

COMMUNITY BENEFITS REPORTING FORM

Pursuant to RSA 7:32-c-1

FOR FISCAL YEAR ENDING 9/30/17

to be filed with:

Office of the Attorney General

Charitable Trusts Unit

33 Capitol Street, Concord, NH 03301-6397

603-271-3591

Section 1: ORGANIZATIONAL INFORMATION

Organization Name **Weeks Medical Center, Inc.**

Street Address **173 Middle Street**

City - County – State NH Zip Code **Lancaster – Coos – NH – 03584**

Federal ID # **02-0222242** State Registration # **6286**

Website Address: **www.weeksmedical.org**

Is the organization's community benefit plan on the organization's website?

Yes...@ www.weeksmedical.org/

Has the organization filed its Community Benefits Plan Initial Filing Information form? **Yes**

If NO, please complete and attach the Initial Filing Information Form.

If YES, has any of the initial filing information changed since the date of submission? **No**

If YES, please attach the updated information.

Chief Executive: **Michael Lee** **603.788.5030** **michael.lee@weeksmedical.org**

Board Chair: **Stanley Holz** **603.788-4911** **saholz@myfairpoint.net**

Community Benefits

Plan Contact: **Celeste Pitts** **603.788.5321** **celeste.pitts@weeksmedical.org**

Is this report being filed on behalf of more than one health care charitable trust? **No**

If YES, please complete a copy of this page for each individual organization included in this filing.

Section 2: MISSION & COMMUNITY SERVED

Mission (and Vision) Statement (adapted November 2009):

Weeks Medical Center's compassionate staff is committed to providing high quality and efficient health care services to ensure the well-being of our patients, families and communities.

Our Vision of Fulfilling Our Mission is that...

Weeks Medical Center will improve the health of the residents of our Community by providing excellent and appropriate services.

We will be recognized as a leader by being in the top 10% of hospitals and healthcare organizations for quality, effectiveness and value.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-I*)? **Yes**

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

Weeks Medical Center provides a wide range of services to its communities: hospital care (acute and skilled care – Critical Access Hospital), rehabilitation services (physical, occupational, speech therapies), medical professional services (allergy/immunology, anesthesiology, cardiology, dermatology, emergency medicine, endocrinology, family practice/obstetrics, behavioral health, substance abuse, general surgery, gynecology, internal medicine, oncology, orthopedic surgery, laboratory, including pathology/histology, pediatrics, podiatry, radiology, rheumatology, urology, clinical social work, dietician, wound care, hyperbaric oxygen treatment, family-planning services (Title X) and community outreach services.

Service Area (Identify Towns or Region describing the trust's primary service area):

Weeks Medical Center's general geographic catchment area consists of the following towns: Lancaster, Groveton, Dalton, Whitefield, North Stratford, Jefferson, Carroll/Twin Mountain, Bretton Woods and Stark, in New Hampshire; and Lunenburg, Guildhall and Gilman, in Vermont. Together, these towns have a population of 14,000+/- and cover approximately 375 square miles in both Vermont and New Hampshire.

Weeks Medical Center is defined by the geographic communities that surround its facilities and by the individuals and groups who benefit from the health and wellness services provided by its various health related institutions. The definition was developed by the Board of Trustees, its Committees, administrative and professional staff in the practical application of the services provided by its institutions and the identified needs of the communities served.

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

Weeks Medical Center provides services to every age group: pre-natal, post-natal, pediatric, teens, young to middle aged adults and seniors. Services are provided to a variety of specific health groups: oncology/cancer patients, diabetics, teen health services, cardiac rehab, school children, occupational health and others.

Section 3: COMMUNITY NEEDS ASSESSMENT

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? **2016** *(Please attach a copy of the needs assessment if completed in the past year)*

In the summer of 2016, Weeks Medical Center contracted with North Country Health Consortium, based in Littleton, NH to conduct a Community Health Needs Assessment. The community needs were identified through the use of external data and community input. A copy of the CHNA, completed in September 2016, was filed with this report last year. The needs were prioritized and selected for inclusion in the Weeks Medical Center Implementation Plan based on institutional capacity, among other factors. This plan approved by the WMC Board of Directors at the January, 2017 meeting. A copy of this report is attached.

Was the assessment conducted in conjunction with other health care charitable trusts in your Community? **Yes – as part of our North Country Healthcare Parent organization. This includes Weeks Medical Center, Androscoggin Valley Hospital in Berlin, Upper Connecticut Valley Hospital in Colebrook and Littleton Regional Healthcare in Littleton. This affiliation was put into place officially on April 1, 2016.**

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community? **Please note, Tobacco, Alcohol and Drug Use were listed as needs among the entire age spectrum of the community, not just youth or adult. Substance Misuse (includes drugs, opioids, heroin, etc.) was identified as the top community health priority.**

	Code	Comment
1	404	Drug Abuse
2	402	Alcohol Abuse
3	420	Obesity/Overweight
4	370	Mental Health/Psychiatric Disorders
5	504	Unemployment/Lack of Jobs; Low-income/Poverty
6	421	Physical Inactivity
7	406	Tobacco Use
8	300	Cancer

What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	Code	Comment
A	121	Availability of Dental/Oral Health Care Insurance
B	300	Higher rate of premature death
C	609	Cost of Healthy Foods

D	501	Aging Population
E	601	Transportation services
F	330	Diabetes
G	320	Hypertension/HBP
H	321	Coronary Heart Disease
I	101	Access to Care/Financial Barriers
J	526	Domestic Abuse
K	422	Nutrition Education

Please provide additional description or comments on community needs including description of “other” needs (code 999) if applicable. *Attach additional pages if necessary:*

Code 999 Activities (as they relate to Section 4) are as follows:

- Coalition Building – North Country Health Consortium, New Hampshire Hospital Association, Northern NH Health Care Collaborative**
- Community Needs/Asset Assessment – Strategic Planning**

Section 4: COMMUNITY BENEFIT ACTIVITIES

Identify the Community Benefit Activities and Services provided in the preceding year and planned for the upcoming year. For each activity, indicate the community need (refer to number or letter ranks on previous page) that is addressed by the activity. For each activity, also indicate the past and/or projected unreimbursed costs.

<i>A. Community Health Services</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Community Health Education</i>	<i>220, 370</i>	<i>4,647</i>	<i>4,647</i>
<i>Community-based Clinical Services</i>	<i>350-363-521</i>	<i>612,196</i>	<i>772,250</i>
<i>Health Care Support Services</i>	<i>121- 122-522-999</i>	<i>348,268</i>	<i>317,822</i>
<i>Other:</i>	<i>100-101-406-602</i>	<i>288,922</i>	<i>294,692</i>

<i>B. Health Professions Education</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Provision of Clinical Settings for Undergraduate Training Intern/Residency Education</i>	<i>507</i>	<i>604,579</i>	<i>628,354</i>
<i>Scholarships/Funding for Health Professions Ed.</i>	<i>507</i>	<i>11,250</i>	<i>10,000</i>
<i>Other:</i>			

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Type of Service: Family Planning</i>	204	55,560	0
<i>Type of Service: Psychiatric Consultations</i>	370	274,459	577,216
<i>Type of Service: Child-Adolescent MH</i>	372	16,133	24,928
<i>Type of Service: Senior Services</i>	603	439	439
<i>Type of Service: Chronic Disease Mgt- Diabetic Education, Nutritional Counseling</i>	300	6,355	72,051
<i>Type of Service: Pharmacy Assistance Program</i>	128	19,548	19,939

<i>D. Research</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Clinical Research</i>			
<i>Community Health Research</i>			
<i>Other:</i>			

<i>E. Financial Contributions</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Cash Donations</i>	101, 124, 609	759,486	266,916
<i>Grants</i>			
<i>In-Kind Assistance</i>	609	123	123
<i>Resource Development Assistance</i>			

<i>F. Community Building Activities</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Physical Infrastructure Improvement</i>			
<i>Economic Development</i>			
<i>Support Systems Enhancement</i>			

<i>Environmental Improvements</i>			
<i>Leadership Development; Training for Community Members</i>			
<i>Coalition Building</i>	999	28,076	28,637
<i>Community Health Advocacy</i>			

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Dedicated Staff Costs</i>			
<i>Community Needs/Asset Assessment</i>			
<i>Other Operations</i>			

<i>H. Charity Care</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Free & Discounted Health Care Services</i>	101	743,039	738,986

<i>I. Government-Sponsored Health Care</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2017)</i>	<i>Unreimbursed Costs (Year 2018)</i>
<i>Medicare Costs exceeding reimbursement</i>	101	205,889	207,215
<i>Medicaid Costs exceeding reimbursement</i>	101	2,253,315	2,218,004
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	101	1,129,132	1,833,483

<i>Total Reportable Community Benefit Costs</i>		7,362,415	8,015,702
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Section 5: SUMMARY FINANCIAL MEASURES 2017

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	<i>79,067,026</i>
<i>Net Revenue from Patient Services</i>	<i>42,619,106</i>
<i>Total Operating Expenses</i>	<i>43,533,971</i>
<i>Net Medicare Revenue</i>	<i>20,383,029</i>
<i>Medicare Costs (actual)</i>	<i>20,588,918</i>
<i>Net Medicaid Revenue</i>	<i>3,143,690</i>
<i>Medicaid Costs(actual)</i>	<i>5,397,005</i>
<i>Unreimbursed Charity Care Expenses</i>	<i>743,039</i>
<i>Unreimbursed Expenses of Other Community Benefits (A thru G)</i>	<i>6,619,376</i>
<i>Total Unreimbursed Community Benefit Expenses</i>	<i>7,362,415</i>
<i>Leveraged Revenue for Community Benefit Activities (comm. health centers)</i>	<i>0</i>
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	<i>7,362,415</i>

Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
<i>Check box = √</i>				
1) General Public (survey responses)	√			
2) Select Patients (of WMC – survey responses)	√			
3) Community Board members of Health & Human Service organizations	√			
4) Local business and economic development leaders	√			
5) Board of Trustees (community representatives)	√	√	√	√
6) Municipal Government leaders	√			
7) Other local Healthcare providers (Long-term care, dental, FQHC’s, mental health)	√			
8) Town Managers, Police chiefs	√			
9) Public Health Network representatives	√			
10) NCH Community Needs Assessment Committee	√	√	√	√

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

A community needs assessment survey was designed and distributed in 2016 to a wide spectrum of residents from within the WMC catchment area, including patients, local business and healthcare leaders, Trustees, and the general public. The survey was made available both in paper form and electronically, through Survey Monkey. The data was analyzed and priority needs were identified.

Community leaders and key stakeholders were asked for their opinions through Survey Monkey. Needs and concerns were integrated into the general assessment survey.

The resulting data, along with data from external sources, was analyzed and prioritized by the Community Needs Assessment Committee of North Country Healthcare. This group was composed of the leadership of the Parent organization and the four Hospital Presidents.

Section 7: CHARITY CARE COMPLIANCE

Please characterize the charity care policies and procedures of your organization according to the following: <i>Check box = √</i>	YES	NO
The valuation of charity does not include any bad debt, receivables or revenue.	√	
Written charity care policy available to the public.	√	
Any individual can apply for charity care.	√	
Any applicant will receive a prompt decision on eligibility and amount of charity care offered.	√	
Notices of policy in lobbies.	√	
Notice of policy in waiting rooms.	√	
Notice of policy in other public areas.	√	
Notice given to recipients who are served in their home.	√	

ATTACHMENTS

- Attachment A** **Names/Addresses of Trustees**
- Attachment B** **Community Health Needs Implementation Strategy - 2016**
- Attachment C** **2016 Annual Report**