FULL-TEXT REPORT

WINCHESTER HOSPITAL
WINCHESTER, MASSACHUSETTS
www.winchesterhospital.org

Region Served: Northwest
Report for Fiscal Year 2012

I. Winchester Hospital Community Benefit Mission Statement

Winchester Hospital is committed to benefiting all of the communities we serve by collaborating with community partners to identify health needs, improve the health status of community residents, address health disparities, and educate community members about prevention and self-care.

(Approved by the Winchester Hospital Board of Directors, June 23, 2009)

A. Summary

Winchester Hospital's Community Benefit Plan is based on the results of the community assessment synthesized with the resources of the hospital to develop a plan that meets the Massachusetts statewide health priorities. The plan focuses on secondary and tertiary prevention of significant chronic diseases in identified populations as well as promoting wellness in vulnerable populations. New programs are developed to meet unmet health needs of our population.

In reviewing the demographic data on the six towns in the PSA that are most dependent on Winchester Hospital for the years 2008 – 2013, the 0 – 14 year old age group remains the largest age cohort; the 35 – 44 year old age group is expected to decline; and the 55+ age group is projected to increase. The female population in the 55+ age group is also projected to increase. In addition, the fastest growing ethnic group in Winchester Hospital's service area is the Asian population. Health indicators show that higher than state rates of total cancer deaths are found in three of our targeted towns. Four of our targeted towns have higher than state rates of breast cancer deaths. A higher than state rate of cardiovascular disease deaths is found in three of our targeted towns. Hospital discharges for asthma, angina, and bacterial pneumonia are above the state rate in five of our targeted towns. As a result, Winchester Hospital's community benefit programming targets the noted populations and these chronic diseases.

Community benefit programs targeted at the older population include:

(1.) Osteoporosis Early Detection and Prevention Screening Program

Osteoporosis, a disease characterized by low bone mass and deterioration in the

microachitecture of bone which leads to an increased risk of fracture, has been declared a public health emergency by the Massachusetts Department of Public Health. The risk of sustaining a fracture increases exponentially with age due, not only to the decrease in bone mineral density, but also due to the increased rate of falls among the elderly. Thus as life expectancy increases, the financial and human costs associated with osteoporotic fractures will increase dramatically unless preventative action is taken (National Osteoporosis Foundation, 2011). This program helps identify women and men at risk in the community who may not know they have decreased bone mass and can educate them on changes that can be made to improve it.

(2.) Readmission Prevention Program

Heart Failure, Pneumonia, Myocardial Infarction (MI) and Chronic Obstructive Pulmonary Disease (COPD) are chronic, progressive conditions. Care is often fragmented for this population. Patients who are discharged with these diagnoses are enrolled in a readmission prevention program with the goal to improve the patient's quality of life and to make sure they have the care and treatment they need. The readmission team is able to intervene with medication self-management, follow-up physician appointments, communication with other members of the care team, and other resources. These nurses also start the conversation regarding end of life and palliative care when appropriate.

(3). Anticoagulation Clinic

Anticoagulation, or anti-thrombotic therapy, is a complex and labor-intensive intervention for which success depends upon correct dosing decisions, close attention to many details, and good communication among all involved. Optimal anticoagulation management occurs when a systematic and coordinated process is used that includes dedicated management by a qualified healthcare professional that ensures reliable patient scheduling and tracking; accessible, accurate, and frequent Prothrombin Times (PT)/Independent Normalized Ratio (INR) testing; patient-specific decision support and interaction; and ongoing patient education (Safe Practices for Better Healthcare: A Consensus Report, The National Quality Forum, 2003). Winchester Hospital has established this model in its Anticoagulation Clinic.

(4.) "Aging on Your Own Terms" Senior Outreach Initiative

This program provides a multi-faceted approach designed to provide a wide range of programs that meet the social and educational needs of seniors.

(5.) Free Home Blood Draw Program

This program provides free home blood draws to any homebound resident who is unable to get to a blood drawing station. This service also provides a form of social interaction for these residents who can be socially isolated.

(6.) Family Caregiver Program

This 6-session program provides education to family members or friends caring for someone age 60 and older living in their home.

7. ***Cancer Screenings***

This program provides screenings for colo-rectal, oral, head and neck, and skin cancer. Checking for cancer (or for conditions that may lead to cancer) in people who have no symptoms is called **screening**. Screening individuals can help physicians find and treat some types of cancer early. Generally, cancer treatment is more effective when the disease is detected early. (National Cancer Institute, retrieved 2/2012)

(8.) Community Blood Pressure Program - Control Yourself! A Solution to Hypertension

Hypertension is a major and modifiable risk factor for cardiovascular disease. Hypertension remains a public health problem affecting approximately 65 million individuals in the US and approximately 1 billion individuals worldwide as well as contributing to excess morbidity, mortality, and indirect and direct healthcare cost (Chobanian, et al 2003)(DeSimone & Crowe, 2009). Despite the rising prevalence of hypertension, the subsequent increase in many hypertension-related diseases, and the availability of respected evidence-based guidelines for effective pharmacologic and non-pharmacologic treatments, only a third of all hypertensive patients in the US have their BP under effective control (Bosworth et al, 2008). Nurse-led hypertension clinics have shown significant success, not only in providing better cardiac care, but also in reducing cardiac morbidity and mortality. Patients with hypertension who receive self-management education are less likely to be hospitalized and have fewer visits to the emergency department. In addition they have fewer unscheduled medical visits and fewer days missed from work. Blood pressure reductions are greater when self-management education includes a written action plan, self-monitoring, and regular review (DeSimone & Crowe, 2009). Winchester Hospital has developed a 7-week nurse-led community blood pressure education program based on the modifiable aspects of hypertension.

Community Benefit Programs targeted at the younger population include:

1. ***Community and Hospital Asthma Management Program (CHAMP)***

Pediatric asthma, a largely manageable and chronic disease, is the most prevalent chronic illness of childhood. Having asthma adds about 50 cents to every health care dollar spent on children with asthma compared to children without asthma. Those most at risk - low income, medically underserved, and African-American and Hispanic children – have the least access to preventive care and the most visits to the ER.

2. ***School Nurse Education and Support***

Winchester Hospital is targeting school nurses in its community benefit programming because the nurses take care of the youngest members of our communities.

Community Benefit programming addressing vulnerable population and health care disparities:

(1.) The Council of Social Concern, Woburn
This initiative is directed at providing identified programming to support the community members who rely on the Council.

2. ***The Winchester Multicultural Network***
This initiative is directed at collaborating with this organization on programming that relates to health disparities and cultural diversity

II. Internal Oversight and Management of Community Benefits Program

A. Management Structure

Winchester Hospital's senior management is involved in the planning and execution of the Community Benefit Program. The Vice President of Planning, Business Development and Communications meets with the Director and Associate Director of the Community Health Institute, the Community Benefit
Specialist and the Director of Communications and Public Affairs periodically throughout the year to plan and discuss current and upcoming programming to meet the guidelines stated by the Office of the Massachusetts Attorney General. In addition, this leadership group meets with the Community Benefit Program Advisory Board two times a year. The board is comprised of intergenerational community members from the communities served by Winchester Hospital and provides input on the community benefit programs. The vice president reports to the president and CEO of the hospital and presents the annual report to the Winchester Hospital Board of Directors prior to its submission.

B. Method of Sharing Information with Staff

The community benefits mission/programs are published on the hospital's website, as well as shared with staff at all levels through hospital staff newsletters, electronic mail and at staff and board meetings. All employees are encouraged to participate in program opportunities for the community, whether in a volunteer capacity or as an actual participant.

III. Community Health Needs Assessment

The Center for Health Living and the Department of Business Development and Marketing collaborated on the community needs assessment.

The purpose of the Winchester Hospital Community Health Needs Assessment (WHCHNA) is to inform and guide the hospital's selection of and commitment to

program and service initiatives that address the health and social needs of the communities it serves. The WHCHNA is undertaken every 3 years and includes the following scope of activity:

- Research the changing demographics of the cities and towns that comprise the hospital's service area, based on available secondary data sources.
- Study preliminary demographic findings, especially with regard to defined statewide health priorities
    - Supporting health care reform
    - Chronic disease management in disadvantage population
    - Reducing health disparities
    - Promoting the wellness of vulnerable populations
- Identify potential population groups, risk factors and causes of ill health that may be the target of program and service initiatives; pursue primary data sources to validate and refine preliminary findings
- Communicate with community leaders and other agencies to pursue primary data sources to validate and refine preliminary findings
- Collaborate with community leaders and other agencies to identify opportunities for partnership in meeting health needs and improving health status
- Recommend specific program and service initiatives for budget approval
- Establish metrics to measure program efforts and outcomes
- Ensure compliance with state and federal requirements for community benefit programming by the hospital

The specific methodology was to:

- Focus the analysis on the six towns in the PSA that are most dependent of Winchester Hospital
    - Woburn
    - Wilmington
    - Reading
    - Winchester
    - Stoneham
    - North Reading
- Review and analyze demographic data using 2009 and projected 2014 data on race, age, gender and income
- Research available secondary source data (Mass CHIP) reports to determine health status of the population
- Solicit and review available primary source data, generated through face-to-face interviews, to validate findings of unmet health needs that can drive effective community benefit program development
- Identify community program initiatives based on population needs and barriers to care

The Community Benefit Advisory Board added new members from unrepresented towns in Winchester Hospital's geographic area to provide additional community needs information. All of the noted sources were utilized to establish the community benefit

programs for the 2012/2013 fiscal year.

IV. Community Participation

A. Identification of Community Participants

Community participants included: (1.) seniors involved in the Outpatient Heart Failure Program, Senior Outreach Initiative, Anticoagulation Clinic, Family Caregiver Program, cancer screenings and Free Home Blood Draw Program; (2.) adults age 20 and older interested in their bone health and Family Caregiver Program; (3.) school-age youth and their parents/guardians who are involved in the Pediatric Asthma Program; (4.) school nurses who benefit from education to improve the care they provide to vulnerable children; (5.) staff and participants of the Council of Social Concern and (6.) community residents with a blood pressure higher than 120/80 who are interested in modifying their lifestyle to reduce their blood pressure.

B. Community Role in Development, Implementation and Review of Community Benefits Plan and Annual Reports

The Community Benefit Advisory Board provides input into the community benefit programming. Evaluations and comments from participants involved in the various programs are incorporated into the programs as appropriate. The hospital Board of Directors approves the annual report.

V. Community Benefits Plan

A. Process of Development of the Plan

The data collected from the community assessment was reviewed for the size and severity of any problems identified its relative risk, and the capacity for the hospital to impact the problem. From the assessment data, a community benefit plan was developed to meet the identified needs. This plan was then reviewed and approved by the Community Benefit Advisory Board.

B. Choice of Target Population

Based on the community assessment data, the community benefits plan targets the age groups of 0 – 14 years and those 55+. Women 55+ are also a target as well as the Asian population.

Our collaboration and programming with the Council of Social Concern was spurred on by 2008 data from the Massachusetts Health Council. The obesity trend in the commonwealth is decidedly upward. In 2007, nearly 60% of Massachusetts adults and 34% of children and adolescents were classified as either overweight or obese. In addition, this data source noted that people who live in poverty are exposed to multiple factors that attribute to poor health, such as sedentary lifestyle and unhealthy eating habits.

Our collaboration with the Winchester Multicultural Network addressed needs of a culturally diverse population as well as health care disparities.

C. Short-Term (1 year) and Long-Term (3 – 5 years) Strategies and Goals

We have completed the community assessment data gathering and analysis work and identified our Community Benefit Programs for FY 2013. As this is an ongoing effort, we will continue our assessment and programming efforts throughout the coming years. We will continue to analyze secondary data sources and meet with community leaders, community advisory groups and key legislative and organizational leaders to promote open discussion about community needs and how Winchester Hospital can assist in meeting these needs. Evaluations and comments from existing programs will continue to be examined. We will continue to refine our programmatic recommendations annually based on changing needs and program outcomes.

D. Process for Measuring Outcomes

Each program will designate measurable outcomes based on the focus of the program.

E. Process and Consideration for Determining a Budget

Appropriate staff, supplies and equipment were identified to run the programs. This budget was approved by senior management.

F. Process for Reviewing, Evaluation and Updating the Plan

The noted community benefit programs are reviewed and evaluated annually and updated as appropriate.

VI. Progress Report

A. Community Benefit Programs

Osteoporosis Early Detection and Prevention Program

Osteoporosis, a preventable health disease, has been declared a public health emergency by the Massachusetts Department of Public Health. It occurs most frequently in the population aged 50 and above, but is also found in younger people. The Osteoporosis Prevention and Early Detection Program focuses on the early detection of this disease through public screenings. Those participants testing positive for either osteopenia or osteoporosis are given a letter with their results attached which they are to give to their health care provider for follow-up. Because the testing machine can screen both men and women 20 and older, a younger population is also being screened as well as the traditional older population.

A master's degree-prepared registered nurse and a clinical coordinator provide this program. Screenings are held in a variety of venues in the communities that Winchester Hospital serves. Some examples are senior centers, schools, organizations, gyms, pharmacies, physician offices and local YMCAs. Participants voluntarily participate in the screenings due to an interest in their bone health. The screening protocol takes

approximately eight minutes.

There are three major components to this program:

- A screening through the use of the Achilles Express ultrasound bone density machine
- Assessment of personal risk factors
- Provision of education based on the screening results and personal risk factors

If the participant has a reading that falls into the osteopenia or osteoporosis range, a letter with a copy of the result is sent to their health care provider. In the counseling session with the nurse, the participant learns the meaning of their screening result, is provided an individual assessment of their calcium and vitamin D intake, as well as understanding any other individual bone loss risk factors.

Long-Term Goal and Outcomes:

To provide community screening, risk assessment and education on osteoporosis to women and men

The following information is an overview of the year's activities for the program:

Screening sites: 23
Participants: 352
Results:
Osteopenia 113 (32%)
Osteoporosis 23 (7%)

Of the 352 participants screened, 60 were men.

Male Participants: 60
Results:
Osteopenia 8 (13%)
Osteoporosis 0 (0%)

Since the inception of the Osteoporosis Early Detection and Prevention Program, 7,974 participants have been screened.

Short-Term Goals and Outcomes:

(a.) To target one minority population to screen. Screen site: Lawrence, MA Senior Center 10/25/11. The population at the Lawrence Senior Center was made up of Native speaking Hispanic and Chinese participants. An interpreter was hired by the senior center to provide translation services.

Screening Results:

Participants: 23
Female = 17 participants **Male = 6 participants**

Normal = 11	Normal = 3
Osteopenia = 4	Osteopenia = 3
Osteoporosis = 2	Osteoporosis = 0

Pediatric Asthma Program

Asthma is a chronic inflammatory disease of the airways which can be life-threatening if not properly managed. According to the American Lung Association, approximately 34.1 million Americans have been diagnosed with asthma by a health professional during their lifetime. An estimated 300 million people worldwide suffer from asthma, with 250,000 annual deaths attributed to the disease. Asthma rates in children under the age of 5 have increased more than 160% from 1980 – 1994. The annual economic cost of asthma is $19.7 billion. Direct costs make up $14.7 billion of that total, and indirect costs such as lost productivity add another $5 billion. Despite these sobering statistics, asthma has been indicated as one of the most common causes of preventable hospitalizations.

The Community and Hospital Asthma Management Program (CHAMP) goals are to:

- Raise awareness among patients, health care professionals and the public that asthma is a serious life-threatening, chronic disease
- Ensure the recognition of asthma symptoms by patients, families and the public
- Ensure the effective control of asthma by encouraging a partnership among patients and family, physicians and other health professionals through evidence-based treatment and education programs
- Reduce Emergency Department visits for those with asthma symptoms
- Reduce hospital admissions for pediatric asthma

CHAMP is designed to involve a community of people to help children with asthma and their caregivers manage asthma more effectively. This community includes appropriate Winchester Hospital personnel, the child's pediatrician and/or primary care physician, school nurse/child care facility personnel, classroom teachers and anyone else who may be in a position to advise the child and the child's parents about his/her asthma management (scout leaders, athletic coaches, music coaches, etc.).

The program consists of up to three home or office visits during which an asthma nurse educator teaches the child and/or caregiver about asthma medications, evaluates medication device techniques, reviews warning signs and symptoms of asthma, performs a home environment evaluation for triggers and develops an Asthma Action Plan. Each child receives an individualized Asthma Notebook, which contains educational information, as well as a peak flow meter, spacer or chamber to use with their inhaled medication, plus nebulizer tubing if needed. The child is encouraged to bring the Asthma Notebook (containing peak flow diaries, their Asthma Action Plan and the most current list of their asthma medications) to the doctor's office, hospital or school nurse if they have any questions about asthma.

Beyond the home/office visits, the nurse personally files the completed Asthma Action Plan with the school nurse/child care provider. The nurse also visits the classroom, when permitted, to instruct the classroom teacher about the child's triggers, warning signs and symptoms of asthma and perform a classroom environmental evaluation for triggers. Other appropriate school personnel and community members are also visited to be made aware of the child's needs.

Long-Term Program Goal and Outcomes:
There were a total of 150 participants in the program this fiscal year.

The outcomes of the CHAMP Program are:

Decreased Emergency Department (ED) visits

- 4 children (2.6%) were seen in the Emergency Department.

Decreased hospital admissions

- 3 children (2%) were admitted to the hospital.

117 visits to homes, schools, pre-schools, childcare facilities and camps

75 Asthma Action Plans (AAP) filed

The CHAMP initiative continues to provide each school nurse who has a CHAMP participant in school with both low- and full-range peak flow meters. In addition, all school nurses were given a packet of asthma information that included:

Educational handouts on a variety of asthma devices and treatments
General peak flow ranges for children
Respiratory inhaler chart and asthma textbook
Hypnotherapy, smoking cessation, fitness and other program information offered by Winchester Hospital's Center for Healthy Living
Asthma and Allergy Foundation of America (AAFA) support group flyer and other free resource information

Short-Term Program Goal and Outcomes:
To complete peak flow meter education to current CHAMP participant's ages 5 – 7 years and to initiate this education to middle school participants.

Results:

- 8 additional peak flow instruction home visits were conducted for CHAMP participant's ages 5 – 7 years with 25% responding by tracking peak flow as requested.
- 4 home visits were also conducted to middle school age participants for re-assessment of device and peak flow use with 50% responding by tracking peak flow as requested.

While the use of a peak flow meter is recommended by current asthma guidelines as an additional tool to evaluate asthma control, it is not unanimously supported as a definitive

method of asthma assessment. The CHAMP initiative will continue to offer peak flow education in addition to stressing the importance of symptom recognition and treatment.

Readmission Prevention Nursing Team

The goal of the prevention team is to prevent patients from being readmitted within 31 days of discharge from the hospital. The focus on patients with a primary or secondary diagnosis of:

- Pneumonia (PN)
- Heart Failure (HF)
- Acute Myocardial Infarction (MI)
- Chronic Obstructive Pulmonary Disease (COPD)

The Readmission Prevention Team:

- reviews daily discharges
- creates charts
- uses a customized Meditech program
- initiates patient calls
- reviews daily readmission report
- collects and analyzes data

Patients discharged home without Winchester Hospital Home Care are eligible for enrollment. Before the patient is called the nurse identifies the patient's:

- Disposition (home care, skilled nursing facility, home without services)
- Medication list for reconciliation
- Admission and discharge date
- Other information (key learner, medical history, teach-back success, discharge instructions such as labs and appointments)

The following process is used when calling the patient:

- Identify who and why calling
- Use assessment tool
- Conduct medication reconciliation
- Initiate medication/dietary/activity, etc.
- Determine when follow-up MD appointment is scheduled
- Assess the need for home care services
- Document the call

All-cause readmissions are assessed daily and are evaluated for preventability.

Long –Term Program Goal and Outcomes:

Reduce the readmission rate by 5% for any patient discharged from Winchester Hospital with a diagnosis of pneumonia, heart failure, myocardial infarction and chronic obstructive pulmonary disease to any of the following: SNF, home after home care, or home w/o WH homecare and who is readmitted for any reason within 31 days.

Short –Term Program Goal and Outcome:
To focus on evaluating the cause for patients readmission to identify which causes are preventable and which are not preventable.

Major readmission causes identified thus far:

- Shortness of breath
- Chest pain
- Non-compliance
- Gastro-intestinal problems
- Falls

Senior Outreach Initiative "Aging on Your Own Terms"
The "Aging on Your Own Terms" Senior Outreach Initiative provides a multi-faceted series designed to provide a wide range of social programs and educational services to seniors throughout the communities served by Winchester Hospital. The goal of the program is to work collaboratively with area organizations in order to offer a variety of programs and services that meet the needs of area seniors at no cost to the attendee. Events are held at various community locations (usually where public transportation is available) and each event is coordinated in a manner that allows for attendees to participate at various levels.

Long-Term Program Goal and Outcomes:
To work collaboratively with area organizations to offer a variety of free social events and services that meets the needs of area seniors.

Program Highlights:

- In FY12, events reached approximately 1,800 seniors from Winchester Hospital's primary and secondary service areas. The events included three educational programs and six social events. Education programs included:
  - Understanding COPD
  - Controlling Your Blood Pressure
  - Coping with Chronic Wounds

- The average Senior Outreach Initiative participant is 77 years old.

- The leading towns for participation in FY11 were:
  Woburn (24%) Medford (17%) Winchester (20%) Burlington (10%)
  Reading (8%) Stoneham (7%) Other (9%) Wilmington (5%)

Short-Term Program Goal and Outcome:
To plan the year's programming with consideration of suggestions from program evaluations, feedback from COA contacts, and Hospital success factors.

The Senior Outreach Initiative education programs in FY11 were developed based on suggestions from participants (indicated on program evaluations), feedback on seniors'

unmet needs given by local COA directors and consideration of the hospital's critical success factors.

Home Blood Draw Program

The Winchester Hospital laboratory provides free phlebotomy services to ANY community resident who is unable to get to the laboratory. In addition to the convenience of the blood draw, the participant experiences a social opportunity. There is no additional charge to the patient for this service.

Long-Term Program Goal and Outcome:

To provide community blood draws for participants who are unable to come to a lab draw station

Participants: 10,361 for a total of $133,832 spent.

Anticoagulation Clinic

This clinic completed its second year of operations. The clinic is staffed by a nurse practitioner and nurse who hold a certificate in anticoagulation management and an administrative assistant. The clinic added 12 hours per week for an RN clinician to keep up with the increase patient load.

Long-Term Program Goal:

To provide safe management of anticoagulation in the community setting

Short-Term Program Goal:

To educate on consistent vitamin K intake.

Outcomes:

Participants: 310 participants are currently enrolled servicing over 45 different doctors. The clinic tests 650 INRs per month. Major bleeding and thromboembolic events requiring hospitalization are better than the national benchmark. INRs below 5.0 are better than the national benchmark. None with bleeding complications and all were managed without ED or hospital care.

Community Blood Pressure Program (Control Yourself! A Solution to Hypertension)

Winchester Hospital conducted a community assessment in FY 2011. One of the outstanding findings was around cardiovascular disease. Hypertension is noted as a modifiable risk factor and research has shown that nurse-led programs can reduce morbidity and mortality around this process.

A 7-week program was developed and called ***Control Yourself! A Solution to Hypertension***. Because change is a vital behavior in dealing with modifiable risk factors, the first class had content around a change theory that the hospital is currently using. The program is based on the participant committing to lifestyle change with weekly discussion being a strong component of the program. Weekly curriculum plans

are included.

Long-Term Program Goal
To provide community education on the modifiable risk factors for hypertension based on change theory.
Short-Term Program Goal
Schedule at least 8 programs

Ten programs were run in FY 2012. Sites included 3 different senior centers, Winchester Hospitals Cardio Pulmonary Program and a few public sites. A total of 77 individuals participated.

Family Caregiver Program
The six-week Family Caregiver Program provides the skills and knowledge to give safe care to loved ones aged 60 and older in their home setting. Topics that are covered include bathing, grooming, nutrition and caregiver stress management. Respite care and transportation are available.

Short-Term Program Goal:
To run this program two times in FY2012

Outcomes:
The Family Caregiver Program was to run two times in FY 2012. One program was scheduled to begin January 10-26, 2012. Marketing materials were sent to all of the previous sites such as senor centers, physician offices and press releases. Unfortunately, there were no individuals who responded. The first program was cancelled. The second program was scheduled to start on March 6, 2012 and run through March 22, 2012. An emphasis was placed on marketing with four individuals registering for the class. As the start date approached, the four participants were called to remind them of class. Three of the participants stated they would be unable to attend. A decision was made to run the class with one person because she had a great need and the grant money had to be spent. The participant was very appreciative. She stated she learned some excellent helpful hints and brought her family member to A Matter of Balance, another program offered.

Council of Social Concern, Woburn
The collaboration between Winchester Hospital and the Council of Social Concern in Woburn revolves around the statewide health priority of promoting wellness of vulnerable populations. The long-term goal for this collaboration is to provide identified programming to support the community members who rely on the Council of Social Concern, a charitable, community-based agency responding to the basic needs of people of all ages, providing early childhood education and care, helping individuals develop their potential, creating positive family and community relationships and fostering respect for diversity. Their core values are:

- Serving those in need

- Respect and dignity
- Integrity
- Quality
- Recognizing and developing potential
- Diversity and sensitivity

Their services are:

- Childcare options
- Food assistance
- Information and referrals
- Family skill building services

Long-Term Goals:
To provide identified programming.

Short-Term Goals and Outcomes:
(1)To provide recipes/education on cooking and sodium awareness

Outcome*:* The following material was presented to the food bank:

- Easy Ways to Lower Salt and Calories
- Reducing Sodium in Canned Foods
- A Healthy Lifestyle Can Control High Blood Pressure
- Make Better Choices to Lower Salt
- Dash-Not a Diet, a Way of Life
- 20 Ways to Lower Sodium
- Scratch Cooking Lowers Sodium Intake
- New Dietary Guidelines Limit Sodium to 1500mg
- Holiday Vegetables

(2) To conduct a food drive for the food pantry

Outcome*:*
$9,880 worth of food was donated by Winchester Hospital.

School Nurse Education & Support

School nurses have been front line collaborators with our Pediatric Asthma Program. A growing partnership has developed with the school nurses as they care for our youngest community members. The two state health care priorities that are being addressed in this collaboration are promoting wellness of vulnerable populations and chronic disease management. The plan on meeting this need is to present a high-quality education event that addresses a topic defined by the school nurses and that provides continuing education units.

Short-Term Goals and Outcomes:
To provide education on the requested topic smokeless tobacco. A speaker was not located who had expertise on this topic even thought many sources were explored such

as Children's Hospital Community Educators Program as well as local community resources: This goal was not met.

Winchester Multicultural Network

A new collaboration between Winchester Hospital and the Winchester Multicultural Network began this year. The basis of the collaboration is on the statewide health priorities of promoting wellness of vulnerable populations.

Short-Term Goals: To collaborate on a health disparities workshop.

Originally, a meeting space was offered by the hospital for this workshop. The planning committee chose to use Winchester Town Hall because of the larger meeting space. The Winchester Multicultural Network, in collaboration with Winchester Hospital hosted "Winchester in Transition" (WIT) on Saturday February 11, 2012 from 9am-3pm. A representative from Winchester Hospital attended. The overall attendance was approximately 100 participants.

Weigh Your Options (Pediatric Obesity Program)

This 6 week program is directed at children 8-11 years of age and provides education to both the child and parent/guardian on nutrition and exercise in order to combat the pediatric obesity epidemic.

Short-Term Goal: To provide this 6 week program 2 times this year.

Weigh Your Options was offered two times in FY 2012. The first program ran for 6 weeks from Oct-Dec 2011 with nine children participating (3 boys and 6 girls). The second class ran from April – May 2012 with 11 children participating (2 boys and 7 girls).

Youth Substance Abuse

Short- Term Goal: To provide an educational program to high school students on the hazards of drug use.

On April 12, 2012, an educational program on the Hazards of Drug Use was presented to the DARE group of Wilmington High School. Approximately 20 students attended. A nurse from Winchester Hospital's emergency room developed and presented an educational well-received power point. The nurse also included a guest speaker who lost her daughter to drugs. The teacher involved felt that the presentation was very meaningful and asked if the nurse would be willing to present the material again.

MA Department of Developmental Disabilities

Diabetes Education

First Short –Term goal: To provide diabetes education to the nurses who supervise group homes

Outcome: Diane Doucette, RN, DNE presented a "Diabetes Update" on May 24,

2012 to approximately 40 nurses who supervise group homes under the auspices of the MA Department of Developmental Disabilities in Wakefield.

Healthy Eating for a Low-Income Budget
Second Short-Term goal: To provide education on healthy eating on a budget to the staff of group homes who purchase the food

Outcome: A convenient time for the presentation was being negotiated when the coordinator of this activity left the agency. We were asked to cancel this activity.

A Matter pf Balance
This 8 week program, run in collaboration with Minuteman Senior Service, provides education to seniors on maintaining balance and how to prevent falls

Short-Term Goal: To provide this 8 week program two times in the year.

A program was scheduled in the fall. The response to the marketing was so successful that an additional class was added at the Minuteman Senior Service agency. The second class was held in early March and 14 participants were confirmed.

Community Service Programs

Winchester Mount Vernon House Grant
The Winchester Mount Vernon House, a residential home for seniors, has given Winchester Hospital a grant to provide acupuncture, hypnotherapy, massage therapy and chiropractic care to the residents of the Winchester Mount Vernon House and residents of Winchester over age 68. There is a co-payment for the residents of Winchester. There are 16 residents receiving therapy at the Winchester Mount Vernon House. The massage therapist and acupuncturist continue to provide treatments to the residents at the home.

Outpatient Lactation Counseling
The Outpatient Lactation Center offers breastfeeding support and education to all breastfeeding mothers and babies in the community. This service is provided by a registered nurse who is an internationally board certified lactation consultant (IBCLC). Patients are referred to the lactation consultant by hospital staff, pediatricians, obstetricians, Boston hospitals, other breastfeeding clients and through telephone triage. Although many insurances cover this service, the reimbursement to the hospital does not cover the total cost provided.

The Nursing Mothers' Group
The Nursing Mothers' Group is part of the Outpatient Lactation Center services. It is a free weekly, walk-in breastfeeding support group where mothers and babies can come together and receive support of the other breastfeeding mothers and have general breastfeeding questions answered by the lactation consultant. Through this support group, we have seen many mothers and babies who are breastfeeding for at least one

year. There are on average 15 mother-baby couplets per week.

Diabetes Counseling and Support Groups

Winchester Hospital's Diabetes Program is formally recognized by the American Diabetes Association. The Association's Education Recognition Certificate ensures that education programs meet the National Standards for Diabetes Self-Management Education Programs. Patients with diabetes receive individual education and consultation from the certified diabetes nurse educator and a registered dietician. Patients with Type 1, Type 2 and gestational diabetes are seen at the center, with most patients 18 years of age and older. Patients learn self-management skills that include blood glucose monitoring, continuous glucose monitoring, medication management, insulin administration, insulin pump therapy, personal exercise program and meal planning. With proper knowledge and support, people with diabetes can improve their glycemic control and reduce the risk of complications. Although there is a charge for this education, it does not cover the cost of providing it.

Two monthly diabetes support groups are offered at different sites with a yearly attendance of approximately 200 participants. One group is the Senior Support Group that meets in a local senior center monthly on the fourth Thursday; and the other group, Insulin Pumpers, meets every second Saturday with an average attendance of 20 – 30 participants. These groups were created to provide a place for people to meet others who are living with or may have a friend or family member who is living with diabetes. Handouts are provided, and sometimes there are speakers who provide the latest information on diet, drugs or equipment.

Town of Winchester Worksite Wellness Program

Winchester Hospital has had a relationship with the town of Winchester since 1995, when the Worksite Wellness program was initiated. Since then, Worksite Wellness has consistently exceeded participation goals and expectations for identifying and reducing health risks.

In response to the changing work environment and various organizational changes, the overall goal for Worksite Wellness is to influence positive change on health-related behaviors by focusing on programs that can improve employee morale, productivity and motivation while enhancing relationships between co-workers. In order to accomplish this, the program model includes physical and social activities.

The program goals are to:

- Continue to engage employees who in the past have attended program activities
- Attract employees who have not previously participated in the program
- Provide activities that have been well received in the past
- Consider activities that the Advisory Board recommends for the new year

Activity and Event Outcomes for Worksite Wellness:

Group Exercise Classes

- Two Tai Chi classes were held right after school for teachers, at the Lincoln School on Mondays. There was a total of 15 participants.
- Two strength training classes held two times a week from 4:00 – 5:00 PM were provided at the Town Hall with a total of 41 participants.

Osteoporosis Screening

The screenings were held at:

- Vinson-Owen School
- McCall Middle School
- The Lincoln School

Ergonomic Work Station Demonstration

This training took place at the High School for the administrative staff. A total of 8 staff members attended.

New England School of Acupuncture

The New England School of Acupuncture continues to conduct clinical training at Winchester Hospital. Students see patients one day a week. The students are supervised by their school instructor. On average, 20 patients are seen weekly. The program uses four examination rooms and conference room space. Linen services, maintenance of site, supplies and scheduling are all free of charge to the program. This has been a very successful program in helping those with chronic pain problems who would otherwise be unable to pay for these services. The space, utilities, supplies, staff, management and advertising are provided by the hospital.

Oncology Support Groups and Activities

Winchester Hospital recognizes the impact that a cancer diagnosis has on a patient and the entire family unit. One member receives the diagnosis, but the whole family feels the impact of this disease. To address these concerns, Winchester Hospital has a vibrant support system for our patients and family members.
The following groups were created for participants with cancer. In addition, an annual cancer survivor celebration is held each June.

(1.) Breast Cancer Support Group

A support group for those newly diagnosed with breast cancer is offered three times a year. This is a seven-week program. Sessions are comprised of group support and an educational component. Educational topics include nutrition, fitness, family night, complementary therapies and make-up for those going through treatments which have caused hair loss and changes in self-image. A social worker and a registered nurse from the Winchester Hospital Breast Care Center facilitate this group. There were 22 encounters with participants.

(2.) Breast Cancer Survivor Support Group

A follow-up program for breast cancer survivors is offered five times a year. This

group offers continued support and education on cancer survivorship issues for breast cancer survivors. This program has also offered three retreats for survivors. The group facilitator is a social worker and a registered nurse from the Winchester Hospital Breast Care Center. There were 160 encounters with participants.

(3.) General Cancer Support Group
This is a support group for cancer patients with any type of cancer and their family members. This group, which meets twice a month, is facilitated by a social worker. There were 243 encounters with participants.

(4). Prostate Cancer Support Group
This group is offered for prostate cancer patients and their family members. It meets monthly and is facilitated by a prostate cancer survivor. There were 100 encounters with participants.

(5.) Look Good, Feel Better Program
This educational program, which is sponsored by the American Cancer Society, is offered four times a year offering women information on cosmetics, scarves and wigs so they can look their best through their cancer treatment experience. There were 42 encounters with participants.

6.) Winchester Hospital Annual National Cancer Survivors Day Celebration
This annual event is held at a local hotel, with approximately 200 in attendance which include over 150 cancer survivors, family, friends, physicians and healthcare providers. Ice Cream is donated by a local merchant and entertainment is provided by hospital physicians and staff. Planning begins early each year for this June event and the committee consists of representation from the Breast Care Center, Center for Cancer Care, Radiation Oncology, inpatient oncology nursing unit, Center for Healthy Living, a breast cancer survivor, several nurses and an oncology/breast care center social worker.

(7.) Oncology Social Worker Short-Term Counseling
The oncology social worker provides short-term counseling to patients as they transition into a more permanent counseling situation. In FY 2012, 18.0 hours of counseling were provided.

The "Read to Me" Program
The "Read to Me" Program was established 16 years ago (1997) by the Friends of Winchester Hospital. The program is based on the research of Jim Trelease, reading specialist, and promotes the concept that listening comprehension comes before reading comprehension. Because of this, it is very important to start reading to children from birth on so that they hear the language in an organized way. Studies have shown that children who are read to early on become better readers, and as better readers, they become better students and typically feel better about themselves. This information is

presented in each childbirth class and then is followed up by presenting each infant born at Winchester Hospital with a new book. This year, *A Pocket for Corduroy* by Don Freeman was given. Since the inception of the program, more than 38,000 books have been given.

Magnet Hospital Mentoring

In November of 2003, Winchester Hospital became the first community hospital in Massachusetts to be granted Magnet® status. In June 2008, the hospital received Magnet re-designation, and in January 2013 Winchester Hospital was designated for a third time as a Magnet organization. This status was earned through the Magnet Recognition Program® which is sponsored by the American Nurses Credentialing Center (ANCC), the nation's largest and foremost nursing accrediting and credentialing organization. Magnet hospitals must meet stringent quantitative and qualitative standards that define the highest quality of nursing practice and patient care. Once a hospital achieves this status, mentoring other hospitals in their quest for Magnet status is an expectation. We are happy to share information with any organization aspiring to become Magnet recognized, and have done so in the past with Lowell General Hospital, Lowell, Mass, South Shore Hospital, Weymouth, Mass. Lahey Clinic, Burlington, Mass. And North Shore Hospital, Salem, MA and Exeter Hospital, Exeter, N.H.

Health Professions Education

Winchester Hospital provides mentoring of professional students in the health field. This year, the appropriate hospital staff worked with students from Simmons, Regis, Rivier University, U-Mass Boston, Sacred Heart University, Northeastern University, U-Mass Lowell, Emmanuel College, U-Mass Dartmouth, and Framingham State College. Fifteen students were precepted for fall 2012, which accounted for 2,266 nursing preceptor hours. Fourteen students were precepted for spring 2012, which accounted for 1,525 nursing preceptor hours.

A Caring Place

Winchester Hospital opened a boutique for cancer patients several years ago, offering one-stop shopping for resources needed for those undergoing treatment for cancer or for those who are suffering from hair loss due to other medical conditions. A Caring Place is Board Certified of Orthotics. We offer mastectomy bras, post-surgical camisoles, prosthetics, compression sleeves, wigs and head coverings. We also carry personal health and beauty products specifically formulated for those undergoing treatment. Our shop has a small range of comfort and gift items. The professionally trained staff includes a certified mastectomy fitter and a licensed cosmetologist/wig consultant who are available to help select the best products to meet individual needs.

We carry post-operative camisoles and lymph edema sleeves. The prosthetic line includes lightweight forms for full mastectomies, silicone forms that are attachable and overlays to help with changes in profile due to lumpectomy or radiation.

Wigs are stocked in many styles and colors and can also be special ordered at no extra cost. Hairpieces such as bangs, face framers and falls are also available, as well as accessories such as eyebrow kits, adhesives to help with wig slippage, shampoos and conditioners for problem hair and wig care kits.

A Caring Place is an American Cancer Society Wig Bank donation center where people can donate wigs and prosthetics which can then be provided to others in need. In addition, the Winton Club has provided funds for those participants who do not have insurance coverage or have a financial hardship and are in need of a wig or mastectomy product. We bill the following insurances for covered items: Tuft's, BCBS, Harvard Pilgrim, & Medicare.

From January 1, 2012 through December 31, 2012 A Caring Place provided free wigs and mastectomy products to oncology patients who had a financial hardship and or no insurance benefits. We utilized a grant through The Winton Club to pay for these products for patients. The amount was $3,121.

A Caring Place is located within the Winchester Hospital Center for Cancer Care at 620 Washington Street, Winchester, MA 01890.

Community Health/Education Resource

(A.) April 2012 Oral, Head, and Neck Cancer Awareness Screening

During National OHNCA Awareness Week (April 24- 26TH) 5 free screenings were held with the following physicians volunteering their time: Drs. Costello, Abela, Brown, Gallivan, Chun, Kim, and Bowling. Four Winchester Hospital staff members also volunteered for these events.

Fifty-eight people participated in the screenings with 33 who were recommended to follow up with their primary care physician. Fifteen individuals who attended the screening needed further head and neck evaluation. One individual needed immediate consultation for suspected neoplasm.

Additional referrals to other medical specialists made as a result of this screening were:

Dermatology: 1
Oral pathologist: 1
Barium swallow with speech therapy: 1

The participants came from the following communities:

Woburn: 17
Winchester: 11
Stoneham: 7

Medford: 5
Melrose: 4
Reading: 2
Lowell: 2
Arlington: 2
Other: 8

(B.) Blood Pressure Screening

A registered nurse takes and monitors the blood pressures of employees at a local business four times a year. These sessions last approximately 2½ hours, with 30 blood pressures taken at each session. Counseling and education is provided to the employees. Questions are answered and resources are provided as needed.

(C.) Skin Cancer Screening - May

A free community skin cancer screening was held on Wednesday May 23, 2012. The following medical staff were involved and volunteered their time: Dr's.Grevelink, Fenner and Paul along with Lisa Sampson, PA-C, Karen Limaye, NP. One Winchester Hospital staff member and one ShieldsHealthcare staff member volunteered for this event as well.

A total of 30 people were screened. Of these 30, the following presumptive diagnoses were made with referral for eight individuals needing a biopsy:

Mole/Nevus: 7 people
Seborrheic Keratosis: 9 people
Actinic Keratosis: 4 people
Basal Cell Carcinoma: 7 people
Squamos Cell Carcinoma: 1 people

Participants came from the following communities:

Woburn: 4
Melrose: 4
Wilmington: 3
Reading: 3
Wakefield: 3
Burlington: 3
Medford: 3
Other: 7

(D.) Colo-Rectal Cancer Screening - March

Winchester Hospital made available educational information and a fecal occult blood type test kits for early detection and screening of colo-rectal cancer was offered for free testing. Unfortunately, we did not have anyone participate in this

event this year.

(E.) Town Days & Community Events

Winchester Hospital attended and provided educational information at the following free community-based special events open to the general public. Approximately 2,700 area residents (measured by completed surveys or raffle entries) were reached through these events.

1. Winchester Town Day (500)
2. Stoneham Town Day (500)
3. Jenks Center Savvy Senior Symposium (300)
4. Woburn Senior Health Fair (400)
5. Burlington Senior Health Fair (200)
6. Reading Friends & Family Day (400)
7. Breast Cancer community Education Program (150)
8. Women & Sleep community Education Program (120)
9. Weigh Your Options community Education Program (125)
10. Be Well Woburn Health Fair. (200)

(F.) Burlington Mall Play Area Events

Educational programs and events targeted towards children and families reached approximately 400 people at the Teddy Bear Clinic and Winchester Hospital and Childrens Hospital's play space events throughout the year.

(G.) Winchester Mount Vernon House Geriatric Series

At the request of Winchester Mount Vernon House, an educational series on issues related to the elderly was developed by a gerontological clinical nurse specialist in order to meet the required DPH educational standards.

The six topics presented were:

1. Emergency First Aid, Chokesaving
2. Healthy Eating
3. Arthritis Update
4. Dementia Care: Difficult Behaviors
5. Infection Control
6. Anticoagulation Therapy and Clinic

(H.) Stroke Awareness

In support of Stroke Awareness month and in collaboration with the American Heart and Stroke organization, the brochure Stroke Heroes Act FAST Signs and the AHA Know the Signs of Stroke Bookmark were distributed to senior centers within Winchester Hospital's demographic area and at appropriate Senior Outreach Initiative Programs.

A press release titled "Winchester Hospital Recognizes National Stroke Awareness Month" in May discussed the need to take an ambulance to the hospital with any signs of stroke.

***Outcomes**:*

- www.winchesterhospital.org; The new WH website has two locations for finding information on stroke. It can be found in the Health Library and under Stroke Awareness which notes that the hospital is a Stroke Center and that an ambulance should be taken to the hospital when a stroke is suspected.
- Approximately 1000 participants have been educated on stroke recognition and treatment
- Monthly blood pressure screening at a local senior residence with 20 – 25 participants on average. Any abnormalities are directed to their wellness nurse.
- Blood pressure screenings are offered at the Winchester and Stoneham Town Days
- Blood pressure screenings are held quarterly at a local bank were 28 – 30 people are screened. Elevated blood pressures have been noted on at least 4 participants who were directed to their doctors for f/u and resources provided such as stress management techniques.
- 12 Control Yourself classes were held with a total of 86 participants. Blood pressures were lowered and behaviors changed based on the program.
- September 24, 2012: Presentation to 100 seniors for the Senior Outreach Initiative
- An email was sent to the school nurse contact list to alert them of May being Stroke Awareness Month as well as listing resources.
- Dr. Chervin, a neurologist, presented the latest research from the AHA/ASA national conference to both the Stroke Committee and Friday Medical Grand Rounds (May 4) with approximately 40 doctors in attendance.
- Heart Healthy meals are highlighted with calorie counts noted. The chef demonstrated cooking for Heart Healthy meals are highlighted with calorie counts noted. The chef demonstrated cooking for Heart Healthy meals. Dieticians take part in a monthly Healthy Wednesday presentation outside the cafeteria in the hospital and in the McKay Lobby during lunch hour.

Blood Pressure Screenings:

- Monthly blood pressure screenings are held at a local senior residence (average of 20 – 25 participants). Any abnormalities are directed to the Wellness Nurse for follow-up.
- October 2011: 29 participants at a local bank; no f/u needed
- January 2012: 30 participants at a local bank; identified 2 people with high blood pressure. Gave tools and resources to help no f/u needed
- June 2012: 33 participants at Winchester Savings Bank no f/u needed
- July 2012: 29 participants screened at Winchester Savings Bank; no

f/u needed

- August 2012: 33 participants screened at the Winchester Savings Bank; no f/u needed

(I.) Osteoporosis Awareness - May

In support of National Osteoporosis Awareness Month, a public screening was held on May 22 with 16 participants attending. Of these 16, 5 had osteopenia scores and 3 had an osteoporosis score. Physician follow-up was indicated.

(J.) Winchester Medication Take Back Program – April 28, 2012

Winchester Hospital, in conjunction with the town of Winchester, ran a Medication Take Back Program in an effort to reduce prescription drug use and to protect waterways/environment. This event was held on April 28, 2012, with over 250 residents participating.

(8.) Winchester Mount Vernon House Grant

Most of the Winchester Mount Vernon House residents continue to receive therapy from two providers. The health issues the therapists are treating continue to be back weakness, leg stiffness, edema in lower legs, leg numbness, shoulder pain, sinus headaches, hip and knee problems, arthritis of the low back, neck pain, sciatica, carpal tunnel and balance. These treatments provide palliative care for our senior population, relieving their pain for a period of time. Most patients have either improved or maintained their health status.

We have provided 487 treatments to 116 Winchester residents. The following health issues are being treated: edema of lower extremities, muscular skeletal pain (arthritis, elbow, back and neck), digestive issues, reflex, anxiety, stress, depression, osteoarthritis, sciatica and cancer treatment symptoms.

VII. Next Reporting Year

A. Approved budget/projected expenditures

All of the previously noted programs have had their budget approved for the coming year.

Anticipated goals and program initiatives

Based on assessment data, several new program initiatives will be added to the established programs in the FY 2013 community benefit programming:

(1.) The Osteoporosis Early Detection and Prevention Program

Long-Term Goal: To provide community screening, risk assessment and education on osteoporosis to women and men

Short-Term Goal: to target at least one minority population to screen

(2.) A Matter of Balance

This 8-week program, run in collaboration with Minuteman Senior

Services, provides education to seniors on maintaining balance and how to prevent falls.

Short-Term Goal: To provide this 8-week program two times in the year

(3.) Community Blood Pressure Program (Control Yourself! A Solution to Hypertension)

Long-Term Goal: To provide education on the modifiable risk factors for hypertension based on change theory

Short-Term Goal: Schedule at least 8 community programs

(4.) Pneumonia Readmit Prevention Program

This program was developed to reduce the number of rehospitalizations for people discharged from the hospital with a diagnosis of pneumonia.

***Long-Term Goal*:** To provide education, early identification and intervention for pneumonia patients discharged from the hospital

Short-Term Goal: To prevent pneumonia readmissions within 31 days of discharge from the hospital

(5.) Heart Failure and MI Readmissions Prevention Program

This program was developed to reduce the number of rehospitalizations for people discharged from the hospital with a diagnosis of heart failure or MI

Long-Term Goal: To provide education, early detection and intervention of heart failure and MI patients discharged from the hospital.

Short-Term Goal: Prevent heart failure and MI readmissions within 31 days to the hospital.

(6.) COPD Readmissions Prevention Program

This program was developed to reduce the number of rehospitalizations for people discharged from the hospital with a diagnosis of COPD.

Long-Term Goal: To provide education, early detection and intervention of COPD patients discharged from the hospital.

Short-Term Goal: Prevent COPD readmissions within 31 days to the hospital.

(7.) Anticoagulation Clinic

Long-Term Goal: To provide safe management of anticoagulation in the community setting

Short-Term Goal: To educate participants on the consistent vitamin K intake

(8.) The Home Blood Draw Program

Long-Term Goal: To provide community blood draws for participants unable to come to a lab

Short-Term Goal: To provide community blood draws for participants unable to come to the hospital

(9.) Diabetes Education in Collaboration with Minuteman Elder Services

Short-Term Goal: To provide this program at least one time.

(10.) Cancer Screenings

Short-Term Goal: To conduct at least one screening for colo-rectal, skin, oral, and head and neck

(11.) Survivor Programming

Long-Term Goal: To develop cancer survivor programs

Short-Term Goals: To Develop a Cancer Survivor workshop in 10/12. To organize the annual spring cancer survivors day for Winchester Hospital participants.

(12.) Woburn Relay for Life

Long-Term Goal: To sponsor and participate in this annual American Cancer Society event.

Short-Term Goal: To encourage staff to participate in this event.

(13.) October American Cancer Society Breast Walk

Long-Term Goal: To participate in this annual October Breast Cancer Awareness event sponsored by the American Cancer Society.

Short-Term Goal: To encourage staff to participate in this event.

(14.) Shine a Light

Long-Term Goal: To participate in the largest internationally coordinated awareness event for lung cancer.

Short-Term Goal: To hold this event at the Cancer Center with staff and patients.

(15.) The Pediatric Asthma Program

Long-Term Goal: To ensure the effective control of asthma by encouraging a partnership among patients, family, physician, and other health professionals through treatment and education

Short-Term Goal: To reassess CHAMP participants at middle school level

(**16.) School Nurses Education and Support**

Long-Term Goal: To provide evidence-based education on requested topics in order to better care for our school children

(17.) Holiday Toy Drive

Short-Term Goal: To provide a toy drive to benefit needy children one time a year.

(18.) Flu Clinics

This program provides flu vaccine for citizens who need an injection.

Short-Term Goal: To provide a flu clinic to the communities that

Winchester Hospital serves

(19.) Blood Drives

Short-Term Goal: To conduct two blood drives a year.

(20.) Checker Cab

Short-Term Goal: To provide transportation home to patients who do not have any other means.

(21.) The Senior Outreach Initiative

Long-Term Goal: To assess and meet the needs of the senior population

Short-Term Goal: To provide programming based on evaluation suggestions/needs of the participants and hospital

(22.) Food Drives

Long-Term Goal: To meet needs of town and organization requests for food donations.

Short-Term Goal: To conduct a food drive to benefit the food pantry of the Council of Social Concern.

23. **Financial Counseling**

Long-Term Goal: To provide financial assistance to patients in need.

24. **Health Professional Education**

Long-Term Goal: To assist in educating new health care professionals for the future.

25. **Research/IRB**

Long-Term Goal: To support research which will bring new knowledge/improved care into the health care arena.

26. **Support Groups**

Long-Term Goal: To provide the space and expertise to conduct support groups.

Short-Term Goal: To support the following groups: Alzheimer's, Prostate Cancer, Breast Cancer, Diabetes and HOPE Group.

27. **Psychiatric Nurse Practioner**

Long-Term Goal: To provide needed mental health expertise to assist nurses to care for their patients with mental health issues.

28. **McLean Psychiatric Coverage**

Long-Term Goal: To provide needed mental health expertise for the ER setting through a contract with McLean Hospital.

29. **Lantern Walk-Winchester**

Long-Term Goal: To raise community awareness and generate support for stress reduction in the town of Winchester

Short-Term Goal: To provide two free HeartMath (a stress reduction technique) to selected Lantern Walk participants.

30. **Food Drives**

Long-Term Goal: To meet the needs of town and organization requests for food donations.

Short-Term Goal: To conduct a food drive to benefit the food pantry of the Council of Social Concern.

31. **Low Income Recipes**

Short-Term Goal: To provide recipes/education on healthy eating on a low income budget.

VIII. Contact Information

Pamela Venti
Health Education Coordinator
Winchester Hospital

pventi@winhosp.org
781-756-4701

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