

COMMUNITY BENEFITS REPORTING FORM
Pursuant to RSA 7:32-c-1
FOR FISCAL YEAR ENDING 9/30/21

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@northcountryhealth.org**

Board Chair: **Keith Young** **603.788-4911** **kyoung@gms-ins.com**

Community Benefits

Plan Contact: **Celeste Pitts** **603.788.5321** **celeste.pitts@northcountryhealth.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 and community outreach services.

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

Weeks Medical Center, a Critical Access Hospital located in Lancaster NH, operates rural clinics offering primary care, mental health, substance use disorder treatment & specialty care with locations in Berlin, Colebrook, Groveton, Lancaster, Littleton, North Stratford & Whitefield. Communities served include Berlin, Bethlehem, Bretton Woods, Carroll/Twin Mountain, Clarksville, Colebrook, Dalton, Franconia, Gorham, Groveton, Jefferson, Lancaster, Littleton, North Stratford, Pittsburg, Stark, Stewartstown, Sugar Hill & Whitefield, New Hampshire and Bloomfield, Canaan, Gilman, Guildhall, Lemington, Lunenburg & Maidstone, Vermont. Over 36 thousand patients reside in the catchment area and 17 thousand unique patients receive services from Weeks Medical Center's critical access hospital and rural clinics.

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, Behavioral Health & Substance Abuse disorder services, teen health services, 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? **2019** *(Please attach a copy of the needs assessment if completed in the past year)*

In the summer of 2019, Weeks Medical Center contracted with Quorum Health Resources, LLC 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 2019, is attached. The needs were prioritized and selected for inclusion in the Weeks Medical Center Implementation Plan based on institutional capacity, among other factors. This plan was approved by the WMC Board of Directors at the December 2019 meeting. A copy of the implementation plan 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, North Country Home Health & Hospice in Littleton and Littleton Regional Healthcare, also in Littleton. This affiliation was put into place officially on April 1, 2016. In addition, several Federally Qualified Health Center partners were included: Ammonoosuc Community Health Services in Littleton and Coos Country Family Health Services in Berlin.**

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. Drug/Substance Abuse (includes drugs, opioids, heroin, etc.) was identified as the top community health priority.**

	Code	Comment
1	404	Drug/Substance Abuse
2	370	Mental health
3	420	Obesity/Overweight
4	600	Accessibility (Transportation, Disability, Access to Care, etc.)
5	101	Affordability
6	504	Unemployment/Lack of Jobs; Low-income/Poverty

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	522	Availability of Emergency Medical Services
B	507	Educational Attainment
C	522	Local Emergency Readiness/Response
D	122	Availability of Behavioral Health Care

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 normally as follows. Please note, that due to Covid 19, many in-person community gatherings were cancelled.

- Coalition Building – participation in North Country Health Consortium Board**
- In Kind Assistance – facility improvement for North Country Home Health & Hospice**

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.

A. Community Health Services	Community Need Addressed (code)	Unreimbursed Costs (Year 2021)	Unreimbursed Costs (Year 2022)
<i>Community Health Education</i>	220, 507	64,952	64,961
<i>Community-based Clinical Services</i>	128		2,295
<i>Health Care Support Services</i>	122, 522	445,305	167,180
<i>Other:</i>	101, 602	717,739	924,072

B. Health Professions Education	Community Need Addressed (code)	Unreimbursed Costs (Year 2021)	Unreimbursed Costs (Year 2022)
<i>Provision of Clinical Settings for Undergraduate Training</i>	507	235,851	242,948
<i>Intern/Residency Education</i>			
<i>Scholarships/Funding for Health Professions Ed.</i>	507	57,507	75,000
<i>Other:</i>			

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2021)</i>	<i>Unreimbursed Costs (Year 2022)</i>
<i>Type of Service: Emergency Services</i>	521	2,114,910	1,722,667
<i>Type of Service: Mental Health, Substance Abuse needs</i>	370, 400	3,289,427	5,040,380
<i>Type of Service: Chronic Disease Management</i>	300	9,249	

<i>D. Research</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2021)</i>	<i>Unreimbursed Costs (Year 2022)</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 2021)</i>	<i>Unreimbursed Costs (Year 2022)</i>
<i>Cash Donations</i>	102, 400	163,825	229,365
<i>Grants</i>			
<i>In-Kind Assistance</i>	999	61,958	
<i>Resource Development Assistance</i>			

<i>F. Community Building Activities</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2021)</i>	<i>Unreimbursed Costs (Year 2022)</i>
<i>Physical Infrastructure Improvement</i>			
<i>Economic Development</i>			
<i>Support Systems Enhancement</i>			
<i>Environmental Improvements</i>			
<i>Leadership Development</i>			
<i>Coalition Building</i>	999	10,285	10,594
<i>Community Health Advocacy</i>			

G. Community Benefit Operations	Community Need Addressed (code)	Unreimbursed Costs (Year 2021)	Unreimbursed Costs (Year 2022)
<i>Other Operations</i>			
H. Charity Care	Community Need Addressed (code)	Unreimbursed Costs (Year 2021)	Unreimbursed Costs (Year 2022)
<i>Free & Discounted Health Care Services</i>	101	796,026	960,497
I. Government-Sponsored Health Care	Community Need Addressed (code)	Unreimbursed Costs (Year 2021)	Unreimbursed Costs (Year 2022)
<i>Medicare Costs exceeding reimbursement</i>	101	455,019	0
<i>Medicaid Costs exceeding reimbursement</i>	101	1,078,093	683,619
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	101	1,573,676	1,879,511
Total Reportable Community Benefit Costs		11,073,462	12,003,089

Section 5: SUMMARY FINANCIAL MEASURES 2020

Financial Information for Most Recent Fiscal Year	Dollar Amount
<i>Gross Receipts from Operations</i>	102,810,133
<i>Net Revenue from Patient Services</i>	56,798,618
<i>Total Operating Expenses</i>	61,316,456
<i>Net Medicare Revenue</i>	31,412,343
<i>Medicare Costs (actual)</i>	31,867,362
<i>Net Medicaid Revenue</i>	8,946,390
<i>Medicaid Costs(actual)</i>	10,024,483
<i>Unreimbursed Charity Care Expenses</i>	796,026
<i>Unreimbursed Expenses of Other Community Benefits (A thru G)</i>	10,277,437
<i>Total Unreimbursed Community Benefit Expenses</i>	11,073,462
<i>Leveraged Revenue for Community Benefit Activities (comm. health centers)</i>	0
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	11,073,462

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 2019 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:	YES	NO
<i>Check box = ✓</i> 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.	✓	