

**Compassion in Action: Community Benefits at
Mercy Medical Center
Springfield, Massachusetts**

The 2009 Annual Report to the Attorney General of Massachusetts

February 26, 2010

**COMMUNITY BENEFITS ANNUAL REPORT TO THE ATTORNEY GENERAL
OF MASSACHUSETTS**

Mercy Hospital, Inc.

(d/b/a: Mercy Medical Center, Weldon Rehabilitation Hospital, Providence Behavioral
Health Hospital)

Springfield, Massachusetts

www.mercycares.com

Report for Fiscal Year 2009¹

I. Sisters of Providence Health System Mission Statement²

A. Mercy Medical Center, together with the other organizations within the Sisters of Providence Health System, has adopted the following Mission Statement:

Sisters of Providence Health System, a member of Catholic Health East, is a community of persons committed to being a transforming, healing presence within the communities we serve. We believe in the sacredness of human life, in the innate dignity of each person, and that it is in relationship with one another that all persons realize their fullest potential. In our service we are sustained by an unwavering trust in God's Providence.

To effect this mission:

- We treat all persons whom we serve and with whom we work with respect and compassion calling forth their best human potential.
- We collaborate with others to provide services that support healthy communities including quality care and holistic approaches to healing body, mind and spirit.
- We identify and develop leaders in Catholic health ministry.
- We continually seek ways to assure access to services to persons most in need.
- We advocate public policies and initiatives, particularly those in the area of healthcare, that ensure quality of life for all.

¹ The fiscal year for Mercy Hospital, Inc. is January 1 through December 31.

² The Mission Statement and Core Values have served as both the guiding inspiration and impetus for Mercy Medical Center's Community Benefit Programs. Taken together, they explicitly and implicitly call for charitable acts to promote healthy communities, expand health care access, and give priority to persons whom society ignores. In 2009, the Community Benefit Workgroup devised for Board of Trustee approval a separate Community Benefits "Statement of Purpose."

B. Community Benefit “Statement of Purpose”

“The spirit of Community Benefit is rooted in the Sisters of Providence Health System’s history and embedded within its Mission to “...being a community of persons committed to being a transforming, healing presence within the communities that we serve.” The ministry of the Sisters of Providence is a profound legacy of compassion and service that continually inspires Mercy Medical Center’s firm commitment to address unmet health needs, to collaborate with others to improve the health of the communities we serve, to address the root causes of health disparities and to educate community members about prevention and self-care. Mercy Medical Center will secure and provide resources that promote access to services for persons most in need, in accordance with a Community Benefit Plan.”

- C. **Approval of Governing Body.** The review and approval of the Sisters of Providence Health System (SPHS) Mission Statement occurred in the context of the organization’s strategic planning process. The Board of Trustees, as well as the Board’s Mission and Strategic Planning Committees, reviewed and approved the mission statement in 2001 as part of its review of the 2002-2004 Mercy Medical Center Strategic Plan.

II. Program Organization and Management

A. Organizational and Management Structure.

The Senior Vice President for Mission Services provides oversight for Community Benefits at the Sisters of Providence Health System. The Controller of the Sisters of Providence Health System collects and reports financial data for Community Benefit Programs. The Director for Grants and Community Benefit Programs collects and reports programmatic information on Community Benefit Programs and facilitates the Community Benefit Workgroup.

B. Information Dissemination.

The Sisters of Providence Health System maintains some Community Benefit program and financial data using the Community Benefit Inventory for Social Accountability (CBISA) software package. Other data is structured around cost centers, when Community Benefit programs encompass the totality of operations in these cost centers.

III. **Community Health Needs Assessment**

A. **Geographic Scope:**

In 2007, Sisters of Providence Health System commissioned Market Street Research, Inc. to complete a needs assessment of the health system's primary service area. The study focused upon four geographic areas: 1) Springfield; 2) Towns north of Springfield, including Chicopee, Holyoke and Ludlow; 3) Towns east of Springfield, including East Longmeadow, Longmeadow, and Wilbraham; 4) Towns west of Springfield, including Agawam, Westfield and West Springfield.

B. **Highlights of Findings:**

- Mercy Medical Center's service area population (403,400) is projected to remain fairly stable over the next few years, but certain groups are expected to increase by 2011: 1) Teens and young adults; 2) Seniors, aged 65 and over; 3) Persons of Hispanic or Latino heritage; 4) Persons of Asian and Pacific Island heritage.
- Residents of Springfield, Holyoke and Chicopee have much lower incomes than many other areas of the state, and much higher rates of poverty than is true in suburban and rural communities of Hampden County. The overall poverty rate in Springfield and Holyoke is 23% and 26%, respectively. Poverty rates among children in these two communities are alarming: 36% in Springfield and 42% in Holyoke.
- The highest risk communities are Springfield, Holyoke and Chicopee, whose residents face a complex array of health problems, strongly linked to poverty. Significant numbers of residents are substance abusers.
- Springfield and Holyoke have the most troublesome health status indicators, including the highest lung cancer mortality rates; a greater likelihood of utilizing emergency room care for primary care-manageable conditions like diabetes, asthma, angina, bacterial pneumonia; higher than average incidence and mortality of HIV/AIDS and hepatitis; elevated neonatal and infant mortality rates; low birth weight infants; large numbers of births to teen mothers; and much higher rates of crime and family violence than other communities in the service area.

B. Highlights of Findings: (Continued)

- In the greater Springfield Community Health Network Area (CHNA) and the greater Holyoke CHNA, nearly one of ten adults who wanted to see a doctor in 2007 could not because of cost.
- In the wake of the Massachusetts Health Reform Act, the opportunity exists to reduce further the number of uninsured residents, and for SPHS to serve people who previously could not afford health care - especially primary care - or who use the health system only in emergencies.

IV. Community Participation

- A. Process and Mechanism.** Mercy Medical Center periodically convenes a number of focus groups with key stakeholders to obtain community input. These groups typically include business leaders, local government officials, trustees, physicians, staff, consumers and other providers in the region. Representatives from Mercy Medical Center routinely participate in community forums, task forces and coalitions to gain additional community input and data regarding specific issues and concerns about health care access and quality, especially as this relates to the needs of minorities, frail elders, poor persons, the chronically mentally ill, recent immigrants and refugees.
- B. Identification of Community Participants.** On an ongoing basis, Mercy Medical Center solicits input from a wide range of community agencies, schools, non-profit organizations and coalitions to identify needs and to develop programs collaboratively. For example, Mercy Medical Center's Health Care for the Homeless staff are active participants in the Springfield Continuum of Care, a large network of providers of homelessness prevention, outreach, assessment, sheltering and permanent housing. In another Community Benefit venue, the manager of the hospital's Providence Prenatal Center in Holyoke chairs one of the local CHNAs.
- C. Community Role in Development, Implementation and Review of Community Benefits Plan.** Mercy Medical Center continued to provide a robust array of Community Benefits Programs in 2009. The scope of Community Benefit programs continued to remain fairly constant, compared to prior years. Based upon a wide range of community input and review, there is a strong consensus that these programs address community needs that are persistent, pervasive and systemic.

IV. **Community Participation** (Continued)

D. **Key Collaborations and Partnerships** remained fairly constant in 2009, and they include but are not limited to the following organizations and coalitions that contributed data, policy information and/or direct support to Community Benefits and/or Community Service programs of Mercy Medical Center:

1. Commerce High School
2. Southwick High School
3. American Cancer Society
4. Cancer House of Hope
5. Massachusetts Cancer Control Coalition
6. Mass Health Technical Forum (UMASS)
7. Community Outreach Workers Network Training Coalition
8. New North Citizens Council
9. The Russian Community Association of Massachusetts
10. Spanish American Union
11. Community Health Clinic in Holyoke
12. Holyoke Infant Mortality Task Force
13. Holyoke Community Partnership
14. Women and Substance Abuse Task Force (Holyoke)
15. City of Springfield Department of Public Health
16. City of Springfield Department of Health and Human Services
17. City of Springfield Office of Housing and Neighborhood Services
18. City of Springfield Continuum of Care
19. Massachusetts Department of Public Health
20. Community Health Network Area (CHNA) #4
21. American Lung Association
22. Association for Community Living
23. Bay Path College
24. Elms College
25. Holyoke Community College
26. Springfield Technical Community College
27. Springfield Council of Churches
28. Springfield Immigrant and Refugee Coalition
29. Western Mass. Refugees and Immigrants Consortium
30. Partners for a Healthier Community
31. Massachusetts Community Health Worker Association
32. MSPCC (Massachusetts Society for the Prevention of Cruelty to Children)
33. Riverbend Medical Group in Holyoke
34. Springfield Vietnamese American Civic Association
35. Boat People SOS
36. Mass. DPH Refugees Assessments Program

D. Key Collaborations and Partnerships (Continued)

37. Women, Infants and Children (WIC)
38. Mental Health Association of Greater Springfield
39. Springfield Southwest Community Health Center
40. Western Mass Food Bank
41. MLK Center
42. Dunbar Community Center
43. Substance Abuse Policy Institute
44. Holyoke Council on Aging
45. Mass. Department of Mental Health Learning Collaborative
46. Western Mass. Substance Abuse Providers Association
47. Jewish Family Service of Western Massachusetts

V. Community Benefits Plan

A. Process of Development of Plan

In 2009, the Community Benefits Workgroup continued to develop refinements in the Community Benefit Plan Framework. The Framework will be forwarded in 2010 to specific departments and project teams that conduct program activities in each area. Departments and project teams will review the information in the framework and make suggestions to the Community Benefits Workgroup. The Community Benefits Workgroup will seek feedback from community groups and organizations. After the reviewing comments from a variety of sources, the Community Benefits Workgroup will formulate a budget for each “Health Status Impact Area,” and forward the completed Community Benefits Plan to the Senior Leadership Team of the Sisters of Providence Health System. After the Senior Leadership Team reviews the Community Benefit Plan and makes any changes, it will forward the plan to the Board of Trustees with a recommendation to adopt. The 2009 Community Benefits Framework identified the following items:

1. Four “Health Status Impact Areas”
2. A list of current Community Benefit programs for each Impact Area
3. Target populations for each Impact Area
4. Service Priorities for each Impact Area
5. Short-term goals/outcomes
6. Long-term goals/outcomes
7. Indicators to measure outcomes and impact

B. Key Program Highlights in 2009.

1. **The Health Care for the Homeless Programs** performed clinical assessments to individuals and families at 46 regional shelters, soup kitchens, job placement sites and transitional living centers, providing medical appointments, psychiatric sessions, and case management services to homeless persons. In 2009, this program served 2,237 persons with a total of 11,611 medical, case management and mental health sessions. With collaborative plans to renovate the Worthington Street Shelter in Springfield well underway, Mercy Medical Center secured a \$181,100 grant from the U.S. Health Resources Services Administration (HRSA) that will be utilized to purchase medical equipment for the newly planned medical and dental clinic for homeless persons.
2. **The Healthy Neighborhood Mini-Grants Program** began as a new element in the hospital's Community Benefits Programs in 2008. The concept: people, associations, neighbors and organizations pool their skills, labor, tools and knowledge and pitch in to improve health and safety at the neighborhood or block level. The three 2009 awards went to: 1) the Russian Community Association of Massachusetts for a breast cancer awareness program for Russian elders living in the neighborhood near Mercy Medical Center; 2) SOS Boat People to translate into Vietnamese, publish and distribute the "Good Neighbor Handbook," a health and public safety booklet of the City of Springfield's Police Department; 3) Jewish Family Service of Western Massachusetts for health education outreach to recent refugees.
4. **MassHealth Outreach and Enrollment Program.** As a key proponent of Massachusetts Health Reform, the Department of Community Health ramped up outreach and enrollment efforts to record 4,287 total health encounters, generating 581 health insurance applications and enrolling 318 persons in MassHealth Insurance in 2009.
5. **Massachusetts Commonwealth Corps Grant.** Mercy Medical Center's 2009 application to the Massachusetts Service Alliance was fully funded, to continue the Mercy Healthy Community Corps for a second year. This program supports 7 part-time, Commonwealth Corps volunteers who work in a variety of Community Benefit programs, such as the Vietnamese Health Project, Health Care for the Homeless and Teen Parent Programs.
6. **Teen Parent Health Outreach and Support.** Through the generous support of a Tufts Health Foundation grant, 98 teen parents were served at Providence Prenatal Clinic in Holyoke and 68 parents at Mercy Care at Forest Park in Springfield.

VI. Expenditures for 2009³

TYPE	ESTIMATED TOTAL EXPENDITURES FOR 2009	PROPOSED PROGRAM BUDGET FOR 2010
COMMUNITY BENEFIT PROGRAMS	(1) Direct Expenses: \$1,217,801 (2) Associated Expenses: \$0 (3) Determination of Need Expenditures: \$0 (4) Employee Volunteerism: \$20,608 (4) Other Leveraged Resources: \$1,580,800	(1) Direct Expenses: \$1,217,801 (2) Associated Expenses: \$0 (3) Determination of Need Expenditures: \$0 (4) Employee Volunteerism: \$20,608 (4) Other Leveraged Resources: \$1,580,800
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses: \$523,743 (2) Associated Expenses: 0\$ (3) Determination of Need Expenditures: \$0 (4) Employee Volunteerism: \$31,450	(1) Direct Expenses: \$523,743 (2) Associated Expenses: \$0 (3) Determination of Need Expenditures: \$0 (4) Employee Volunteerism: \$31,450
NET CHARITY CARE	\$1,327,707	\$1,327,707
CORPORATE SPONSORSHIPS	\$42,034	\$42,034
TOTAL	\$4,744,143	\$4,744,143

Additional Benefits to the Community for 2009.⁴

- \$255,639 in unreimbursed Medicare Services
- \$3,491,320 in unreimbursed Medicaid Programs
- \$1,587,662 in unreimbursed Health Safety Net Services
- \$915,130 in services that were written off as part of the financial assistance program
- \$1,291,250 total payment to fund the Health Safety Net
- \$148,418 payment to cover your hospital's portion of the operational assessment of the Division of Health Care Finance and Policy

\$7,689,419 Total Charity Care

³ Mercy Hospital's fiscal year ends December 31. The independent audit is not completed until April of each year. Therefore, some numbers listed in this expenditure report may need to be adjusted.

⁴ The Massachusetts Hospital Association encouraged all hospitals to include, in our full Community Benefits Report, "...a separate calculation of total charity care." Email Memorandum from Anuj K. Goel, Esq., Senior Director and Staff Counsel, Massachusetts Hospital Association, January 26, 2009.

VII. Next Reporting Year

A. **Proposed budget:** It is anticipated that the FY 2010 budget will be similar to the expenditures reported for FY 2009.

B. **Anticipated goals:**

1. Continue to exhibit a more planned approach to Community Benefits, and align this effort more closely with system priorities in Quality and Mission.
2. Develop new venues of staff training and development in Community Benefits planning and reporting.
3. Feature a Community Benefits “best practices” link on the SPHS Intranet site, featuring exemplary programs and practitioners.
4. Strengthen the institutional linkage between Community Benefits programs and grants management.

C. **Contact Information**

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