Spaulding Hospital Cambridge Community Health Needs Assessment and Implementation Plan

2022

Name of hospital organization operating hospital facility: Spaulding Hospital Cambridge for Continuing Medical Care
EIN of hospital organization operating hospital facility: 27-0273715
Address of hospital organization: 1575 Cambridge St. Cambridge, MA. 02138
Contact Person: Joanne Fucile
Date of CHNA approval:
Web Address for CHNA Reports:

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I. EXECUTIVE SUMMARY

a. Introduction and Background

Spaulding Hospital Cambridge is a 180-bed long term acute care hospital (LTAC) located on a 7-acre campus in historic Cambridge, MA. As an LTAC hospital, Spaulding Cambridge provides a wide range of services for adults and elders with multiple or complex medical conditions. Spaulding Cambridge is a member of the Spaulding Rehabilitation Network and Mass General Brigham HealthCare System. As specialty hospital, we serve patients who are in the post- acute stages of recovery from serious illness or injury from a much broader geographic area than the communities in which we are located. In the same way in which our care is coordinated with that of the Network's acute care facilities, our community goals are also aligned with those of Mass General Brigham.

Spaulding Hospital Cambridge has a rich history in the medical community and was founded in 1895 by the sisters of Charity of Montreal as The Holy Ghost Hospital for Incurables. In 1970, The Holy Ghost Hospital changed its name to Youville Hospital, in memory of their founder, Marguerite D'Youville, a saint who was canonized by Pope John Paul II in 1990. In 2001, Youville Hospital formed a joint venture with Spaulding Rehabilitation Hospital, formalizing a partnership to provide high quality medical and rehabilitation care. In 2009 Spaulding purchased Youville and officially changed its name to Spaulding Hospital for Continuing Medical Care Cambridge.

As part of Spaulding Rehabilitation Network, Spaulding Cambridge has access to the resources of a world-class teaching and research institution. Spaulding Rehabilitation Hospital, the flagship facility of the Spaulding Rehabilitation Network, is one of the

largest inpatient rehabilitation hospitals in the United States and has consistently been ranked among U.S. News and World Report's Best Hospitals since 1995. The Spaulding Rehabilitation Network (SRN) offers a wide range of inpatient programs and 25 outpatient centers throughout Eastern Massachusetts. SRN strives to continually update and improve its programs to offer patients the latest, high-quality care through its leading, expert providers.

Spaulding Hospital Cambridge's community benefit program addresses factors that impact access to care, and the health and quality of life of our patients, their families, and the communities in which they live. These factors often require interventions that are outside the traditional clinical, teaching, and research roles of hospitals. Every three years, through a community health needs assessment, collaborative planning with community partners and hospital leadership, and with particular attention to the social determinants of health and opportunities for disease prevention and wellness promotion, Spaulding Cambridge develops a comprehensive community benefit plan.

Spaulding Cambridge joins the Spaulding Rehabilitation Network in our work to enable persons to achieve their highest level of function, independence, and performance through the following mission:

- To provide a full continuum of rehabilitative care, and community-based rehabilitation services.
- To contribute to new knowledge and treatment approaches to rehabilitation and disease and injury management through research and outcome studies.
- To educate future rehabilitation specialists, including physicians, nurses, therapists, and other allied health professionals.
- To advocate for persons with disabilities.

b. Regulatory Requirements

The Federal Affordable Care Act requires health care institutions to conduct a community health needs assessment (CHNA) every three (3) years in communities in which they have licensed facilities, to submit the report to the Internal Revenue Service, and to post the report publicly on the hospital website by the last day of the fiscal year in which the CHNA is conducted (September 30 for Mass General Brigham hospitals including Spaulding Hospital Cambridge). The Massachusetts Attorney General has a similar requirement. A Community Health Improvement Plan (CHIP) detailing how the hospital will engage with the community to address the prioritized issues must be completed and posted by February 15 of the following year. While health care institutions are required to conduct CHNAs and CHIPs, they are permitted to prioritize which communities and issues on which to focus if there is a clear rationale.

c. Post-Acute COVID-19 Experience

In March of 2020, MGB Executive Leadership identified the need to establish a COVID post -acute care facility to manage the increasing number of Covid patients requiring extended care due to the level of illness of this population. A major concern was the lack of acute care capacity and the inability to discharge Covid patients to a post-acute care setting. A decision was made to convert inpatient beds at Spaulding Hospital Cambridge to Covid beds as they could manage the high acuity needs of this population. CMS 1135 waivers were instituted that allowed Spaulding Hospital Cambridge to admit a broader patient population without impacting their licensure during the Covid emergency.

There was a two-week time frame for Spaulding leadership to prepare for the opening of the first COVID unit for post-acute care. Spaulding Cambridge leadership, including the Chief Medical Officer, the Vice President of Operations/ ACNO, the Infection Preventionist, and the Nurse Manager of the identified patient care unit, coordinated an interdisciplinary team to assess the needs of patients and staff and develop action plans allowing for the first patients to be admitted on March 31st. Over the next 3 weeks 3 additional units were converted to Covid units providing 80 post-acute care Covid beds to the MGB system.

The Spaulding Cambridge COVID units continued to operate during the first pandemic surge, until June of 2020, eventually serving 380 COVID patients. SHC continues to accept and care for COVID recovery patients to support the need for bed capacity at acute care hospitals.

In response to hospital capacity concerns at the state and local levels, The Boston Hope field hospital opened on April 10, 2020, utilizing the Spaulding Hospital Cambridge LTAC license. Boston Hope provided care for 401 patients with Covid through June of 2020. Spaulding and other MGB leaders worked closely with state officials to prepare for and open the field hospital to care for COVID-19 patients. As the need for post-acute services became clear, efforts were undertaken by Spaulding and MGB leaders to obtain the necessary licensing, begin the process of privileging providers, and ready the facility for admissions. As patients were admitted, many Spaulding staff were re-deployed to work at Boston Hope. Spaulding leaders and staff, including physicians, admissions liaisons, case management staff, therapy services and others were called upon to provide much needed assistance to the patients at the field hospital.

Spaulding's greatest accomplishments during the COVID-19 pandemic were centered around its unwavering commitment to providing excellent patient care throughout the state of emergency. Leaders and staff came together under difficult circumstances to further Spaulding's mission of delivering compassionate care across the continuum. Working together with colleagues from other MGB entities and at the MGB corporate level, bed capacity for COVID-19 post-acute patients was created initially at Spaulding Cambridge and at the Boston Hope field hospital, followed by the other Spaulding sites.

d. Target Population(s)

Spaulding Hospital Cambridge is in Cambridge, Massachusetts, but its community of patients knows no hard and fast borders. Given the highly specialized role we fulfill as a provider, our commitment to the communities we serve has traditionally been guided by the needs of our patient population rather than geography. We especially focus on those who are most vulnerable or face significant barriers to accessing care.

For Spaulding Cambridge's community benefit program, we define our "community" by understanding who we serve and where they live. The analysis of patient data shown, FY 2021, is that Spaulding Cambridge served 1364 patients.

Of those, 1190 (87%) were from Massachusetts, 166 (12%) were from out of state, and 8 (1%) were international patients. (See Figure 1).

Figure 1. Top 10 Communities Served by Spaulding Cambridge in FY21

CITY	**# of Patients**	**Percentage of SHC Patients**
Cambridge	74	5.1%
Somerville	58	4.2%
Boston	44	4.1%
Medford	37	2.7%
Revere	35	2.5%
Lynn	33	2.4%
Everett	25	1.8%
Dorchester	22	1.6%
Peabody	19	1.3%
Quincy	18	1.3%
Subtotal	376	27%

As a licensed long-term acute care hospital (LTAC), Spaulding Cambridge provides care to medically complex patients who require ongoing hospital level care beyond their stay at an acute care hospital. Patients at Spaulding Cambridge have often received care at an intensive care unit (ICU) or require ventilator support, requiring more medically complex care than in a skilled nursing facility or rehabilitation hospital.

For FY21, Spaulding Cambridge treated a range of patients with conditions that reflect this medical complexity. (Figure 2)

Figure 2. SHC FY21 Top 7 Discharge Diagnosis

Discharge Diagnosis	**Numbers of Patients Treated**
Complex Medical	378
Pulmonary	183
Oncology	153
Ventilator	122

Neurology	70
Cardiology	58
Disorders of Consciousness	58

Spaulding's patients age reflects the medical complexity and vulnerable nature of care we provide. Spaulding Cambridge's patients are older than the state and community average with over 31% over age 66, 44% ages 51-65, 16% ages 31-50 and 9% under age 30.

Spaulding Cambridge's patients overwhelmingly speak English as their primary language (90%), with Spanish as the second at 4% and, Russian, Portuguese and Arabic all representing 1% of our patients. 67% of Spaulding Cambridge patients are Caucasian, 8% African American, and 3% Asian.

By understanding the reach of geography of our patients and the overall patient population served, we were able to identify the focus for Spaulding Cambridge's community benefit program.

e. Mass General Brigham System Priorities:

Mass General Brigham Community Health leads the Mass General Brigham system-wide commitment to improve the health and well-being of residents in the Mass General Brigham priority communities most impacted by health inequities.
In addition to the priorities each hospital identifies that are unique to its communities, Mass General Brigham identified two system-level priorities: cardiometabolic disease and substance use disorder.
These priorities emerged from a review of hospital-level data and prevalent trends in population health statistics that show Black and Hispanic individuals are disproportionately affected by disparities in health outcomes and excess deaths related to these conditions.

Our efforts within these two areas will aim to reduce racial and ethnic disparities in outcomes, with the goal of improving life expectancy.

II. COMMUNITY HEALTH NEEDS ASSESSMENT AND PLANNING PROCESS

In FY 21, an internal and external working group at Spaulding Hospital Cambridge conducted a community health needs assessment as part of a continuous quality improvement approach to community benefit planning. This year's assessment was more challenging due to the changes we have experienced with our inpatient populations and the inability to provide our community benefit programs due to the Covid pandemic. This years' assessment utilized a collaborative and dynamic approach

to review available Spaulding Hospital Cambridge data (FY 2021), a review of publicly available health and demographic data including the City of Cambridge Community Health Assessment (July 2020) and the Mass General Brigham system priorities. Based on the assessment findings the working group refined the community benefit agenda from 2019. Given the specialty nature of the care provided and the broad geographic reach of our patients, we define our primary community served beyond our immediate geographic location but instead on our specific patient populations: those persons with complex and chronic health conditions and persons living with disability.

Both quantitative and qualitative data were collected for the community health assessment 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 Heath lens, by considering the economic, environmental, and social factors that influence health.

The programs and initiatives identified by the working group support the overall needs identified by the health assessment and described progress made in the FY 19 before the Covid pandemic placed many of our community benefit programs on hold.

III. COMMUNITY BENEFITS GOAL AND OBJECTIVES:

The goal of the Spaulding Hospital Cambridge's community benefit program is to "Improve *the health and quality of life of our patents and other members of the Spaulding Rehabilitation Network community, particularly for persons recovering from, or learning to live fully with illness, injury and disability."*

Four priority areas were identified thought the process, along with objective to address each program priorities.

Priority Area	**Objective**
Addressing the social determinants of health	To increase opportunities for educational and professional advancement To provide transitional housing for the homeless at the SHC campus
Improving access to care	To reduce barriers to healthcare
Promoting wellness and preventing injury and disease	To increase wellness and prevent injury and disease, especially for the demographics we serve and those with disabilities
Improving the social environment for those with disabilities or with chronic illness	To decrease social isolation and increase social-emotional support for persons with disabilities or those struggling with substance abuse.

IV. FY 22 COMMUNITY BENEFIT PROGRAM PRIORITIES

Criteria for Prioritization

To determine the priorities for community health needs, the following criteria were used: (1) Burden and urgency of the community health need, (2) Equity, (3) Impact, (4) Feasibility: and (5) Potential for collaboration

A. Addressing the social determinants of health:

Spaulding is committed to addressing the social determinants of health, including chronic unemployment for people with disabilities, the underemployment of community members with socioeconomic limitations to further education and the need for transitional housing for the homeless.

a. Transition Wellness Center

The Transitional Wellness Center was developed in 2020 to support the homeless population in Cambridge who were being displaced due to the COVID restrictions impacting shelter capacity. The city of Cambridge approached Spaulding to renovate vacant hospital space to provide a 58-bed homeless shelter. The shelter was opened in December 2020 and provides housing and transitional services for both male and female residents under a contract with the City of Cambridge and Bay Cove.

To support the needs of these residents the Spaulding employees created the Spaulding Closet which is a donation center for residents to obtain clothing and personal care items.

b. Workforce Development

During the Covid pandemic all workforce development programs were cancelled but Spaulding is in the process of reestablishing our commitment to support the educational and professional growth opportunities for those disadvantaged communities.

Jewish Vocational Services (JVS) Boston

JVS is one of the largest and most impactful workforce development organizations in New England. Spaulding Cambridge partners with JVS to empower individuals from diverse communities to find employment and build careers, while partnering with employers to hire, develop, and retain productive workforces. Spaulding has partnered with JVS for PCA training cohorts since 2017 but the program took a hiatus during Covid. The program was reinstituted in Jan 2022 and remains an active partner with Spaulding.

B. Access to Care:

To reduce barriers to health care, the Spaulding Cambridge Community Benefit Program plans to support free care patients in need. Although it is difficult to anticipate the payers and coverage associated with patients who may need such assistance in the year ahead, Spaulding Cambridge assumes the cost of non-covered services may be comparable to those of FY20 (~$1.056M)

C. Promoting Wellness and Preventing Injury and Disease

To increase wellness and prevent injury and disease, Spaulding is committed to continuing the current and developing additional programs to address the needs of those with disabilities and chronic illness.

a. **Exercise for People with Disabilities (ExPD)**

EXPD is an example of a program that provides suitable exercise activities for health leisure and sport for people with disabilities such as spinal cord injury, cerebral palsy, multiple sclerosis, and peripheral neuropathy. The ExPD program is overseen by Exercise Physiologists, who are trained in keeping individuals with chronic diseases as fit and healthy as possible using aerobic conditioning and strength training. The program was reopened in Jan 2021 after the Covid pandemic.

D. Improving the social environment and opportunities for those with disabilities

Advocacy with and on behalf of people with disabilities is core to the mission of Spaulding Rehabilitation Network. To decrease isolation and increase social-emotional support for persons with disabilities and those struggling with substance abuse, Spaulding is committed to providing both programs and free accessible meeting space on campus. Groups that we have supported include Alcoholics Anonymous, Learn to Cope, Eating Disorder Anonymous and the Mid Cambridge Neighborhood Association.

V. MASS GENERAL BRIGHAM SYSTEM PRIORITIES

Context and Priorities

Mass General Brigham Community Health leads the Mass General Brigham system-wide commitment to improve the health and well-being of residents in our priority communities most impacted health inequities. Mass General Brigham's commitment to the community is part of a $30 million pledge to programs aimed at dismantling racism and other forms of inequity through a comprehensive range of approaches involving our health care delivery system and community health initiatives.

While not required to conduct a CHNA under current regulations, Mass General Brigham's belief in the critical importance of system-wide, population-level approaches resulted in our decision to have every hospital conduct a 2022 CHNA. Having all our hospitals on the same three-year cycle will prove invaluable in our efforts to eliminate health inequities by identifying system-wide priorities that require system-level efforts.

In addition to the priorities each hospital identifies that are unique to its communities, Mass General Brigham identified two system-level priorities: cardiometabolic disease and substance use disorder. These priorities emerged from a review of hospital-level data and prevalent trends in population health statistics. Our efforts within these priorities will aim to reduce racial and ethnic disparities in outcomes, with the goal of improving life expectancy.

Key Findings

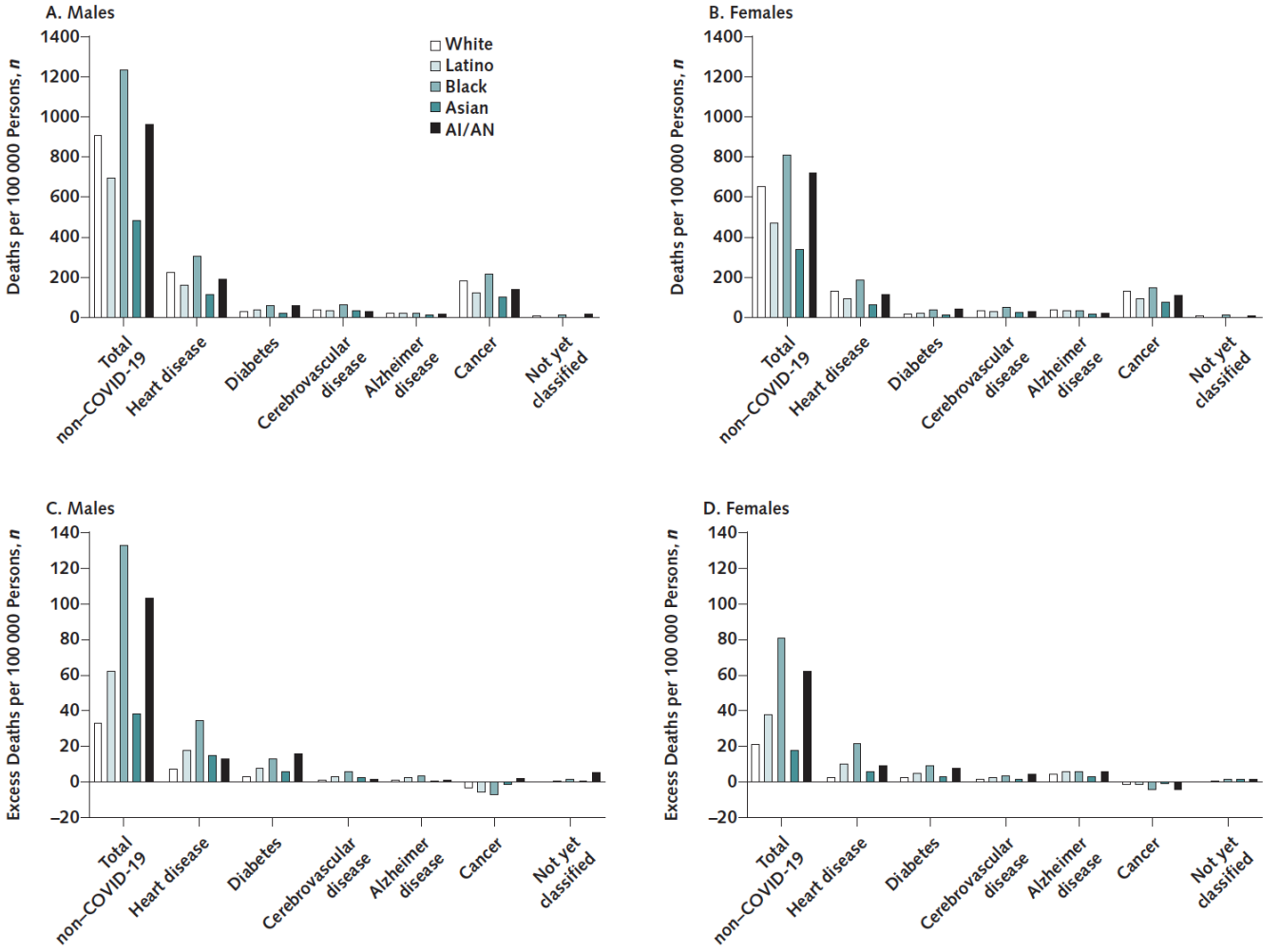
In a national study of deaths during the first wave of the COVID-19 pandemic (March to December 2020), researchers explored non-COVID deaths and excess deaths, defined as the difference between the number of observed and number of expected deaths.

Nationally, non-COVID deaths disproportionately affected Black, American Indian/Alaska Native, and Latino persons (A. and B.) (Graphic 1)1

Moreover, when looking at excess deaths, the inequities worsened (C. and D.). The greatest disparities are seen for heart disease and diabetes. Inequities also exist for all cancer deaths but not excess cancer deaths.

Graphic 1: Figure 3, Racial and Ethnic Disparities in Excess Deaths During the COVID-19 Pandemic, March to December 2020, Annals of Internal Medicine.

Figure 3. Age-standardized non–COVID-19 cause-specific deaths per 100 000 persons in the United States in March to December 2020 among males (*A*) and females (*B*) and age-standardized non–COVID-19 excess cause-specific deaths per 100 000 persons among males (*C*) and females (*D*), by race/ethnicity.



AI/AN = American Indian/Alaska Native.

Massachusetts mortality data for 2019 reveal that heart disease and unintentional injuries, which includes drug overdoses, account for the second and third highest causes of death. As shown in Graphic 2, the highest number of deaths among individuals from birth to age 44 were the result of unintentional injuries. However, among those 45 years of age and older, heart disease accounts for the highest or second highest cause of death across age group.

Graphic 2: Table 6: Top Ten Leading Underlying Causes of Death by Age, MA 2019

Table 6. Top Ten Leading Underlying Causes of Death by Age, Massachusetts: 2019

	Age Groups (number of deaths)								
Rank	<1 year	1-14 years	15-24 years	25-44 years	45-64 years	65-74 years	75-84 years	85+ years	All
1	Short gestation and LBW[1] (57)	Unintentional Injuries[3] (20)	Unintentional Injuries[3] (186)	Unintentional Injuries[3] (1319)	Cancer (2781)	Cancer (3446)	Cancer (3430)	Heart Disease (5622)	**Cancer (12584)**
2	Congenital malformations (56)	Cancer (17)	Suicide (67)	Cancer (241)	Heart Disease (1585)	Heart Disease (1786)	Heart Disease (2581)	Cancer (2641)	**Heart Disease (11779)**
3	SIDS[2] (21)	Congenital malform (9)	Homicide (43)	Suicide (202)	Unintentional Injuries[3] (1138)	Chronic Lower Respiratory Disease[5] (632)	Chronic Lower Respiratory Disease[5] (893)	Stroke (1260)	**Unintentional Injuries[3] (4094)**
4	Complications of placenta (19)	Other infect (8)	Cancer (27)	Heart Disease (193)	Chronic liver disease (383)	Unintentional Injuries[3] (340)	Stroke (629)	Alzheimer's Disease (1128)	**Chronic Lower Respiratory Disease[5] (2842)**
5	Pregnancy Complications (13)	Homicide (8)	Heart Disease (7)	Homicide (77)	Chronic Lower Respiratory Disease[5] (350)	Stroke (331)	Alzheimer's Disease (415)	Chronic Lower Respiratory Disease[5] (941)	**Stroke (2463)**
6	Respiratory distress (8)	Ill-defined conditions-signs and symptoms[4] (7)	Injuries of Undetermined Intent[3] (7)	Chronic liver disease (62)	Diabetes (312)	Diabetes (300)	Unintentional Injuries[3] (381)	Unintentional Injuries[3] (709)	**Alzheimer's Disease (1662)**
7	Bacterial sepsis of newborn (7)	Influenza & Pneumonia (4)	Diabetes (6)	Ill-defined conditions-signs and symptoms[4] (37)	Suicide (281)	Nephritis (221)	Diabetes (358)	Influenza & Pneumonia (612)	**Diabetes (1386)**
8	Necrotizing entercolitis (6)	Suicide (3)	Influenza & Pneumonia (4)	Diabetes (29)	Stroke (212)	Septicemia (181)	Nephritis (339)	Nephritis (553)	**Nephritis (1280)**
9	Circulatory System (5)	Septicemia (2)	Ill-defined conditions-signs and symptoms[4] (4)	Stroke (29)	Septicemia (171)	Chronic liver disease (180)	Parkinsons (285)	Diabetes (381)	**Influenza & Pneumonia (1217)**
10	Intrauterine Hypoxia (4)	In situ neoplasms (2)	Chronic Lower Respiratory Disease[5] (2)	Injuries of Undetermined Intent[3] (26)	Nephritis (150)	Influenza & Pneumonia (179)	Influenza & Pneumonia (276)	Ill-defined conditions-signs and symptoms[4] (355)	**Septicemia (942)**
All Causes	**255**	**106**	**389**	**2,646**	**9,417**	**9,974**	**13,570**	**22,303**	**58,660**

Note: Ranking based on number of deaths. The number of deaths is shown in parentheses.

1. LBW: Low birthweight. 2. SIDS: Sudden Infant Death Syndrome. 3. Injuries are subdivided into 4 separate categories by intent: unintentional, homicide, suicide, and injuries of undetermined intent (deaths where investigation has not determined whether injuries were accidental or purposely inflicted). 4. Ill-Defined Conditions: Includes ICD-10 codes R00-R99. 5. The title of this cause of death has changed between ICD-10 and ICD-9. Chronic Lower Respiratory Disease (ICD-10 title) corresponds to Chronic Obstructive Pulmonary Disease (COPD) (ICD-9 title).

In Boston, heart disease mortality for Black and Hispanic residents was second only to COVID-19 in 2020.

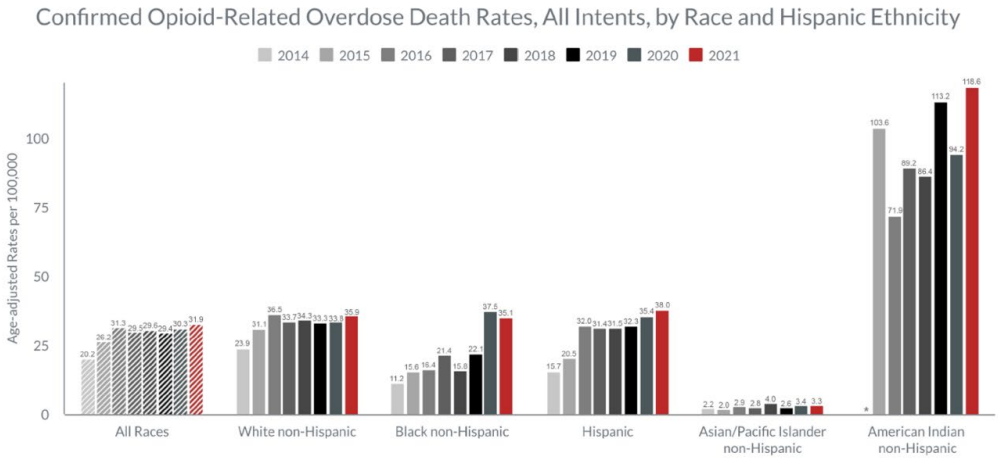
Table 2. Leading Causes of Mortality, by Boston and Race/Ethnicity, Age-Adjusted Rate per 100,000 Residents, 2020

	Boston	Asian	Black	Latino	White
1	COVID-19 138.4	COVID-19 95.1	COVID-19 238.1	COVID-19 143.5	Cancer 117.6
2	Cancer 117.4	Cancer 92.8	Heart Disease 183.6	Heart Disease 86.1	Heart Disease 113.1
3	Heart Disease 114.9	Heart Disease 55.4	Cancer 166.7	Cancer 78.8	COVID-19 103.5
4	Accidents 53.7	Cerebrovascular Diseases 22.2 †	Accidents 82.7	Accidents 59.5	Accidents 53.2
5	Cerebrovascular Diseases 27.4	Accidents 17.1 †	Cerebrovascular Diseases 52.8	Diabetes 27.4	Chronic Lower Respiratory Diseases 24.7

DATA SOURCE: Massachusetts Department of Public Health, Boston Resident Deaths, 2020
DATA ANALYSIS: Boston Public Health Commission, Research and Evaluation Office
NOTES: Please be advised that 2020-2022 data are preliminary and subject to change. Raw preliminary data may be incomplete or inaccurate, have not been fully verified, and revisions are likely to occur following the production of these data. The Massachusetts Department of Public Health strongly cautions users regarding the accuracy of statistical analyses based on preliminary data and particularly with regard to small numbers of events; Dagger (†) denotes where rates are based on 20 or fewer deaths and may be unstable

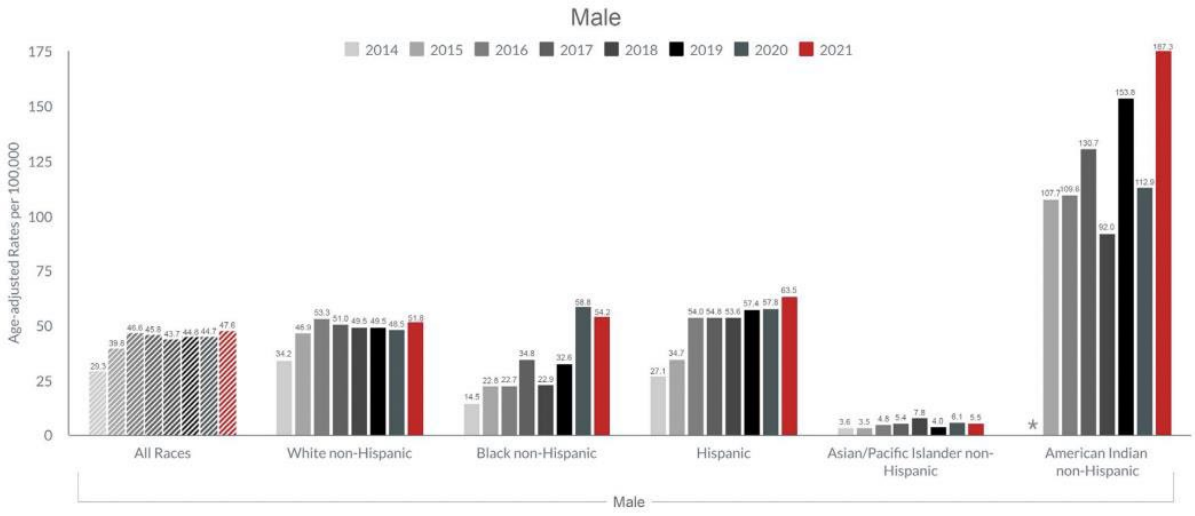
From 2014 to 2021, opioid-related overdose deaths in Massachusetts increased dramatically for Black and Hispanic residents (Graphic 2 and 3). Death rates for American Indian residents have consistently and significantly outpaced deaths rates for all other races.

Graphic 2: Massachusetts Opioid-Related Deaths, All



Data Source: MA Department of Public Health. https://www.mass.gov/doc/opioid-related-overdose-deaths-demographics-june-2022/download

Graphic 3: Massachusetts Opioid-Related Deaths, Males



Focus Areas

As Mass General Brigham develops and implements programming and supports that will reduce disparities in health outcomes for the two system priorities, our efforts will focus on the highest need communities across our hospital priority neighborhoods. We will also continue to support locally identified priorities at the hospital level.

VI. COMMUNITY HEALTH IMPLEMENTATION PLAN (CHIP)

Having identified the priorities that SHC 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 SHC proposes to accomplish this work. This work will be accomplished through three over-arching approaches:

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

Identified Needs to be Addressed

In consideration of all the needs stated above, SHC 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

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

- Addressing the social determinants of health
- Improving access to care
- Promotion of wellness and preventing injury and disease
- Improving the social environment for those with disabilities or with chronic illness

Identified Needs Not Addressed

Given the specific clinical expertise and limited resources of Spaulding Hospital Cambridge, 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:

- Affordable housing
- Mental health initiatives
- Substance use disorders

Community Advocacy

As an active member of the Cambridge community and as a vocal advocate for the rights of persons living with a disability, Spaulding Hospital Cambridge has representatives sitting on the boards of a number of local boards and councils, including:

Organization	SHC Representative
Ma Commission for the Blind- Advisory Board	Colleen Moran
Ma Rehabilitation Commission-Working Partners Advisory	Colleen Moran

JVS Inclusive Employment Advisory Committee	Colleen Moran
MassHire Metro North Workforce Board- Vice Chair	Colleen Moran
Aphasia Access-- Board	Lynne Brady Wagner
Roxbury Community College- Advisory Board Salem State University -Advisory Board Organization of Nurse Leaders MA/RI/NH/VT	Joanne Fucile

Furthermore, Spaulding Rehabilitation Network has been a founding member of

- Work Without Limits - a network of engaged employers and innovative, collaborative partners that aims to increase employment among individuals with disabilities. (http://www.workwithoutlimits.org/)
- Working Partners - a public/private partnership centered on employment for people with disabilities.(http://spauldingrehab.org/about/advocacy/working-partners)

More information regarding all of Spaulding Rehabilitation Network's advocacy efforts can be found on its website: http://spauldingrehab.org/about/advocacy/

Implementation Plan: Community Priorities, Goals and Strategies

Priority 1: Social Determinants of Health	
Goal 1: Address the social determinants of health: homeless, access to food	
Partners: City of Cambridge, BayCove, Community Organizations	
Strategy 1: Transition Wellness Center Community Homeless Shelters	Actions: • Continuation of lease agreement through 2025 • Provide a donation center for clothing and personal products for the residents • Establish employee volunteer program with local Homeless shelters
Strategy 2: Food drives	• Organize biannual food drives for local food shelters to support the needs in our local communities • Explore feasibility of developing a food donation program to local shelters for food which would otherwise be discarded.
Goal 2: Connect and promote community resources	
Partners: MBTA, MassHealth	
Strategy 1: Improve transportation access for elderly and disabled residents.	Actions: • Continue connecting patients with available accessible transportation options (e.g. MBTA's The RIDE, MassHealth transportation assistance) • Support/promote MBTA senior enrollment events at local Senior Centers.
Strategy 2: Expand the utilization of Spaulding	Actions: • Publicizing its availability to community groups.

Cambridge conference rooms for community events/support groups	• Championing the groups who use the space.
Partners: City of Cambridge, City of Somerville, MBTA	
Goal 3: Measure and address ethnic and racial disparities.	
Partners: MGB Human Resources & DE&I Committees, MGB eCARE , Cambridge Board of Health	
Strategy 1: Ensure cultural competency and equity is a part of standard of care	Actions: • Conduct cultural competency training for all employees. • Collect race, ethnicity and language data as a part of admission assessments to determine if available resources meet the needs of patients.
Expected Long Term Outcomes and Metrics: • More residents to have access to homeless shelters • More residents to enroll in MBTA's The Ride. • More food insecure patients and community residents connected with local food resources.	
Priority 2: Workforce Development (WFD)	
Goal 1: Continue SHC's commitment to developing employment skills among disabled, youth and adults in the community.	
Partners: Massachusetts Rehabilitation Commission (MRC), Work Without Limits, Goodwill, Cambridge Rindge Technical High School, Just-A-Start, City of Cambridge's Office of Workforce Development (OWD)/Human Services	
Strategy 1: Provide vocational training for persons living with a disability.	Actions: • Working Partners Program collaboration with the Massachusetts Rehabilitation Commission (MRC) • Member of Work Without Limits • Project Search collaboration with Goodwill • Partners for Youth with disabilities • Cambridge Center for Persons with Disabilities
Strategy 2: Collaborate with local groups to provide employment preparedness programs for local youth.	Actions: • SHC to take seat on program advisory council at Cambridge Rindge Technical High School • Clinical rotations for Cambridge Rindge Technical and Medford High School's in their CNA training program. • Mock interviews, paid work experience, academic enrichment programs and job readiness training for Cambridge youth through the Just-A-Start program
Strategy 3: Partner with local organizations to provide work experience and education programs for local adults with little	Actions: • Provide 5 annual positions for Cambridge residents to gain essential job skills through the Cambridge Works Program • Partner with Jewish Vocational Services • Triangle INC • Morgan Memorial Goodwill Industries

professional background.	• Cambridge Learning Center
Goal 2: Explore new opportunities for greater impact	
Partners: CVS, MRC, Project SEARCH, Hartford Insurance, Operation ABLE, Cambridge Community Learning Center, ENROOT, Somerville High School	
Strategy 1: Assess current WFD efforts underway	Actions: • Explore data that can be collected by MRC • Track participant successes in various programs • Explore feasibility of expanding current efforts to grow the number of participants in each program. • Explore feasibility of establishing ongoing internship opportunity for at least one Operation ABLE program participant.
Strategy 2: Expand network of businesses who will partner with SHC in its workforce development efforts	Actions: • Pursue opportunity of new Job Lab program, including identification of both program partners and funders. • Identify other businesses that may partner in Working Partners program. • Present at local business industry groups (i.e. chamber of commerce) at least one per year • Educate and increase awareness through Work Without Limits • Identify partnership opportunities with Somerville organizations • Strengthen relationship with Operation ABLE by assuming a seat on the Operation ABLE board.
Strategy 3: Examine new program opportunities	• Provide on-site training opportunities for HHAs and CNAs in collaboration with Cambridge Community Learning Center. Program specifically targeted at non-native English speakers from Metro-North Boston. • Determine viability of becoming site for Cambridge Mayor's Summer Employment program.
Expected Long Term Outcomes and Metrics: • Expand network of businesses who will partner with SHC in its workforce development efforts. • Expand WFD efforts into Somerville. • Increase number of participants in each program.	
Priority 3: Improve access to care	
Goal 1: Explore opportunities to increase services (inpatient /outpatient) to support the community needs	
Partners: MGB Materials Management, MGB Finance	
Strategy 1: Expansion of outpatient programs	Action • Development of the Interventional Spine and Pain program • Expansion of medical providers in the SHC Medical Clinic • Assess potential for MGB Infusion clinic • Assess opportunities for portable Head CAT scan services

Strategy 2: Expansion of inpatient programs	Actions: • Assess referral data tends for new program opportunities- vent SCI, … • Expand regional referrals for current inpatient programs • Collaborate with MGB contracting to expand LTAC contracts for admission
Expected Long Term Outcomes and Metrics: • Increased local access to care for both inpatient and outpatient services • Improved visibility of Spaulding Cambridge in the MGB System • Improved financial performance • Identification of need for MGB to develop a space plan for the Spaulding Cambridge campus for long-term planning	
Priority 4: Disability/Elder Support	
Goal 1: Provide and promote activities that promote social interaction and fitness.	
Partners: New England Revolution, Spaulding Charlestown, Spaulding Cape Cod, Cambridge Commission for Persons with Disabilities	
Strategy 1: Connect elder and disabled patients/residents to community events	Actions: • Maximize marketing in line with Disability Awareness Month (October). • Continue to offer group Music Therapy to patients with neurological injuries and diseases free of charge for SHC's inpatient residents. • Assess ability to include residents of Youville House as a part of community programming
Strategy 2: Offer programs for disabled residents to engage in fitness activities	Actions: • Continue ExPD Rowing Program to provide paralyzed persons with an opportunity to improve their cardiovascular health and muscular strength. • Continue to offer Adaptive Sports Recreational Program to foster fitness, well-being, social interaction and engagement with the community. • Expand communication efforts to promote adaptive sports programs. • Explore opportunities to connect Adaptive Sports Program to other active disabled groups (e.g. Adaptive Climbing Group at Brooklyn Boulders) • Continue hosting the annual Youth with Disabilities soccer clinic in partnership with the New England Revolution.
Goal 2: Identify new community activities for SHC to engage with, especially those designed for disabled and elderly residents.	
Partners: Cambridge/Somerville Elder Services, Cambridge Board of Health, Cambridge/Somerville Police and Fire Services	
Strategy 1: Identify new community programs, groups, events for SHC to host	Actions: • Explore potential to offer SHC as a screening site. In conjunction with council on disability awareness. • Explore other new opportunities for older and disabled residents. • Develop lecture series informing residents/care partners on best practices for care or other public health topics. ○ Potential to partner with MGB HealthCare at Home, Somerville/Cambridge Elder Services, Cambridge Council on Aging

	○ Long term exploration opportunity: Record lectures and post online or show through local access television.
Strategy 2: Assess emergency preparedness for disabled and elderly residents	Actions: • Explore needs and gaps. • Determine collaboration opportunities to ensure plans are in place. • Connect with local emergency preparedness groups. • Participate in Cambridge emergency drills.
Expected Long Term Outcomes and Metrics: • Expand programs, events, groups, etc. hosted at Spaulding • Continue to offer ways for older and disabled residents to engage in social activities. • Continue to offer ways for disabled residents to engage in fitness activities.	

Priority 5: Environment	
Goal 1: Continue efforts to reduce SHC's environmental impact	
Partners: MGB Materials Management, MGB Finance	
Strategy 1: Utility Conservation	Actions: • Upgrade steam traps in HVAC system to reduce heat loss. • Expand automation of lighting system across hospital to reduce electrical usage.
Strategy 2: Recycling Efforts	Actions: • Require distributors to use reusable totes for supply delivery. Expand this where possible. • Paper use reduction efforts across hospital • Single-Use Device reprocessing program • Pharmaceutical waste reduction program • Environmentally Preferable Purchasing • Recycling cans/bottles in cafeteria • Cardboard/light and battery recycling - includes employees bringing in their personal batteries and electrical equipment waste which SHC recycles for them.
Strategy 3: Address impact through food policies	Actions: • Host local farmers market 2x annually • On-site herb garden used in food produced in SHC's kitchen • Food waste reduction program using Trm Trax Morrison product • Food waste composting • Antibiotic free meats at additional cost to the hospital • More/better healthy drink options
Goal 2: Identify opportunities to expand SHC's impact on environmental factors in its communities.	
Partners: Cambridge/Somerville Board of Health, Cambridge Commission for Persons with Disability	
Strategy 1: Address road safety issues	Actions: • Explore interest/need in hosting community fair on public safety, including cycling/pedestrian safety, car seats, burns unit, etc.

	○ Identify potential partners in the local community, especially those agencies already conducting cycling safety training. ○ Consider distributing free lights or other cycling safety products at said event. • Encourage staff and visitors to use alternative modes of transportation by distributing recently developed 'Getting Around Cambridge' roadmap. • Support community bike paths. Identify those groups involved in developing/upkeep/advocacy. • Engage with Vision Zero Initiative to improve road safety.
Strategy 2: Support initiatives that address housing issues	Actions: • Establish employee volunteer program at local homeless shelters. • Partner with local housing agencies to connect patients with disabilities to affordable and accessible housing. • Support community initiatives to address homelessness by connecting with the Cambridge Continuum of Care.
Expected Long Term Outcomes and Metrics: • Improved efficiency in electricity use and HVAC heat loss • Continued waste reduction through food and recycling policies • Greater engagement with local road safety and housing initiatives/groups • Employees able to 'give back' through volunteering program. • More employees and visitors utilizing alternative modes of transportation. • Connecting patients in need of affordable/accessible housing with local housing authorities.	

KEY INTERNAL AND EXTERNAL PARTICIPANTS

Spaulding Cambridge Leadership:

Joanne Fucile, RN, DNP, CRRN, NEA-BC	VP Hospital Operations/ACNO
Paul Chiodo	SHC CFO
Colleen Rogers	Director of Admissions
Jack Carroll	Director of Human Resources

Patient Family Advisory Council Members:

Susan Howard, Matt Fitzgerald, Monica Hamilton, Eddie Angel, Anne McKivergan, Frank Cutitta, Mike Donnelly, Laura Lenis, Chad Horton, Elizabeth Greene, Richard Bento, Donald Collier

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