

HOLYOKE HOSPITAL, INC.
FULL-TEXT ANNUAL REPORT
FOR FY 2001

SUBMITTED MAY 31, 2002

I MISSION STATEMENT

- A. The MISSION of Holyoke Hospital, Inc. is to serve the health needs of the community in a compassionate, high quality, and efficient manner.

To this end, Holyoke Hospital shall:

Identify and serve those needs which are prevalent and substantial in the community as a whole or within major population groups, and which can be adequately met by the provision of basic primary and secondary health care services;

Provide information, education, and expertise to our community in order to promote the general health of its citizens;

Provide an environment of excellence and growth in which health care professionals can use their skills and abilities to the fullest extent possible;

Provide competitive wages and benefits, as well as safe and dignified working conditions, for all employees;

Ensure financial responsibility in the operation of the hospital in order to guarantee the future viability of our mission;

Provide a formal, public, and ongoing program of community benefits, in cooperation with community individuals and organizations, to improve the health status of the public including especially the medically and economically vulnerable; and,

Coordinate its services with the other corporate affiliates of Valley Health Systems, Inc.

- A. Approval of governing body: As part of the hospital's annual strategic planning process, the Board of Directors reviews the Mission Statement and corporate business plan, making changes as appropriate. The Mission Statement is approved as a part of the approval process for the business plan.

II Internal Oversight and Management of Community Benefits Program

- A. The hospital's Board of Directors has the ultimate responsibility for implementation and review of the community benefits plan, as recommended and carried out on a day-to-day basis by senior management. Historically and today, the hospital has been, is, and will continue to be committed to close and active collaboration with community groups and representatives, in furtherance of improving the community's overall health status. A keystone of the community benefits planning mechanism is a multi-cultural,

multi-disciplinary, multi-organizational Community Accessibility Council comprised of diverse individuals familiar with the needs of the community and interested in enhancing the hospital's ability to serve those needs in an ongoing and effective manner. The membership of the Community Accessibility Council is shown in Appendix A.

Through the vehicle of this Council, Community Outreach Department staff, and also through the vehicle of manager, senior manager, Board, and medical staff participation in a variety of community organizations and activities, the hospital obtains vital input into community health status and needs. By the same token, community organizations thereby become informed of how the hospital may complement their own efforts.

- A. Information about community benefits programs, as well as other goals and programs of the hospital, are shared with staff in a variety of ways, including dissemination through department manager meetings, with managers, in turn, sharing information through meetings with their own staff. Hospital publications which reach staff and their families are also important vehicles for informing employees about these issues.

III Community Health Needs Assessment

- A. Process: The needs assessment process is diverse and ongoing, and includes staff (through department managers), medical staff, senior management, Board committees, and the Board of Directors, itself. Hospital personnel interact frequently with area officials and community agency and organization representatives who are vital sources of information about their respective areas of concern. One example of such an organization is the Holyoke Health Center, a vital and growing provider of outpatient primary care and related services to the citizenry of Holyoke and environs. Meetings of the state's Public Health Council are attended regularly, and members of the hospital's management and Board belong to many community organizations through which information is also obtained.
- B. Sources: The DPH (especially the MassCHIP program), the Massachusetts Health Data Consortium, MISER, the federal Bureau of the Census, other municipal, state, and federal agencies, and numerous other groups and organizations which are virtually limitless through access to the internet.
- A. Summary of findings: The hospital's market area extends through Hampden and Hampshire counties and centers upon the core communities of Holyoke, Chicopee, West Springfield, South Hadley and Granby, as well as adjacent towns such as Easthampton, Belchertown and Southampton. This area has an aggregate 2000 estimated population of approximately 185,000 persons, a level that has not changed in the recent past and is not expected to change appreciably in the foreseeable future. The area is characterized by a high

percentage of elderly citizens (almost 20% of the population in Holyoke and Chicopee), and, in the City of Holyoke, a substantial minority of Hispanic residents who represent over 30% of the general population. Overall, this population may be expected to exhibit higher than average morbidity as compared to statewide levels. Somewhat more favorable patterns exist in peripheral communities. The area has witnessed an influx of immigrant populations over the past ten years, a trend whose impact will be more apparent as a result of the year 2000 federal census.

As to Holyoke itself, it is one of the older, industrial cities of the Commonwealth, although it has a dedicated cadre of city officials, agency staff, community leaders and others who provide leadership as well as vital services to those in need. Holyoke's needs are typical of a community with high numbers of minorities and low income citizens, and also high numbers of elderly citizens.

IV Community Participation

- A. The participatory process by which needs are identified and programs developed to meet them, is diverse and pervasive. In fact, there is no one, single process, but a variety of different processes that depend on the need/program. The critical need for nurse staffing, for example, is self-evident. Developing a program to graduate more nurses was, therefore, a collaborative effort between the hospital and officials at Holyoke Community College. For health fairs and community events designed for the Latino community, community Latino leaders and spokespersons were consulted. As for a pending grant under a DON for augmented community outreach, this was the recommendation of the local CHNA Board. And, of course, the hospital has its Community Accessibility Council.
- B. Identification of Participants. The hospital believes the information supplied in response to A. above is also responsive to this item B. The hospital believes it has an ongoing and cooperative relationship with all key government agencies and their staff, with community leaders, with community organizations, and with all those whose participation is necessary to achieve the results desired by the hospital and by the Office of Attorney General.
- C. Community role. Again, the hospital believes that the replies of A. and B. above, as well as other information provided in previous responses, is also responsive here. Because of cost constraints, the hospital has not published annual reports for a number of years. In this regard, the hospital believes the Attorney General's initiative to place hospital community benefit information on its web site will benefit all concerned—especially the public. It also provides hospitals with an efficient, minimal cost way to disseminate information about itself to the public. And, finally, this approach will provide a reasonable vehicle for members of the public to respond.

V Community Benefits Plan

A. Process: The programs that have been identified as comprising the hospital's community benefits plan were developed with input from many sources as noted above and also with input from the aforementioned Advisory Council. Holyoke and its surrounding communities form a close-knit region which the hospital considers to be its primary service area. As needs are identified for which the hospital believes it can provide services, they become input to the overall strategic planning process and are subject to analysis at a variety of levels. Eventually, they are reviewed during the annual strategic planning retreat and, if feasible and approved, become part of the hospital's two year business plan.

B. In the larger sense, the hospital's target population consists of those living within the eight city/town area the hospital considers to be its primary service area. Since a number of the more extreme demographic and socio-economic factors and their consequential needs relate to Holyoke, however, that city is a major focus of concern. It must be noted, however, that the hospital views all the communities of its primary service area as vitally important as regards its outreach and other service programs.

The first priority for the hospital has been to enhance the accessibility of services through the Community Outreach Department's establishment of interpreter services. This has been extremely well-received by the Latino community, and is a need which is emphasized in the Attorney General's guidelines. Transportation is another highly needed and used service by this population. A third element of the hospital's program is a comprehensive health education and screening program available not just to residents of Holyoke but to the public at large. Held throughout the year, these programs benefit thousands of citizens and cover a wide variety of subjects. In addition, women's and men's health television programs have been produced and aired, and special needs services--such as a continence center--have been developed.

As noted in the past, addressing needs related to other issues such as infant mortality, AIDS, and violence will continue to generate the need for additional resources into the foreseeable future, especially since many of them are affected by broader societal issues such as poverty, unemployment, and educational attainment. As to AIDS, hospital staff have coordinated activities with River Valley Counseling Center, an affiliated corporation, and its AIDS Project.

C. Short term goals for the 2001 period included a major effort to work with the Holyoke Health Center to preserve and expand various services in the center of Holyoke. Targeted diagnostic and treatment programs for specific health problems were also carried out on an ongoing and frequent basis. A grant to the local CHNA, to support a community-based outreach program, was approved by the hospital as part of a DON commitment. That grant has remained on hold, however, pending final action by the DPH. An important goal at the end of the fiscal year, was responding to the "9/11" tragedy and providing the community with education and information about the anthrax scare. As to the hospital's

long-term strategy, maintaining the hospital’s outreach, interpretive services, and transportation programs will likely remain priorities. Another important program is a three-year grant to Holyoke Community College (HCC) to fund additional teaching resources in the college’s nursing program. The nurse shortage is a severe crisis, and the goal of this grant to support the training of additional nurses.

- D. There is no single process for measuring outcomes or effectiveness, since those factors are particular to the type of benefit program targeted. That HCC does actually graduate additional nurses, as compared to the pre-grant period, will be the measure of that program’s success. As to outreach and interpretive services, the hospital maintains statistics which suggest that these programs are both needed and well-accepted by the community. Attendance at health fairs and other community events run by or supported by the hospital is consistently strong, which is a key measure of their success and effectiveness.

- E. The process for determining a budget for a community benefit program is the same as that for other hospital services: the need for the program, as compared to the need for competing programs, and the availability of money to support the program. At a time when all major payors pay hospitals less than the cost of providing services overall, and when the state is further cutting back its commitment to healthcare as well as many other programs, the very survival of many if not a majority of hospitals is at stake—as exemplified by the recent crisis at Deaconess Waltham Hospital.

- F. Updating the Plan: Review, evaluation, and updating are processes that apply to all aspects of the hospital’s business plan, including community benefit objectives that are incorporated within it. Thus, they are integral and ongoing.

VI Progress Report: Activity During Reporting Year

Expenditures: The expenditures chart that appears in the Standardized Summary (Attachment 2) is repeated below

SELECTED COMMUNITY BENEFITS PROGRAMS

PROGRAM OR INITIATIVE	TARGET POPULATION/OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
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Interpretive services	Non-English speakers	N/A	Xenia Rosado-Merced
Transportation	Primary service area	N/A	Xenia Rosado-Merced
Nurse education	Nursing students	Holyoke Community College	Sarah King
Community health education	Primary and secondary service area	Variable	Sharon Casey

COMMUNITY BENEFIT EXPENDITURES (related to the whole report)

TYPE	ESTIMATED TOTAL EXPENDITURES FOR 2001	APPROVED PROGRAM BUDGET FOR 2002*
COMMUNITY BENEFITS PROGRAMS	(1) Direct Expenses - \$420,000 (2) Associated Expenses - \$50,000 (est.) (3) Determination of Need Expenditures (4) Employee Volunteerism - \$50,000 (est.) (5) Other Leveraged Resources	Expected to be comparable to 2001 *Excluding expenditures that cannot be projected at the time of the report
COMMUNITY SERVICE PROGRAMS	(1) Direct Expenses - \$150,000 (2) Associated Expenses - \$50,000 (est.) (3) Determination of Need Expenditures (4) Employee Volunteerism - \$50,000 (est.) (5) Other Leveraged Resources	Same as above
NET CHARITY CARE or UNCOMENSATED CARE POOL CONTRIBUTION	\$1,243,952	
CORPORATE SPONSORSHIPS	Included in above	
	TOTAL \$2,013,952	

HOLYOKE HOSPITAL, INC.:
TOTAL PATIENT CARE-RELATED EXPENSES FOR 2001: \$65,686,496

- B. As noted elsewhere in this report, hospitals throughout the Commonwealth are under extreme financial pressure because of chronic reimbursement shortfalls compounded by recent and pending state budget cuts. Hospitals' continued ability to support community benefits and other programs will be directly dependent on their ability to maintain fiscal stability in these uncertain times. As to the estimated expenditures noted above, the hospital has done its best to reasonably apportion expenses recognizing, however, that certain expenses are impossible to define with precision. For both community benefits and community service programs, for example, it was conservatively estimated that a minimum of 2,000 hours of employee time each at \$25 per hour was involved. We believe that the actual value of time volunteered by all employees, medical staff, and Board members significantly exceeds those figures, but the cost of record keeping and reporting for such activities would be prohibitive. The same may be said for the

value of services provided to the community in terms of free meeting space and other activities.

As regards specific program initiatives, interpretive services and transportation services are offered under the hospital's Community Outreach Department and are budgeted at approximately \$180,000 for FY2001 with a somewhat higher budget for the current 2002 fiscal year. Community education activities are included in the community benefits category and represent an approximately \$100,000 expenditure for 2001. Health fairs, middle school achievement awards, and similar programs were also estimated as an expense of approximately \$100,000.

Under the community service category, an amount of \$200,000 was estimated for 2001 for direct and associated expenses related to community health education, community events, sponsorships, and other activities. Finally, an annual grant amount of up to \$40,000 is being made to Holyoke Community College to cover expenses associated with hiring additional nursing instructors for the college's nurse education program. This figure is included in the direct expenses under the community benefit category.

- C. Not applicable. Applies to HMOs.
- D. Notable challenges: The hospital is confident that its outreach services, as well as its community education services and other activities cited in this report have been of substantial benefit to the community at large and to the economically vulnerable community in particular. The most notable challenge which faces this and probably all hospitals in the Commonwealth is trying to maintain high quality services to the public given inadequate reimbursement by all major payors, and given critical shortages of key staff positions such as nurses.

VII Next Reporting Year

- A, B & C In general, the hospital in FY 2002 is continuing the program initiatives of the prior year at approximately the same expense levels and with similar expectations as to outcomes. As new needs become apparent they will be evaluated in the course of the planning process as described elsewhere in this report. The hospital does expect to receive a grant to promote linguistic and cultural competence for ob/gyn services. This will directly benefit the

Latino population especially and will likely be a "leveraged resource" community benefit for 2002.

VIII Contact Information

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APPENDIX A

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