

## FY14 Community Benefit Report Newton-Wellesley Hospital

### Organization Information

#### Organization Address and Contact Information

<b>Organization Name:</b>	Newton-Wellesley Hospital
<b>Address (1):</b>	2014 Washington Street
<b>Address (2):</b>	Not Specified
<b>City, State, Zip:</b>	Newton , Massachusetts 02462
<b>Web Site:</b>	www.nwh.org
<b>Contact Name:</b>	Ronald Ponte
<b>Contact Title:</b>	Director
<b>Contact Department:</b>	Community Partnerships
<b>Telephone Num:</b>	617-243-6088
<b>Fax Num:</b>	617-243-6925
<b>E-Mail Address:</b>	rponte@partners.org

#### Organization Type and Additional Attributes

<b>Organization Type:</b>	Hospital
<b>For-Profit Status:</b>	Not-For-Profit
<b>Health System:</b>	Partners HealthCare
<b>Community Health Network Area (CHNA):</b>	West Suburban Health Network (Newton/Waltham)(CHNA 18)
<b>Regional Center for Healthy Communities (RCHC):</b>	4
<b>Regions Served:</b>	Needham, Newton, Waltham, Wellesley, Weston

### CB Mission

#### Community Benefits Mission Statement

- To increase access to care in an equitable and efficient fashion to all.
- To identify and address specific health care needs which are unique to the hospital's community.
- To improve the health of the community and reduce health care costs through programs

of preventive medicine and health promotion.

### Target Populations

Name of Target Population	Basis for Selection
Child & Adolescent Health	CDC Risk Behavior Surveys
Elderly	Emergency Department data sources
People affected by domestic, family, or sexual violence	National, state, and local statistics

#### Publication of Target Populations

Marketing Collateral, Annual Report, Website

#### Hospital/HMO Web Page Publicizing Target Pop.

<http://www.nwh.org/community-health-resources/>

### Key Accomplishments of Reporting Year

- Among community dwelling elders, fall-related injuries are the most common type of injury. In FY14, 65 elders participated in the Matter of Balance program, bringing the total number of participants since the program inception in 1997 to 1,454.
- In FY14, the Domestic Violence/Sexual Assault Program at NWH provided free, voluntary, and confidential services to nearly 161 survivors of domestic, family, or sexual violence.
- In FY14, there were 49 visits to Health At Work and 67 visits to the NWH Employee Assistance Program.
- In FY14, the Pediatric Primary Care Clinic provided care to over 225 families (659 visits).
- The medical transportation program in conjunction with Springwell (AAA) assisted seniors in access to medical care (378 round trips).
- In FY14, in collaboration with Newton At Home 13 patients received assistance with activities of daily living following discharge from the hospital.
- In FY14, the hospital supported a parents support group in Needham for parents of youth engaged in risky behaviors such as alcohol/substance abuse.
- In Wellesley during FY14, the hospital supported the development of a “Wellness Web Portal” on the Wellesley Health Department website. In its second year, 334 residents registered and created their own health profile. Sixty-nine percent of enrollees selected at least one health goal to track.

### Plans for Next Reporting Year

In addition to the ongoing programs sponsored or in partnership with other organizations, the hospital conducted a community health needs assessment (completed in January 2015) with the assistance of Health Research in Action. The report is currently being reviewed, priorities are

being established and a strategic plan is in development with the assistance of a community advisory committee in collaboration with the hospital's executive management team and trustees. The key findings in the assessment were: transportation is an important need, Waltham is a unique community in the service area and requires focus, behavioral health was viewed as a critical and growing issue with need for more resources and collective action to improve health status, and findings concluded that a collaborative effort by the hospital within and across its communities should be emphasized.

## Community Benefits Process

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### *Community Benefits Leadership/Team*

The Team consists of Board Members, senior leadership, and Directors. Additionally, the Directors of Health for each town in the area are de facto members of the Committee. A community advisory committee was established to facilitate the community health needs assessment process in conjunction with the Board's Community Benefits Committee.

### *Community Benefits Team Meetings*

The Committee meets bi-monthly

### *Community Partners*

American Cancer Society  
 Boston Athletic Association  
 Boston Area Rape Crisis Center  
 Brigham Community House  
 Middlesex Child Fatality Review Team  
 Newton At Home  
 Newton-Needham Chamber of Commerce  
 Newton, Needham, WALTHAM, Wellesley & Weston Councils on Aging  
 Newton, Needham, WALTHAM, Wellesley & Weston Health Departments  
 Newton, Needham, WALTHAM, Wellesley & Weston School Departments  
 Newton & Waltham Boys and Girls Clubs  
 Newton Rotary Club  
 REACH  
 Springwell Area Agency on Aging  
 The Second Step, Inc.  
 Waltham Chamber of Commerce  
 Waltham Rotary Club  
 Waltham School Department  
 Waltham Senior Center  
 Waltham YMCA  
 Weston Health Council  
 West Suburban Health Network (CHNA 18)

## Community Health Needs Assessment

### *Date Last Assessment Completed and Current Status*

NWH's CHNA was completed and approved by the Board in January of 2015.

### *Consultants/Other Organizations*

Health Research in Action was consulted and retained for the purpose of conducting the community health needs assessment. The assessment was completed and approved by the Board in January 2015.

### *Data Sources*

Hospital, Consumer Group, MassCHIP, Public Health Personnel, Surveys, Other - Consumer and providers focus groups; structured interviews.

## Community Benefits Programs

### Fall-Related Injuries among Community Dwelling Elders: A Matter of Balance

<b>Program Type</b>	Direct Services, Healthy Communities Partnership, Outreach to Underserved, Prevention
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	Among community dwelling elders, fall-related injuries are the most common type of injury. The intervention, A Matter of Balance, mitigates the negative effects of fear of falling has among elders. The program focuses on coping skills, fall risk reduction and decreasing activity restrictions. The purpose of the program is to reverse or prevent loss of function and disablement commonly associated with fear of falling among older persons. In FY 14, 65 elders participated in the Matter of Balance program, bringing the total number of participants since the program inception in 1997 to 1,454.
<b>Target Population</b>	<p><b>Regions Served:</b> Needham, Newton, Waltham, Wellesley, Weston</p> <p><b>Health Indicator:</b> Injury and Violence, Other: Safety - Home, Physical Activity</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> Adult-Elder</p> <p><b>Ethnic Group:</b> Asian, Hispanic/Latino, White</p> <p><b>Language:</b> Chinese , English , Russian , Spanish</p>

Goal Description	Goal Status
Reverse or prevent loss of function and disablement commonly associated with fear of falling among older persons.	In FY14 the program served 65 participants for a total of 1,454 since inception in 1997.
Provide a group experience to reduce maladaptive ideas and beliefs about falls.	In FY14, participants (five programs offered through senior centers, Newton, Needham, Watertown and Waltham) showed signs of fall efficacy (degree of confidence in performing common daily activities).

Partner Name, Description	Partner Web Address
Community Senior Centers	
New England Research Institute (NERI)	<a href="http://www.neriscience.com/">http://www.neriscience.com/</a>

**Contact Information** Kathy Beans Program Coordinator, Newton-Wellesley Hospital Wellness Center , 2014 Washington St., Newton, 617-243-6649 ,

[kbeans@partners.org](mailto:kbeans@partners.org)

**The Domestic Violence/Sexual Assault Program at Newton-Wellesley Hospital (DV/SA Program)**

<b>Program Type</b>	Community Education, Direct Services, Health Screening, Healthy Communities Partnership, Mentorship/Career Training/Internship, Outreach to Underserved, Support Group
<b>Statewide Priority</b>	Promoting Wellness of Vulnerable Populations
<b>Brief Description or Objective</b>	The DV/SA Program provides free, voluntary, and confidential services to patients and employees who are experiencing domestic violence, family violence and sexual assault. In FY14, 161 survivors were served (36% increase over previous year) through support groups, counseling and safety planning, and 76 consults to providers.
<b>Target Population</b>	<p><b>Regions Served:</b> Needham, Newton, Waltham, Wellesley, Weston</p> <p><b>Health Indicator:</b> Injury and Violence, Mental Health, Other: Domestic Violence, Other: Rape, Other: Safety - Home</p> <p><b>Sex:</b> All</p> <p><b>Age Group:</b> Adult-Elder, All, All Children</p> <p><b>Ethnic Group:</b> All</p> <p><b>Language:</b> All</p>

Goal Description	Goal Status
Provides free, voluntary, and confidential services to patients and employees who are experiencing domestic violence, family violence and sexual assault.	In FY14 the program served 161 survivors.
Continue to increase safety, health and well-being of patients and employees by providing comprehensive services to those experiencing domestic and sexual violence.	In FY14 the program provided over 800 hrs of safety planning, counseling & advocacy to survivors. In addition, much of staff time (second staff person added this year) devoted to education, policy development, & collaboration with community organizations
Increase access to services for patients and employees by increasing education and consultation services to health care providers and staff.	In FY14 the program participated in implementation of a grant for National SANE Tele-nursing Center, which used telemedicine to export SANE expertise to underserved populations nationwide. The hospital provided space for the Center & technical expertise.
Increase access to services for patients and employees by	In FY14, provided education, technical expertise & overall support to the following organizations: SANE,

increasing education and consultation services to health care providers and staff.	The Second Step, United HC, Newton South H.S. students (~ 700), “Starting Young” educational series, Lasell College, Boston Living Center,& many others.
Increase access to services for patients and employees by increasing education and consultation services to health care providers and staff.	In FY14, the staff redoubled its efforts in ensuring “billing safety” for victims. 83% of sexual assault patients seen at the hospital had their billing concerns addressed to prevent further victimization.
Support shelter infrastructure	In FY14 the program provided substantial donations and other in-kind expertise to support the shelter infrastructure.

Partner Name, Description	Partner Web Address
REACH Beyond Domestic Violence	<a href="http://www.reachma.org/">http://www.reachma.org/</a>
The Second Step	<a href="http://www.thesecondstep.org/">http://www.thesecondstep.org/</a>
Boston Area Rape Crisis Center	<a href="http://www.barcc.org/">http://www.barcc.org/</a>
GLBT Domestic Violence Coalition	<a href="http://www.thenetworklared.org/glbtdvcweba.ppl.pdf">http://www.thenetworklared.org/glbtdvcweba.ppl.pdf</a>
Middlesex Co DA’s Office	<a href="http://www.middlesexda.com/">http://www.middlesexda.com/</a>
Jane Doe, Inc.	<a href="http://www.janedoe.org/">http://www.janedoe.org/</a>

**Contact Information** Erin C. Miller Domestic Violence/Sexual Assault Coordinator  
 Newton-Wellesley Hospital, emiller11@partners.org

**Occupational Medicine Services to City of Newton Employees.**

**Program Type** Direct Services, Health Screening, Healthy Communities Partnership, Prevention

**Statewide Priority** Promoting Wellness of Vulnerable Populations

**Brief Description or Objective** Health At Work (HAW) provides a wide range of services including an Employee Assistance Program (EAP), injury management, follow-up care, employment activities, drug testing, and employee fitness screenings for “first responders” and other municipal employees. In FY14, there were 35 patients and 49 encounters. In the EAP component, there were 67 EAP encounters. Three critical incidence interventions.

**Target Population** **Regions Served:** Newton, Waltham  
**Health Indicator:** Access to Health Care, Injury and Violence, Mental Health, Other: Alcohol and Substance Abuse, Other: Stress Management, Overweight and Obesity, Substance Abuse  
**Sex:** All  
**Age Group:** Adult  
**Ethnic Group:** All

**Language: All**

Goal Description	Goal Status
Provide Occupational Medicine services to City of Newton employees.	In FY14 there were 49 Visits (35 patients) to Health At Work and 67 visits to EAP. There were 3 critical incidence interventions provided, e.g. sudden death of worker.
Access to medical care for minor injuries and allow for early return job duties.	In FY14 employees have reported confidence in confidential, competent, and timely services.
Identify at risk employees through pre-employment physicals and drug screening.	In FY14 managers have reported early return to employment for employees voluntarily seeking HAW services.
Mitigate stress, grief and other psychosocial conditions through EAP services.	In FY14 the cost of health care has been reduced through the services provided by HAW.

Partner Name, Description	Partner Web Address
City of Newton	<a href="http://www.ci.newton.ma.us/">http://www.ci.newton.ma.us/</a>
Waltham Urgent Care Center	<a href="http://www.nwh.org/clinical-centers/waltham-urgent-care-center/">http://www.nwh.org/clinical-centers/waltham-urgent-care-center/</a>
Partners EAP	<a href="http://www.eap.partners.org/">http://www.eap.partners.org/</a>

**Contact Information** Joan Millian RN, Manager, NWH Urgent Care Center 9 Hope Ave. Waltham 02453, 617-243-5594 , [jmillian@partners.org](mailto:jmillian@partners.org)

**Provision of primary care to children and adolescents who are uninsured or present other challenges interfering with accessing primary care.**

**Program Type** Direct Services, Health Screening, School/Health Center Partnership

**Statewide Priority** Address Unmet Health Needs of the Uninsured, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

**Brief Description or Objective** The Pediatric Primary Care Clinic (PPCC) provides medical care to children and adolescents who do not have access to a private physician. Additionally, a wide range of specialty clinics associated with Massachusetts General Hospital for Children are available to Clinic patients. In FY14 there were 659 visits (over 225 families).

**Target Population**  
**Regions Served:** Natick, Needham, Newton, Waltham, Weston  
**Health Indicator:** Access to Health Care, Immunization, Other: Asthma/Allergies, Other: Uninsured/Underinsured  
**Sex:** All  
**Age Group:** All Children  
**Ethnic Group:** All  
**Language:** All



Goal Description	Goal Status
Provide primary care to children and adolescents who are uninsured or present other challenges interfering with accessing primary care.	In FY14 there were 659 visits (over 225 families).
Accept agency referrals for children/adolescents without primary care.	In FY14 there was an increase in number of youth served compared to last year.
Provide primary and specialty care to uninsured children and/or those with medical/social conditions beyond ability of private office.	In FY14 there were numerous school consultations and participation on agency boards, e.g. Newton Boys & Girls Club. The Clinic has reached out to Waltham for provision of primary pediatric care to children not followed routinely by a pediatrician.
Consult to schools and agencies and coordinate services for disadvantaged youth.	In FY14 there was anecdotal evidence that fewer missed school absences due to primary and preventive care.

**Contact Information** Joel Bass, MD Chair, Department of Pediatrics Newton-Wellesley Hospital 617-243-6565 , jlbass@partners.org

**Springwell/NWH Inter-City Medical Transportation**

**Program Type** Outreach to Underserved

**Statewide Priority** Promoting Wellness of Vulnerable Populations, Reducing Health Disparity

**Brief Description or Objective** To assist with access issues, NWH provides medical transportation through Springwell, the area agency on aging. Residents of surrounding communities are provided transportation with 48 hour notice to the provider. In FY 14, 378 round-trip rides to NWH were provided.

**Target Population** **Regions Served:** Boston-Allston, Waltham, Watertown  
**Health Indicator:** Access to Health Care  
**Sex:** All  
**Age Group:** Adult-Elder  
**Ethnic Group:** All  
**Language:** All

Goal Description	Goal Status
Provide transportation to seniors who are otherwise unable to obtain health care services due to transportation obstacles	In FY 14, 378 round-trip rides to NWH were provided. The majority, 68%, of patients were Waltham residents. Needham and Watertown

Seniors from Waltham and Watertown were provided with round trip service to physician and hospital services.	seniors accounted for 11% of the trips while 5% were from Weston.
Make appointments for seniors who do need either primary or specialty care.	In FY14 the hospital's Care Finder program facilitated scheduling appointments for patients in need of a physician or hospital service.

Partner Name, Description	Partner Web Address
Springwell (AAA)	www.springwell.com

**Contact Information** Brian O'Dea, Director Mkt./Public Affairs , Newton-Wellesley Hospital, 2014 Washington St., Newton, MA 02462 617-243-5820 , bodea@partners.org

**Health education, promotion and disease prevention education**

**Program Type** Community Education, Grant/Donation/Foundation/Scholarship, Health Professional/Staff Training,

**Statewide Priority** Promoting Wellness of Vulnerable Populations

**Brief Description or Objective** In FY 2014, in response to health education needs identified in the community health needs assessment, a series of educational programs were developed for certification needs in CPR/First Aid for childcare workers, and tobacco cessation.

**Target Population** **Regions Served:** Needham, Newton, Waltham, Wellesley, Weston  
**Health Indicator:** Mental Health, Other: Child Care, Other: Education/Learning Issues, Other: Elder Care, Other: First Aid/ACLS/CPR, Other: Smoking/Tobacco, Other: Stress Management, Tobacco Use  
**Sex:** All  
**Age Group:** Adult  
**Ethnic Group:** All  
**Language:** English

Goal Description	Goal Status
Offer wellness classes designed to address tobacco use. Additionally, provide classes for childcare workers seeking CPR/First Aid certification.	In FY14 the hospital's wellness center offered at no cost to attendees 3 distinct classes on tobacco cessation (12 attendees) led by an experienced clinician. Also, 274 childcare workers became certified.
Support local initiatives that promote health and wellness.	In FY14 the hospital donated to the Healthy Waltham initiative.

**Contact Information** Ronald Ponte, Director Community Partnerships ,  
rponte@partners.org

**Newton At Home**

**Program Type** Healthy Communities Partnership, Outreach to Underserved, Prevention

**Statewide Priority** Chronic Disease Management in Disadvantage Populations, Promoting Wellness of Vulnerable Populations, Reducing Health Disparity, Supporting Healthcare Reform

**Brief Description or Objective** Newton At Home and Newton-Wellesley Hospital partnered during FY14 in the provision of post-discharge services to frail elderly at risk for re-hospitalization. The project enables seniors to remain safely and independently in their own home by providing a broad array of programs and services, e.g. shopping, medication delivery, transportation to medical providers, friendly volunteer visitors and so on.

**Target Population** **Regions Served:** Newton  
**Health Indicator:** Access to Health Care, Mental Health, Other: Education/Learning Issues, Other: Elder Care, Other: Homebound, Other: Safety, Other: Safety - Home  
**Sex:** All  
**Age Group:** Adult-Elder  
**Ethnic Group:** All  
**Language:** Not Specified

Goal Description	Goal Status
Appropriate candidates will be identified and enrolled in the program.	In FY14, 13 patients discharged from the acute setting were enrolled in the program.
The program will make every effort to prevent re-hospitalization as a result of non-acute health or social issues.	In FY14, two patients were briefly readmitted (<24 hours) during their enrollment in the program.
Volunteers will be trained to conduct friendly visiting and assist with instrumental activities of daily living.	In FY14 volunteers were trained by NAH and participated in inter-agency planning and monitoring meetings.
Provide services (independent activities of daily living), e.g. grocery shopping, medical transportation etc.	In FY14 these patients received 185 services provided by NAH volunteers. Four patients now have their own membership in the program.
Partner Name, Description	Partner Web Address
Newton At Home	www.newtonathome.org

**Contact Information** Maureen Grannan, Executive Director, [director@newtonathome.org](mailto:director@newtonathome.org)

**Newton Wellesley Hospital Certified Application Counselors**

**Program Type** Direct Services

**Statewide Priority** Supporting Healthcare Reform

**Brief Description or Objective** Newton Wellesley Hospital Certified Application Counselors (CACs) provide information about the full range of insurance programs offered by EOHHS and the Health Connector. Our CACs help individuals complete an application or renewal; work with the individual to provide required documentation; submit applications and renewals for the Insurance Programs; interact with EOHHS and the Health Connector on the status of such applications and renewals; and help facilitate enrollment of applicants or beneficiaries in Insurance Programs. In FY14, there were 2.5 Newton Wellesley CACs that served an estimated 914 individuals.

**Target Population** **Regions Served:** Needham, Newton, Waltham, Wellesley, Weston  
**Health Indicator:** Access to Health Care  
**Sex:** All  
**Age Group:** All  
**Ethnic Group:** All  
**Language:** All

Goal Description	Goal Status
Provide information about the full range of insurance programs offered by EOHHS and the Health Connector.	In FY14, there were 2.5 Newton Wellesley CACs that served an estimated 914 individuals.
Partner Name, Description	Partner Web Address
Massachusetts Health Connector	<a href="https://betterhealthconnector.com/">https://betterhealthconnector.com/</a>
Mass Health	<a href="http://www.mass.gov/eohhs/gov/departments/masshealth/">http://www.mass.gov/eohhs/gov/departments/masshealth/</a>
Health Care For All	<a href="https://www.hcfama.org/">https://www.hcfama.org/</a>
Massachusetts Hospital Association	<a href="https://www.mhalink.org/">https://www.mhalink.org/</a>
Massachusetts League of Community Health Centers	<a href="http://www.massleague.org/">http://www.massleague.org/</a>

**Contact Information** Kim Simonian, Director for Public Payer Patient Access, Community Health, Partners Healthcare , ksimonian@partners.org

## Expenditures

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### *Community Benefits Programs*

Expenditures	Amount
Direct Expenses	\$819,610
Associated Expenses	Not Specified
Determination of Need Expenditures	Not Specified
Employee Volunteerism	Not Specified
Other Leveraged Resources	\$232,604

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### *Net Charity Care*

Expenditures	Amount
HSN Assessment	\$8,134,906
HSN Denied Claims	\$216,250
Free/Discount Care	\$286,885
Total Net Charity Care	\$8,638,041

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Corporate Sponsorships	\$127,075
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<b>Total Expenditures</b>	<b>\$9,817,330</b>
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<b>Total Revenue for 2014</b>	<b>\$404,353,177</b>
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<b>Total Patient Care-related expenses for 2014</b>	<b>\$372,071,934</b>
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<b>Approved Program Budget for 2015</b>	<b>\$9,817,330</b>
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(\*Excluding expenditures that cannot be projected at the time of the report.)