Spaulding Rehabilitation Hospital Cape Cod

Community Health Implementation Plan

2017 — 2019

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Background

2016 Spaulding Cape Cod Community Health Needs Assessment

In compliance with section 501(r)(3) of the Internal Revenue Code, Spaulding Cape Cod (SCC) conducted its first Community Health Assessment (CHA) using a collaborative and dynamic approach to review available data, existing programs, and views from people who represent the broad interest of the community served by the hospital. The assessment explored the needs of Barnstable County, with a particular focus on disabled and elderly residents within the community. SCC worked in close collaboration with Partners HealthCare department of Community Health while conducting this CHA.

The goals of the 2016 CHA were to:

1. Identify the health needs and assets of our target populations
2. Engage community members in the process
3. Determine priorities for the next 3 years
4. Develop a plan and implementation strategy

Given SCC's locations, and the specialty nature of the care provided, the target populations for the purposes of the 2016 CHA were defined as the residents Barnstable County, and especially older persons and persons living with a disability.

Both quantitative and qualitative data were collected for this CHA in order to help identify major aspects of the community that impact the health of its priority populations. The data were evaluated through a Social Determinants of Health (SDOH) lens, by considering the economic, environmental, and social factors that influence health.

Source: Healthy People 2020

Based on the findings and insights of the CHA, the following areas of need were identified for Barnstable County:

- Access to specialty care
- Housing assistance
- Substance use disorders
- Support/services for disabled residents
- Support/services for elderly residents to age in the community
- Transportation

In consideration of all the needs stated above, SCC used the following criteria to prioritize needs identified by this assessment:

- Community need: review of current data and assessments from local, state and national organizations
- Collaborative opportunities: overview and evaluation of partnerships with local community organizations
- Community interest and readiness: in-depth and thoughtful dialogue and input from individuals though stakeholder meetings, focus groups and survey opportunities
- Estimated effectiveness and impact
- Adequate resources for implementation

Identified Needs to Be Addressed

In light of the needs identified and the considerations above, SCC has committed to addressing the following priorities:

- Access to specialty rehabilitation care
- Support and advocacy to improve safety and independence for older adults
- Support and advocacy for persons living with a disability

In addition to these identified needs, SCC's hospital leaders have decided to add a priority area related to Environment to its CHIP. Given its locations in the unique habitat of Cape Cod and its status as the largest private employer in the Town of Sandwich, Spaulding Cape Cod recognizes its role as a leader in adopting green practices to help preserve the environment of Cape Cod. In fact, SCC has adopted policies to reduce and recycle waste, save energy, and employ sustainable practices for many years, initiatives that resulted in earning the highest level recognition from Practice Greenhealth in 2016 for its ongoing programs. Furthermore, emerging science is making clear the link between environmental factors, such as climate change, on health.

Identified Needs Not Addressed

Given the specific clinical expertise and limited resources of Spaulding Cape Cod, addressing all of the issues identified by this CHA is not feasible. The hospital intends to focus its efforts where it can make the strongest impact. As a result, the following needs will not be prioritized by the Hospital:

- Substance use disorders
- Mental health disorders
- Housing assistance

The full 2016 Spaulding Cape Cod Community Health Needs Assessment can be found on its website: http://spauldingrehab.org/about/community-involvement

Purpose of This Report

Having identified the priorities that SCC intends to address over the coming three years, and in compliance with section 501(r)(3) of the Internal Revenue Code, this Community Health

Implementation Plan (CHIP) shall identify the goals, strategies and action steps by which SCC proposes to accomplish this work. This work will be accomplished through three over-arching approaches:

- **Explore** new opportunities for SCC to develop new programs or collaborate with others
- **Expand** programs and work already underway both at SCC and elsewhere
- **Connect** patients/residents to community programs and SCC's efforts to the broader community

In 2016, Cape Cod Healthcare (CCHC) conducted its own extensive Community Health Needs Assessment and Implementation Plan for Barnstable County. SCC acknowledges and supports the findings and needs identified in this report and implementation plan. Where common priority areas exist, SCC and CCHC shall work to jointly address common priority areas.

Methodology

In the spirit of collaboration and in order to ensure that the SCC CHIP is developed in a comprehensive manner that takes into consideration the resources already available in Barnstable County, SCC has sought the input of providers, advocates and social service programs on Cape Cod as a part of developing this plan. This input was collected through the Key Informant Interviews and Focus Groups conducted as a part of the CHA as well as a Strategic Planning Session. Feedback from all these activities has been woven into SCCs Implementation Plan for 2017-2019.

Key Informant Interviews and Focus Groups

In August 2016, Spaulding and Jon Snow, Inc. (JSI), a public health research and consulting firm, conducted three provider/community focus groups to spark thoughtful and insightful conversation about the needs and challenges of residents living across the Cape. SCC and JSI also conducted interviews with key stakeholders representing underserved populations and/or services with significant health impacts. Findings from all these forums and interviews were combined into a single report by JSI and incorporated into the 2016 SCC CHA.

As a part of these Interviews and Focus Groups, SCC and JSI also asked participants for any suggestions they had for SCC to address the needs highlighted by the Interviews and Focus Groups. Key suggestions included:

- Recruit specialists for conditions such as Parkinson's disease, dementia and traumatic brain injury.
- Develop socialization and community reintegration programs for older residents and those living with a disability.
- Expand the Direct Admissions Program at Spaulding.
- Offer assistance with discharge planning.
- Increase collaboration and information sharing.
- Increase disability awareness and education.

A more detailed description of each theme was prepared by JSI and can be found in Appendix 2 of this CHIP. For a full list of Focus Group participants and Key Informant Interviewees, see Appendix I of this CHIP.

Strategic Planning Session

In October 2016, SCC invited key community partners within Barnstable County to join its Senior Leadership team in a strategic planning session facilitated by JSI. During this session, target populations within the community were identified and opportunities for SCC to collaborate with others already working on these issues were discussed. A full list of participants in this session can be found in Appendix 3 of this CHIP

Two significant themes emerged from this discussion: first, the need for providers to improve information sharing so they might have greater understanding of existing services across the continuum, to identify gaps in services, and to identify available resources; second, to explore areas for collaboration to best deploy resources to address these gaps and improve the health of the community.

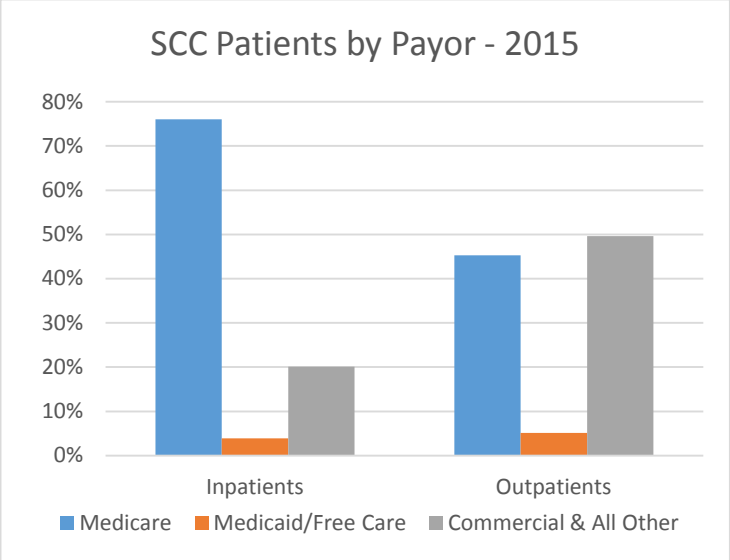
Providing Specialty Rehab Care

The 2016 SCC CHA highlighted the need for specialty care on Cape Cod. Located on the eastern arm of Massachusetts, Barnstable County is geographically isolated from the rest of the state, and transportation to and from Cape Cod is a barrier for many residents. As the sole provider of hospital-level rehabilitation serving the Cape and Islands, SCC occupies a unique place in the continuum of health care on Cape Cod.

- Spaulding Cape Cod is accredited by the Commission on the Accreditation of Rehabilitation Facilities (CARF) for its inpatient rehabilitation and stroke specialty programs. Its comprehensive inpatient rehabilitation programs help people transition to home following a stay in an acute care hospital for a serious illness, injury or surgery. Its investment in neuro-rehabilitation technologies gives patients access to advanced therapy options close to home and support systems.
- Its outpatient programs provide access to unique expertise (including physicians board-certified in Physical Medicine and Rehabilitation and many specialty programs) to continue recovery post-discharge, to manage chronic illness, and to support ongoing recovery.
- Its outpatient pediatric center is a regional resource offering on-site subspecialty medical clinics in collaboration with Massachusetts General Hospital and Boston's Children's Hospital, including endocrinology, gastroenterology, neurology, and pulmonology. SCC's pediatric therapists offer specialized programs, including Alternative and Augmentative Communications, Feeding/Nutrition, Sensory Integration therapy, and grant-supported diagnostic testing for autism and other developmental disorders.

Through SCC's clinical programs, residents of Barnstable County have access to specialized services at convenient, local locations[1] without burdensome travel time or disruption to work and family life. In addition, for those who are low income, frail, elderly, or isolated, the cost of receiving care in metropolitan areas (i.e. Boston or Providence) may cause residents to forgo necessary care altogether.

In terms of SCC's inpatient population, 76% are covered by Medicare and 3.9% by Medicaid/free care. Reflecting the broader age distribution of outpatients, 45.3% are covered by Medicare and 5.1% by Medicaid/free care.



In response to the findings from the 2016 CHA, SCC shall explore opportunities to expand access to specialists on Cape Cod, especially for those who experience barriers in accessing care.

Implementation Plan: Community Priorities, Goals and Strategies

Priority 1: Access to specialty rehabilitation care	
Target Populations: • Persons with chronic disease • Seniors/frail elders • Persons with a disability • Children with developmental delays and other challenges	
Goal 1: Identify and reduce barriers to care	
Partners: Partners Health Care, Cape Cod HealthCare, Barnstable County Health and Human Services, Cape Cod Regional Transportation Authority, Councils on Aging	
Strategy 1: Address Financial Barriers to Accessing Care	Actions: • Continue to assist patients with applying for state-funded insurance programs (i.e. MassHealth, CommonHealth, Connector Care, etc.) • Continue to assist patients with applying for financial assistance through the Partners Financial Assistance Policy.
Strategy 2: Address Transportation Barriers to Accessing Care	Actions: • Explore options to remove transportation as a barrier to accessing care in Barnstable County. Options to explore include: o Collaboration with CCRTA/other providers

[1] Four outpatient locations on Cape Cod in Sandwich, Orleans, Forestdale and Yarmouth.

	• Where viable options are identified, SCC will partner with appropriate entities to bring such items to fruition. • Explore the feasibility of adopting models of care that enable delivering targeted services off-site for populations at risk.
Strategy 3: Strengthen regional provider networks	Actions: o Seek to collaborate with regional providers to add services to treat movement disorders and other conditions needing specialized rehab expertise. o Enhance recruitment strategies to attract needed specialists o Implement electronic medical record (Epic) to facilitate transitions and coordination of care with other providers using this platform
Strategy 4: Reduce disparities in access to care	Actions: • In conjunction with Spaulding Rehab Network, continue participation in AHA's Health Equity Pledge, engaging in surveys and other actions to identify potential disparities and barriers to accessing services • Pending results, adopt corrective measures
Goal 2: Introduce new programs to enhance health	
Partners: Community physicians, support groups, Councils on Aging, other wellness providers	
Strategy 1: Utilize dedicated new space at SCC to expand access to wellness programs	Actions: • Bring HIT-PD (High Intensity Training for Parkinson's Disease) program to Sandwich • Develop new wellness programs to reduce impacts of chronic illness (osteoporosis, back pain, yoga, etc.) • Re-introduce Fit to Be Kids (exercise and weight loss management program for kids at risk for obesity, diabetes, etc.) in Sandwich • Continue to offer arthritis exercise and tai chi classes • Expand marketing and communication of wellness programs to foster greater community participation. • Identify potential partnerships with other providers to identify and refer persons who would benefit from specific wellness programs.
Expected Long Term Outcomes and Metrics: • Track the number of classes and participants • Obtain feedback on effectiveness of classes through participant evaluations • Where indicated, collect data re: pre- and post-testing of objective and subjective measures • As participation grows, we would expect to develop more partnerships and, together, identify potential solutions to reducing the impact of chronic illness.	

Priority 2: Support and advocacy to improve safety and independence for older adults

Target Populations:

- Seniors seeking to age in place
  - Frail elders, isolated elders, those at risk for falls
  - Seniors with declining status who don't meet requirements for acute hospital or SNF admission
- Boomers seeking to maintain/improve health as they age
- Persons living with chronic disease
  - Parkinson's disease, post-stroke, multiple chronic health conditions, etc.
  - Persons living with chronic back pain, chronic pain
  - Osteoporosis, fibromyalgia, Lyme disease
- Care partners

Goal 1: Improve chronic disease management through education and collaboration	
Partners: Barnstable County Health and Human Services, substance abuse providers, assisted living facilities, primary care providers, public access TV	
Strategy 1: Educate public and health professionals about chronic disease management	Actions: • Expand public outreach regarding educational programs to encourage greater community participation. • Explore options to videotape and archive Healthy Living Series (an annual series of free lectures on rehab-related topics) to make them more accessible to the public. • Explore options to extend the impact of Spaulding Updates (a continuing education program for health professionals) to include greater participation among health professionals across Barnstable County.
Strategy 2: Collaborate with organizations and networks to address chronic disease management needs in the community	Actions: • Join newly forming Barnstable County healthy aging coalition to provide rehab perspective and develop collaborations with other providers and community groups seeking to help seniors age in place • Join Barnstable County Substance Abuse Coalition to enhance/develop SCC's ability to screen and refer patients with substance abuse issues to the appropriate community resource. • In collaboration with key providers based in the community, explore developing a planning framework to establish a comprehensive post-acute continuum of care.
Goal 2: Reduce health impacts due to falls	
Partners: Community Health Centers, Councils on Aging, Elder Services of Cape Cod and the Islands, home care agencies, assisted living facilities	
Strategy 1: Enhance wellness programs to prevent falls	Actions: • Explore need/feasibility for a clinician-run fall prevention group designed for individuals with serious fall risk. • Explore feasibility of offering tai chi at additional locations.
Strategy 2: Provide public	Actions: • Partner with senior service agencies to educate more providers and

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<tr><td>education on fall risk factors</td><td>seniors on fall risk factors and prevention strategies.
• Explore feasibility of offering a piloted fall prevention program at other locations throughout the Cape.</td></tr>
<tr><td colspan="2">Goal 3: Identify and Address Need of Care Partners</td></tr>
<tr><td colspan="2">Partners: Councils on Aging, Elder Services, Support groups, Parkinson’s Support Network, assisted living facilities</td></tr>
<tr><td>Strategy 1:
Develop events and programs to support Care Partners</td><td>Actions:
• Survey local support and advocacy groups and patients to better understand Care Partner needs, including the types of activities desired, venues, availability, etc.
o Explore feasibility of offering Care Partner events and programming based on survey results.
o Explore wellness programs specific to Care Partners.
o Initiate a Care Partner Peer Support Program for families of inpatients at SCC and expand as feasible.
• Collaborate with Parkinson’s Support Network to offer a Care Partner event</td></tr>
<tr><td colspan="2">Expected Long Term Outcomes and Metrics:
• Track the number of programs and participants
• Obtain feedback on the usefulness of the programs through participant evaluations
• Where applicable, obtain data from pre- and post-tests of objective and subjective measures
• Strengthen collaboration with other providers to monitor impact of programs among at-risk persons.</td></tr>
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Priority 3: Support and advocacy for persons living with a disability

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<tr><td colspan="2">Target Populations:
Adults and children living with a disability
Developmental delays (autism, feeding/swallowing disorders, learning disabilities, etc.)
Care Partners</td></tr>
<tr><td colspan="2">Goal 1: Foster greater understanding/acceptance of persons living with a disability.</td></tr>
<tr><td colspan="2">Partners: Cape Organization for the Rights of the Disabled, Barnstable County Health and Human Services, Brain Injury Assn. of MA, support groups</td></tr>
<tr><td>Strategy 1:
Promote culture of inclusivity through educational/ community outreach programs</td><td>Actions:
Seek greater coordination of services with CORD and other organizations to ensure clients are aware of relevant services
Serve as consultant to organizations re: how to make their services and facilities more accessible and inclusive.</td></tr>
<tr><td colspan="2">Goal 2: Facilitate fitness and reduce impacts of disability</td></tr>
<tr><td colspan="2">Partners: MA Department of Conservation and Recreation, US Paralympics, Disabled Sports USA, Access Sport America, CORD, support groups</td></tr>
<tr><td>Strategy 1:
Create opportunities for persons with disability to be physically active</td><td>Actions:
Launch McGraw Center for Adaptive Sports at Nickerson State Park, a collaborative program with MA Dept. of Conservation and Recreation and its Universal Access Program. The McGraw Center will expand opportunities for inclusive sport and recreation for persons with disability and their families on the Cape and beyond.
Expand Adaptive Sports Program activities for adults and children at other locations as resources allow.
Explore new ways to inform the public about Adaptive Sports Programs, including expanding existing networks.
Continue annual weekend retreat for wounded veterans.
Identify and implement collaborative adaptive sport and recreation opportunities with CORD.</td></tr>
<tr><td>Strategy 2:
Support the Falmouth Road Race</td><td>Actions:
Continue to sponsor Falmouth Road Race Wheelchair Division.
Work with pediatric center and outpatient centers to recruit children/families for Falmouth Road Race.</td></tr>
<tr><td>Strategy 3:
Reduce disability caused by preventable injury</td><td>Actions:
Continue collaboration with the Brain Injury Assn. of MA to offer Brains at Risk, a court-mandated educational program for persons convicted of driving under the influence of alcohol or drugs.</td></tr>
<tr><td colspan="2">Goal 3: Prepare persons with a disability to maximize their potential</td></tr>
<tr><td colspan="2">Partners: Mass Rehab Commission, Riverview School, business community</td></tr>
<tr><td>Strategy 1:
Workforce development</td><td>Actions:
Educate/train young people with intellectual disability for work/life through Project Search (annual program).
Connect those with new disabilities to the Mass Rehab Commission Working Partners program.
Review MRC referral procedures for patients.</td></tr>
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	o Expand program to include the broader community.
Strategy 2: Driver Rehab Program	Actions: • Expand awareness of this program to primary care physicians, home care agencies, support groups. • Continue working with Riverview School re: driver training for students with disability.
Expected Long Term Outcomes and Metrics: • Increase venues and participants in adaptive sports activities • Assess response to activities through participant evaluations • Introduce a data base to assess the impact of activity and inclusion on physical and psychological function for participants in adaptive sports • Increase the number of persons accessing MR's resources and obtaining employment	

Priority 4: Environmental stewardship	
Goal 1: Continue efforts to reduce SHC's environmental impact	
Partners: Partners HealthCare Office of Sustainability, GE Solar, regional farmers' markets	
Strategy 1: Reduce use of fossil fuels and lower greenhouse gas emissions	Actions: • Operationalize a new 1,100 kW solar array • Continue energy conservation policies • Maximize efficiency of HVAC and other systems
Strategy 2: Continue and expand recycling programs	Actions: • Continue recycling efforts and policies to reduce use of mercury • Continue programs to recycle cell phones and other devices • Reduce use of paper records by switching to electronic medical record
Strategy 3: Reduce environmental impacts through food policies	Actions: • Continue hosting farmers' markets • Continue program to offer antibiotic-free meats, hormone-free milk, cage-free eggs in meals served on SCC premises. • Support plant-based eating through "Meatless Monday" program and education • Expand tagging of food and beverage choices to educate staff and visitors to healthier choices
Strategy 4: Support AHA's Healthier Hospitals Pledge	Actions: • Continue to seek opportunities to adopt sustainable practices • Support efforts of SCC's Green Team to reduce waste and encourage workforce awareness of the benefits of green practices • Collaborate with Spaulding Rehab Network to maximize impact of purchasing green and/or sustainable products
Expected Long Term Outcomes and Metrics: • Up to 70% of electricity use produced by sustainable energy • Greenhouse gas emissions reduced up to 40 million pounds over 20 years • Improved air quality resulting in reduced health impacts due to pulmonary disease, allergies	

Appendices

Appendix I - Key Informant & Community Provider Forum Participant List

Key Informants

- **Elizabeth Albert**, Director of Barnstable County Department of Health and Human Services
- **George Heufelder, MS, RS,** Director/Chief Health Officer, Barnstable County Department of Health and Environment
- **Andy Lowe**, Director of Program Resources at Outer Cape Health Services
- **Kevin Rosario**, Regional Outreach Representative at Gosnold Treatment Center
- **Stacey Schakel**, Elementary School Nurse in Mashpee
- **Cathy Taylor**, Assistant Director of Cape Organization for Rights of the Disabled (CORD)
- **Cathi Thomas**, Clinical Nurse Specialist and Advisor to the Board of Parkinson's Support Network of Cape Cod

Provider Forum Participants

- **Craig Bautz**, Director of Therapeutic Activity at Spaulding
- **Lois Carr,** Outreach Coordinator, Bourne Council on Aging
- **Susan Donovan**, Advanced Illness Care Manager at VNA of Cape Cod
- **Debbie Downy**, Site Manager at Spaulding Outpatient Center Orleans
- **Mary Jo French**, Outpatient Care Coordinator, Spaulding Outpatient Center Sandwich
- **Jeff Garrison**, MA-BIA, conducts support groups for brain injury patients, mental health therapist
- **Gail Glanville**, Board Member at Parkinson Support Network of Cape Cod
- **Rachel Greenfield**, External Community Relations Director, Maplewood at Brewster
- **Jerilyn Lamont**, VP and Chief Experience Officer at Broadreach Healthcare (Liberty Commons)
- **Kari Leighton,** Outreach Worker, Bourne Council on Aging
- **Maryellen Louckes**, Caregiver Homes
- **Andy Lowe**, Outer Cape Health Services
- **Ellen McDonough**, Director of Clinical Services, Elder Services of Cape Cod and the Islands
- **Lauren Melillo**, Sandwich Partnership for Families
- **Ed Merigan**, Director of Veteran Services of Cape Cod
- **Janet Mooney**, Social Worker (Inpatient), Spaulding Cape Cod
- **Kazmira Nedeau**, Grant Submission and Compliance Analyst at Outer Cape Health Services

- **Diane O'Connell**, Rehab Director at Gentiva
- **Amanda Parent**, Addiction Coordinator at Odonata Center
- **Carol Stronjy**, Social Worker with Cape Cod Senior Residences
- **Sandy Topalian**, MA-BIA, Brain Injury Association, Manager of Southeastern Region
- **Lynne Waterman,** Director, Mashpee Council on Aging
- **Judi Wilson**, Director, Orleans Council on Aging

Appendix 2 – Excerpt from "Summary of Community Engagement Activities"

Prepared by John Snow, Inc., August 2016

Programmatic Recommendations for Spaulding

Recruit specialists for certain conditions

Many participants highlighted a need for additional specialists to treat specific conditions, including Parkinson's disease, dementia, and traumatic brain injury. One forum participant stated said there is a **"gap between the physician and patient"** when there are neurologists who do not understand brain injuries. Others had similar sentiments about a lack of specialists for other conditions.

Develop socialization programs

Key informants and forum participants identified a need for more socialization and community reintegration programs, especially for older adults and individuals with disabilities. One person suggested that Spaulding could develop programs for socialization and activity, so that people who feel isolated have opportunities to socialize. Similarly, one forum participant suggested that more group therapy for youth and adolescents would be helpful.

Expand Direct Admissions Program (DAP)

DAP at Spaulding is regarded by many as a strong player in the system, as it can be a good option for patients who cannot be admitted to an acute care hospital but are not safe to go home. Many agencies and physicians refer patients to DAP. At the same time, however, because DAP must be compliant with Center for Medicare and Medicaid Service (CMS) regulations, it has specific admission criteria that may be difficult for people to meet. Forum participants suggested that the eligibility requirements be expanded so that more people can access this program at Spaulding. One person said, **"The criteria [for admission] are so difficult to meet that it's not useful."** Other focus group members suggested that Spaulding continue to spread the word about the program, as not everyone is aware of it. Finally, one person stated that it would be helpful if Spaulding could reserve a bed at a skilled nursing facility before patients get into the program.

Offer assistance with discharge planning

Creating resources to help patients with their discharge planning is a key programmatic recommendation. Many forum participants noted that many patients feel overwhelmed by information following diagnosis, and it is helpful for them to receive information about services that they can access after discharge. One key informant suggested that Spaulding hire a professional whose sole job is to collect resource information and assist patients as they are discharged; this person would follow up with patients during the month following discharge, to assure that resources were in order and were being utilized.

Increase collaboration and information sharing

A number of key informants and forum participants recommended that there be more collaboration and information sharing between Spaulding and other service providers. One aspect of this collaboration pertains to patient care, which could be accomplished through a variety of procedures including creating mechanisms to increase referrals. Another aspect of collaboration and information sharing relates to Spaulding's community outreach educational programs.

One person stated that "**Spaulding has access to an incredible network of informed and current providers, and providing the community access to this information would be nice."** Forum participants believe that collaborating with other organizations and individuals could make Spaulding's programming more useful and well-attended. Spaulding has access to the specialists and speakers, and it could work more with regional providers to identify topics relevant to their group, decide on the best time and place to offer the program, and help market it to their networks.

Increase disability awareness and education

One key informant suggested that Spaulding provide more education to patients and staff about people with disabilities and their possible needs. This will help patients feel comfortable and receive the best care, for "**If people aren't comfortable going to a place they won't go, and if they do, they might not have enough confidence in the doctor to follow through with directions."**

The full Summary of Community Engagement Activities report prepared by JSI can be found in the 2016 SCC CHA (http://spauldingrehab.org/about/community-involvement).

Appendix 3 – SCC Community Health Strategic Planning Session Participant List

SCC representatives:

- **Craig Bautz**, Director of Therapeutic Activity
- **Deb Byrne**, Chief Nursing Officer
- **Mary Jo French**, Outpatient Care Coordinator
- **Sharon Gale**, Director of Outpatient Rehabilitation Services
- **Daina Juhansoo,** Director of Inpatient Rehabilitation Services
- **David Lowell, M.D.,** Chief Medical Officer
- **Janet Mooney**, Senior Social Worker (Inpatient)
- **Stephanie Nadolny**, Vice President of Operations
- **Karen Piatt**, Senior Program Analyst, Community Health Dept., Partners HealthCare
- **Paul Shafer,** Director of Finance
- **Carole Stasiowski**, Director of Marketing and Community Relations
- **Dyan Wyman**, Manager, Human Resources

External representatives:

- **Lisa Guyan**, Director of Community Benefits, Cape Cod HealthCare
- **Vaira Harik**, Senior Project Manager, Coordinator Wellness and Prevention Trust Fund, Barnstable County Health and Human Services
- **John Lundborn**, Independent Living/Transitional Internship Program Manager, Cape Organization for the Rights of the Disabled
- **Alec McKinney**, Senior Consultant, Project Director, JSI Associates
- **Leslie Scheer**, Executive Director, Elder Services of Cape Cod and the Islands

Spaulding Rehabilitation Hospital Cape Cod's Community Health Improvement Plan 2017 – 19 was approved by the Board of Directors of Partners Continuing Care on January 4, 2017.