to closing gaps in access to care and to recruit and retain providers in our service area.

Partnering to Deliver Access to Emergency Services

To complement Deborah's specialty services, since 2010 Deborah has partnered with a licensed acute care hospital to bring emergency services to the campus. Deborah successfully navigated a smooth transition during a change in acute care partner in 2019 with no disruption in access to emergency services. The emergency department (ED) at Deborah has provided a vital emergency medical link for the residents of northwestern Burlington County, southeastern Mercer County, and southwestern Ocean County. This New Jersey "triangle" region previously had no close access to emergency services, and the ED has provided a valuable lifeline for many families, including those who live in Deborah's primary service area, which is federally designated as a medically underserved community.

The ED is also located one-mile from Joint Base McGuire-Dix-Lakehurst and is a cornerstone of emergency care for active duty military and their dependents stationed on the Base.



Partnering to Meet Other Healthcare Needs

To meet other unmet healthcare needs in our community, Deborah partnered with Landmark Healthcare Facilities, LLC who constructed a medical office building (MOB) on the Deborah campus. Deborah leadership worked with representatives of Landmark, and community leaders, to identify providers to occupy the building and to meet community healthcare needs. The MOB opened in mid-2018, offering state-of-the-art space to attract new providers and services previously unavailable in our community.

Medical services now available in the MOB:

- Urgent care (*provided by Central Jersey Urgent Care*)
- Primary care (*provided by Capital Health*)
- OB/Gyn services (*provided by Capital Health*)
- Outpatient pharmacy (*provided by Georgie's Pharmacy*)
- Physical therapy (*provided by Ivy Rehab*) in partnership with Deborah
- Cardiac rehab (*provided by Deborah*)
- Podiatry services (*provided by Ocean County Foot and Ankle Surgical Services*)
- Pain management (*provided by Corda Pain Management*)
- Sleep center (*provided by Deborah*)
- Pulmonary rehabilitation (*provided by Deborah*)

These services were all previously not available in our community which is a federally designated MUA/MUP by HRSA.

Medical Office Building - Visits

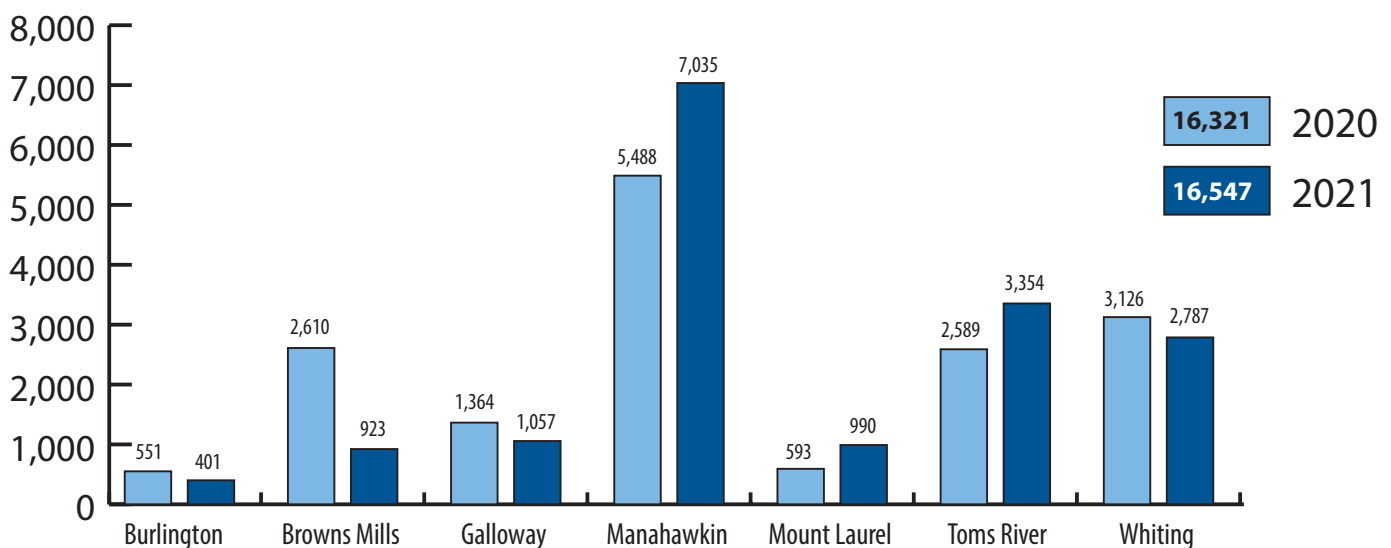
	2020	2021
Capital Health Primary Care	25	918
Capital Health - OB/Gyn	1,413	4,198

Rehab volume data see page 5.

Expanding Access Locations in the Community

To improve access to healthcare throughout the region, Deborah coordinated the development of a network of non-profit specialty practices – Deborah Specialty Physicians – that operate practice locations in Burlington, Ocean, and Atlantic Counties. These specialty physician practices bring Deborah's high-tech specialty cardiac, vascular and electrophysiology services into communities that may not have ready access to these specialties. By increasing Deborah's community footprint, many New Jersey residents are able to receive treatments and life-style management tools for health and wellness. The continued growth of these practices demonstrates the need for these services in the community.

Deborah Specialty Physician Visits

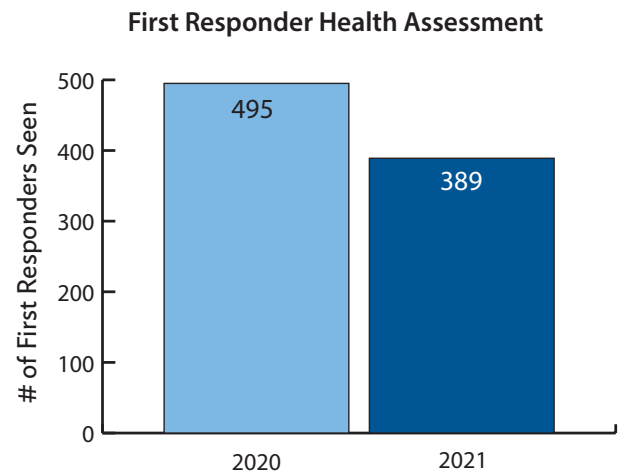


“I found out I had PAD (peripheral arterial disease, or blockages in the legs) about five years ago. I couldn’t walk or anything, but no one could help me, so I went to find myself a new cardiologist.” Conveniently, there was a Deborah Specialty Physicians office nearby in Manahawkin, and within a few weeks...he was at Deborah getting stents placed in his legs. “Finally I had some relief.”

Patient, Kenneth Thomas

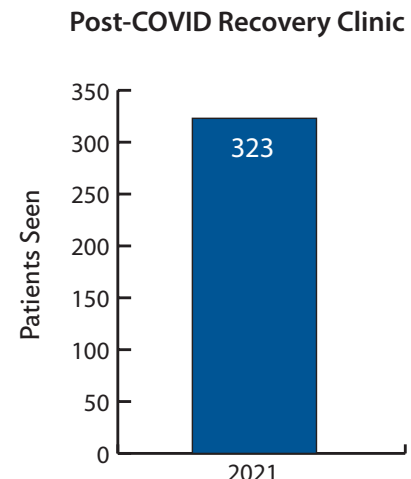
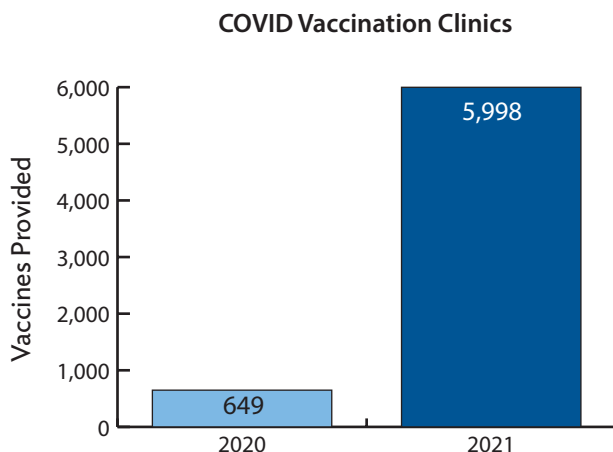
Targeting First Responder Health Risks

To provide early detection and intervention, Deborah developed an evidence-based First Responder Health Assessment Program which provides comprehensive exams and appropriate testing specifically for firefighters, police officers, EMTs, and other front line emergency workers who are at a higher risk of cardiovascular and respiratory diseases. The United States Fire Administration estimates that 47% of line-of-duty firefighter deaths are cardiac related, and the National Center for Biotechnology Information (NCBI) reports that police officers have the poorest cardiovascular disease profile of any occupation.



Prioritizing COVID-19 Healthcare Response

In 2020, in direct response to the coronavirus pandemic, and the urgency for unified response for community health initiatives, Deborah quickly pivoted on two key areas of particular concern: administering vaccinations to the public and launching a Post-COVID Recovery Program for long-haulers experiencing symptoms months after infection. These programs have played a vitally important regional role, in both helping to suppress the virus and addressing the long-term health impacts that COVID-19 is having on our regional population.

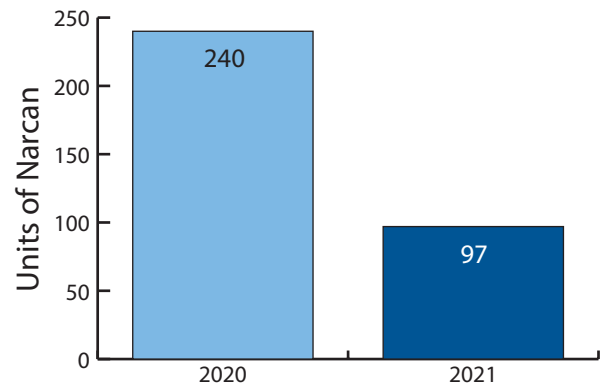


“I was sick for seven weeks. I had pneumonia for four weeks, constant chills, loss of smell and insomnia. I want to feel better, and I want to get checked out to make sure I have no long-term damage. By taking the step to come to Deborah’s Post-COVID Recovery Program I am giving myself a boost to fully heal.”

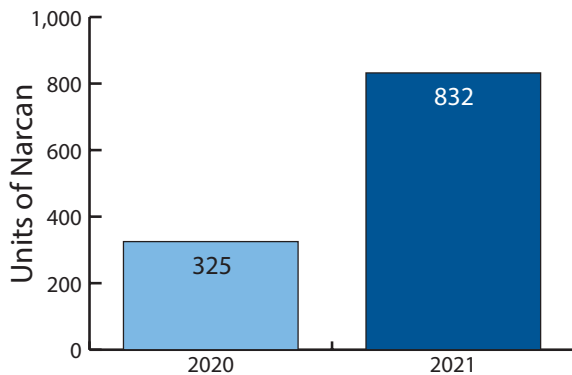
Patient, Steven Magnotta

Objective: Assist in addressing management of substance use disorders and mental health issues in our patient population. Although Deborah’s primary medical focus does not include a segment specific to mental health or substance abuse, Deborah recognizes its community role in assisting with these issues. Since 2015, Deborah has worked in partnership with the Burlington County Prosecutor’s Office to supply Narcan (and nasal adapters) to front line officers and EMS personnel who directly respond to emergency overdose calls in the community. Deborah continues to financially support this program which unfortunately grew during the pandemic when addiction issues skyrocketed. Emergency intervention by the officers’ administering Narcan continues to save lives.

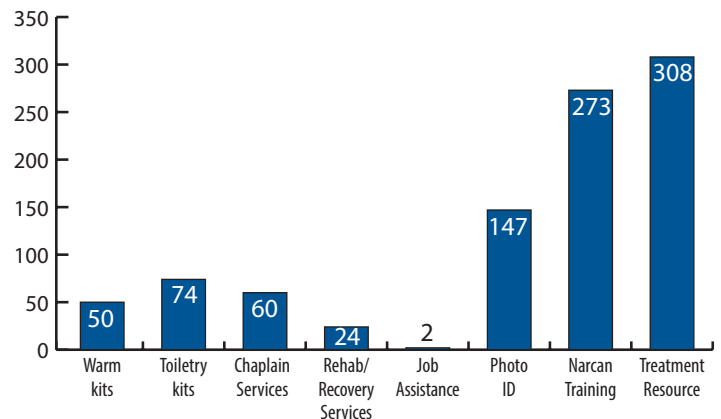
Narcan Program through Burlington County Prosecutors Office



Hope One Burlington County Sheriff Department



Additional Hope One Services 2021



“I wanted to update you on a client I have been coaching that I gave my number to and information on Hope One in early October. I have finally gotten a commitment for treatment from her. She was assessed for admission to Maryville today.”

Delia Burgos, Maryville

Objective: Reduce transportation barriers that impede healthcare access to our services.

In direct response to resident surveying that identified transportation as a community need, since 2018 Deborah has contracted with Stout Transportation Services to provide medical transportation for patients in need of rides to and from their appointments at Deborah and its' affiliated practices.

Round-Trip Rides Provided by Deborah by Patient County Residence

	2020	2021
Atlantic	14	33
Burlington	736	605
Camden	76	80
Gloucester	47	10
Mercer	138	213
Monmouth	39	67
Ocean	1,013	940
Other	14	518
Cooper*	132	135
Total	2,209	2,601

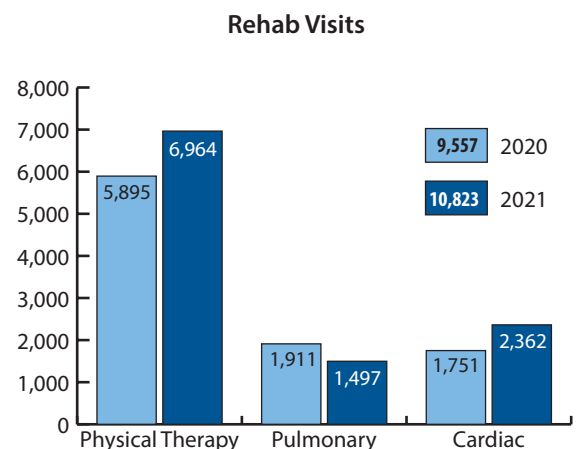
*Additional patient rides are provided to Cooper University Health Care appointments as part of HeroCare Connect™

“I was a wreck...but the team helped me with transportation. They stayed on the phone with me until 6:00 p.m. one night until able to get a transport ride home from Joe’s biopsy at the hospital. When the driver came, he was a knight in shining armor. This young man wanted to make sure Joe was warm and comfortable and covered him in four blankets because he was so cold, even though it was in the 80s that day. He even put the heat on to keep him warm and almost carried him into the house. Kudos to that driver.”

Dorothy Godfrey about her husband Joe’s experience

Objective: Foster and deepen partnerships with community organizations and other area providers to reduce inappropriate and/or avoidable Emergency Room usage.

In order to prevent subsequent emergency room visits post-hospitalization, Deborah’s robust rehab programs play a critical role. Patients who enroll in – and are compliant with – their physical, occupational, and especially cardiac rehabilitation programs, are more likely to manage the health conditions that landed them in the ED to begin with. Working one-on-one with patients and carefully monitoring their progress and following up with them has enabled many of these patients to avoid a repeat visit to the ED.



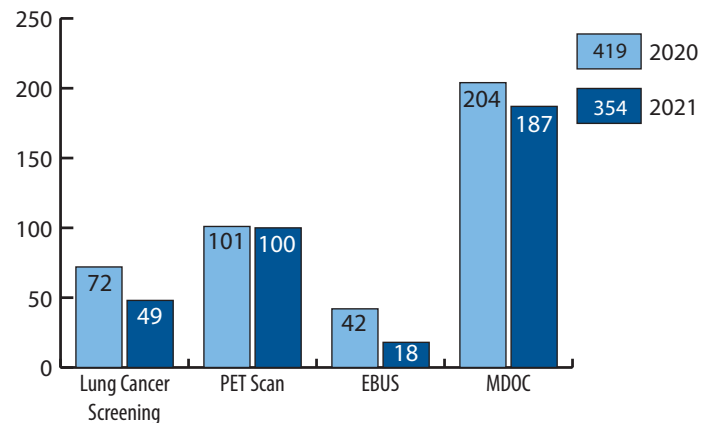
“Cardiac rehab was the best thing I ever did. This place is not just to rebuild your health. It builds you up emotionally, as well as your confidence and your spiritual strength. And now, I am in great shape, I monitor my numbers daily – my sugar, salt, weight – and go to the gym three times a week.”

Karen Perkofsky, Cardiac Rehab Patient

Objective: Increase early detection and improve access to care and treatment of lung cancer.

Deborah’s Multi-Disciplinary Oncology Clinic Program offers collaborative personalized out-patient appointments for case management of patients with tumors. The integrated team includes an oncologist, radiologist, pulmonologist, pathologist, surgeon, administrative director and other care team staff to provide an efficient approach to the evaluation of lung tumors, employing state-of-the-art technology like Endobronchial Ultrasound (EBUS) and PET scans. Additionally low-dose CT scans offered as part of a lung cancer screening program for current or former smokers offers early detection, leading to quicker treatment with better outcomes.

Oncology

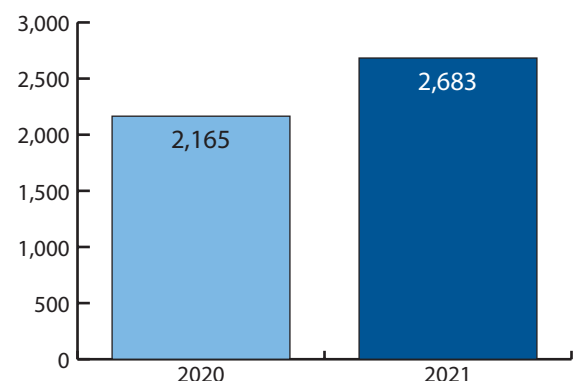


Objective: Participate in a healthcare environment that supports the health needs of the LGBTQ community. Building on Deborah’s previous three-year CHIP, which brought expert professionals to begin educating Deborah’s staff on protocols and sensitivities surrounding sex and gender expression in healthcare, Deborah began the research and committee formulation to actively seek Healthcare Equality Index certification. Tasks and responsibilities were identified to begin the formal process, and internal stakeholders were identified as key to beginning the certification process.

Objective: Grow and expand priority specialty appointment and comprehensive navigation services to members of the military, their dependents, veterans and retirees.

Deborah has continued to build on its HeroCare Connect™ program launched in 2017 in partnership with Cooper University Health Care. Designed to improve access to healthcare for active duty military, retirees, veterans and their dependents, the HeroCare Connect program draws on Deborah’s close proximity to Joint Base McGuire-Dix-Lakehurst, and Cooper’s long-standing relationship with the military, as well as providing a critical healthcare link for the close to 17,000 veterans served by the Philadelphia, East Orange, and Wilmington VA hospitals who are waiting over 30 days for specialty care services (as of 1/28/21, VHA Patient Access data).

HeroCare Connect™ - Referrals



The program's concierge navigators share the goal of providing non-routine specialty visits within 24-48 hours with priority access for the military to medical appointments in over 75 specialties and locations throughout the region.

“I have nothing but positive things to say about this program. I don’t care if it’s rehab, a scan, or blood work. I have always been treated great. Always with respect. Always very pleasant to me. This team does it all for me.”

HeroCare Connect patient, Lenny Yanchar

“Our story starts when we found out my husband, a veteran of both the Army and the Navy, had coronary artery blockages following a heart catheterization. I reached out to the VA and was transferred to HeroCare Connect. On this day our lives changed.”

Patricia C. about her husband's experience

CNHA Priority Area 2: Chronic Disease Management

Goal: Increase education and awareness to identify and reduce chronic disease risk, and improve chronic disease management to reduce healthcare reliance and improve quality of life.

Objective: Provide the community with complimentary screenings for chronic disease within our specialty. Deborah provides complimentary screenings for residents across the age span, both at community events and in partnership with community organizations. Even during the pandemic, Deborah continued virtual outreach events to reinforce to residents the need to stay on top of their healthcare.

Community Outreach Participants

Type of Screening	2020	2021
Blood Pressure	137	8
Body Fat Analysis	27	0
On-site Temperature Screenings	62	30
Peripheral Artery Disease	0	30
Pulmonary Function Testing	49	0
Pulse Ox	103	8
Sleep Apnea	31	0
Speaking Events	1,184	933

“Deborah has always been there for me. I wouldn’t be here now if not for them. I am extremely thankful to Deborah for my care, and the second lease on life I received.”

Patient, David Brian Pedrick Fowler

Objective: *Improve access to care for chronic conditions, including access to our specialty providers who identify and treat chronic conditions.*

Several of the programs Deborah has worked to establish as detailed under Priority Area 1: Linkages to Care – the medical office building project with needed specialty service providers; expanding a network of outside practice locations (Deborah Specialty Physician offices); creation of the First Responder Health Assessment Program; and the Post-COVID Recovery Program – serve the dual purpose of also improving access to care for chronic conditions. Detailed information on these initiatives can be found in the Linkages to Care section.

“I went elsewhere to a pulmonologist and a cardiologist. They listened to my heart and said it was more than a murmur. It was quite significant. I went for an EKG and a nuclear stress test and was told there was some calcification in my valve, and a shadow in my heart artery. Then I was released, and the doctor told me to call back in a year to repeat the testing. When my friend heard that, he suggested getting a second opinion, and recommended Deborah. I assumed that the hospital was hours away, but discovered it was only 40 minutes away. I can’t say enough about Deborah. If I hadn’t come here I would have been dead from a heart attack or a stroke. I know that someone missed the boat somewhere along the way.”

Patient, Sandra Donovan

Objective: *Provide the community with education and resources to identify and manage chronic diseases.*

In addition to outreach activities in the community, Deborah manages support groups, community self-check health machines, hosts educational podcasts, schedules speaking engagements, and distributes a health e-newsletter. All of these efforts reinforce the education needed for managing chronic disease, as well as providing outlets for sharing and seeking more detailed information.

Support Groups and Counseling Participants

	2020	2021
Zipper Club for Heart Surgery Patients	14	0
Nutrition Counseling - Adolescent	23	24
Nutrition Counseling - Adult	305	340
Malnutrition Screening - Pulmonary	238	172
Tobacco Cessation	6	4
Cardiology Clinical Support	600 hours	1,320 hours
EP Clinical Support	330 hours	660 hours

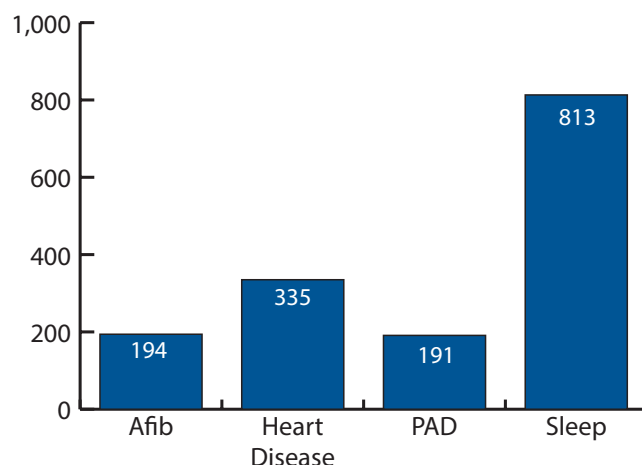
Deborah Self Check Machine Participants

	2020	2021
Blood Pressure	6,751	11,349
Sleep Assessment	274	618
Peripheral Artery Disease	227	447
Heart Disease Risk Assessment	0	67
Total	7,252	12,681

Podcast/Speaker Engagements

	2020	2021
Hurley in the Morning	12	12
KWY Podcast	6	7
PHL-17	6	12
ABC 6 News - Facebook live	1	N/A
Grand Rounds	20	16

Online Risk Assessment Participants 2021



Objective: Work with our community partners to identify and triage to resources for social determinants of health that contribute to chronic disease and poor adherence to treatment plans.

Deborah has established a number of successful partnerships to improve the health of community members. These partnerships have led to greater community health outreach, and membership in coalitions and alliances to collectively impact chronic disease-related needs.

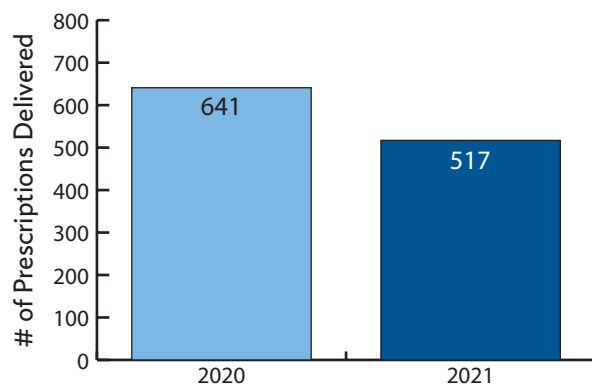
Partnerships

American Heart Association - Southern NJ	Joint Base McGuire-Dix-Lakehurst
Aspen Hills Healthcare Center	Landmark Healthcare Facilities, LLC
Burlington County Health Department	The LeapFrog Group
Burlington County Prosecutor's Office	Maryville Addiction Treatment Center
Burlington County Sheriff's Department	Ocean County Health Department
Capital Health System	New Lisbon Partnership
Central Jersey Urgent Care	New Jersey Department of Health
Cleveland Clinic Heart, Vascular & Thoracic Institute	New Jersey Department of Human Services
Center for Medicare and Medicaid Services	New Jersey Department of Military and Veterans Affairs
Cooper University Health Care	NJHA Veteran Navigators
DNV GL Healthcare	Ocean County Foot and Ankle Surgical Associates
Garden State Equality	Pemberton Community Library
Georgies Family Pharmacy	Pinelands Family Success Center
Hope One of Burlington County	Society of Thoracic Surgeons
Humana Military	Veterans Administration
Ivy Rehab Network	Wellness 360 Suite

Objective: Work to reduce readmissions of our patients with chronic disease.

In order to help keep patients compliant and on top with their prescriptions, Deborah partnered with Georgies Pharmacy in 2019 to initiate a MEDS to BED program. This program allows Deborah providers to submit electronic prescription requests to the pharmacy, which are then filled and delivered to patient homes. The pharmacy further provides medication education and two follow-up calls to ensure patient adherence to medication instructions. In addition, several new remote monitoring programs – including remote monitoring for COPD and daily monitoring for Bluetooth-enabled heart devices, allow for a quick feedback loop to the medical team in case of worsening conditions that can be addressed prior to the need for readmission.

MEDS to BED Program



Remote Programs Participants

	2020	2021
HGE Program - COPD Monitoring	0	28
Alzbetter Program Jan-March 2021 - Cardiac Monitoring	0	356
Spring Hills Program - April 2021-present - Cardiac Monitoring	0	982
Anticoagulation Clinic	671	616

“I thought I was losing my mind. It is so reassuring to know this wasn’t in my head. The team at Deborah went down the list and ruled out all the horrible conditions it could have been. Finding out what was wrong with me has made a huge difference in my life.”

Patient, Dana Bowling

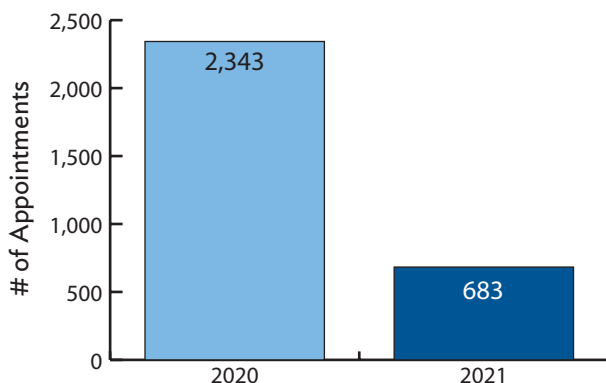
CHNA Priority Area 3: Issues of Aging

Goal: Assist seniors in our immediate service area age successfully, maintain independence and plan for end of life that respects each patient’s wishes.

Objective: Develop and/or partner with community providers to offer community education programs/education on aging related issues.

In an effort to ensure that our seniors received adequate healthcare during the pandemic, Deborah quickly instituted telemedicine appointments, providing continuing critical care for older people managing chronic conditions at home and averting more critical emergency care situations.

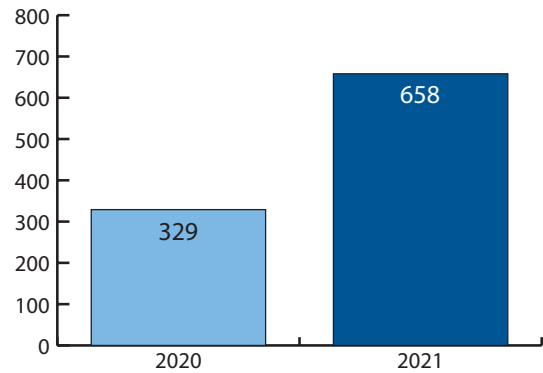
Telemedicine



Objective: *Support the development of a network of community providers to offer in-home, person-centered care for patients with chronic illness or serious health problems.*

Deborah partners with several organizations to ensure that upon discharge patients continue to receive the highest level of in-home care and monitoring of their medical issues in the comfort of the patient's home.

Home Health Service Referrals
Visiting Nurse Association (Moorestown VNA & Holy Redeemer)



Objective: *Work with community partners to develop and implement geriatric assessment programs.*

Building on Deborah's previous CHIP, the Hospital's physicians have continued to use available resources to identify potential problems for seniors that might impede their ability to effectively manage their health-care in their homes. Working with Deborah's case management team, Deborah's providers ensure that a strong in-home network (family, friends, spouses) are available to support the patient.

Objective: *Remove transportation barriers for seniors to access needed healthcare services.*

This objective closely matches Deborah's objective from Priority Area 1: Linkages to Care, since a vast majority of Deborah's patients are geriatric. The increase of rides to and from the hospital has enabled many of the area's senior population access to high quality healthcare. More information on transportation is found in Priority Area 1, page 5.

Objective: *Explore with community partners implementation of a memory assessment program.*

Using materials shared from the Alzheimer's Association in Deborah's last CHIP cycle, Deborah's physicians continue to review each patient's memory skills, and make appropriate referrals as needed.



Community Health Improvement Plan