

Harrington Memorial Hospital

Southbridge MA 01550

[www.harringtonhospital.org](http://www.harringtonhospital.org)

Community Benefit Report for FY 2001

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## **I. Community Benefit and Mission**

Harrington Memorial Hospital was established as a community hospital through donations of land and money by the local community. Its mission is to provide high quality medical services to its patients in a safe environment and in an efficient and effective manner which provides superior value to the residents of South Central Massachusetts. The hospital is committed to providing essential health care to its community without regard to ability to pay and provides community health education and coordination as needed.

### **HISTORICAL PERSPECTIVE**

Harrington Memorial Hospital (HMH) is the major provider of health care in the area, and in fact, the Hospital is also the area's major employer. Unlike urban/suburban areas, there are very few health and social services which are duplicated by several providers. HMH works very closely with other providers in the area to coordinate care and promote continuity for the area's residents.

HMH has had a long standing commitment to the community. In fact, when services have been unavailable, the Hospital has developed programs or provided technical assistance or other support including space for services. Without H.M.H.'s community perspective, the area would be without a number of critical services or would be dependent upon services provided by agencies based in Worcester which is not easily accessible to the area as there is no public transportation. Through its efforts, the Hospital initiated and continues to provide locally-based services. These include the establishment of a comprehensive community mental health center which includes substance abuse services; a home health department; a hospice for the terminally ill; extensive community health education and screening and educational opportunities.

The commitment to HMH to its community dates back to its inception. Harrington Memorial Hospital was established in 1931 as a 34-bed hospital with funds provided by property donated by Charles D. Harrington, owner of the Harrington Cutlery Company. At the time the cost of care was \$3.00 per day for a bed in a "ward." Documents from the time state "charges were established based on the amount of money required to perform its work and to enable continued existence." In 1956, the Hospital underwent expansion with assistance from the Hill Burton program and a major fundraising campaign. Campaign literature noted "The

Harrington Memorial Hospital is a nonprofit, nonsectarian institution owned by the members of the community it serves."

Over the years, the Hospital added services the community was found to need. In 1965, a Youth Guidance Center was established. The Youth Guidance Center was expanded into a mental health clinic (now known as the G.B. Wells Human Service Center) in 1970 and affiliated with the Massachusetts Department of Mental Health in 1975. In 1968, Physical Therapy services were initiated at the Hospital and in 1972 a full complement of rehabilitation services were added. Three (3) local Visiting Nurses Associations were merged into the Hospital Home Care Department in 1972. In 1975, the Home Care Department began providing clinics in eleven (11) communities. In 1973, the Hospital developed a Health Center in Brimfield, located on the outer perimeter of the service area in a federally designated medically un-served area (MUA). In 1974, the Alcoholism Center was established. Health education for the community became a priority in 1978 when the Health Education and Resource Center was established. That same year, HMH provided space and began to oversee the Women, Infants and Children's (WIC) program for the area.

Since, 1981, HMH has been one of the few drop off points in the region for the Central Massachusetts Regional Breast Milk Bank. In 1999, the Hospital became involved with the Breast and Cervical Cancer Initiative, In 2000, the WIC Program was expanded to include a mobile component. Commitment to these programs continues and program expansion and new program development proceeds as needed.

It is important to note that a community benefit is not always a free program. If Harrington Memorial Hospital had not developed a number of programs, many services would not be available to the community.

While the Hospital does bill insurance for services, all services are provided without regard to an individual's ability to pay. If the Hospital did not seek available reimbursement and alternative funding through grants and contracts, some programs could not be sustained or maintained at existing levels. In many cases, fees for programs cover costs and are not structured for profits. In programs where there is an excess of revenues over expenses, funds are put back into the program to continue and expand services. If prudent and reasonable financial management was not employed, many programs would have to be terminated, leaving the area with a void.

It should be emphasized that Harrington Memorial Hospital is a disproportionate share hospital. Despite this, the Hospital maintains its community commitment and has initiated and maintains a wide range of needed community services.

## **Mission Statement**

It is clear that the mission statement of Harrington Memorial Hospital is reflective of its commitment to the community and with the Attorney General's Community Benefit Guidelines for Nonprofit Acute Care Hospitals. The mission of the Hospital is stated in the Community Health Needs Assessment Report for South Central Worcester County which was updated in May, 1999

The mission statement is also part of the Hospital's Strategic Plan which was adopted by the Board of Trustees in August 1996 and was updated in March, 2000.

A major goal of the Strategic Planning process continues to be the incorporation of the findings and recommendations of the Community Needs Assessment into the Hospital's long range plans.

While the Strategic Plan is considered a three year document, Harrington Memorial Hospital recognizes that planning is an ongoing process and as such, a document is static. Especially with the changing health care environment, HMH is constantly assessing its services and programs and evaluating the need for change.

The Hospital Bylaws state the purpose of the Hospital as:

- To maintain, manage, operate and conduct a voluntary, non-profit charitable institution as a community hospital dedicated solely to the health and general welfare of individuals in need of medical care and to the general welfare of the public.
- To render medical and hospital services to all persons, regardless of gender, race, color or creed.
- To afford health, medical and hospital services to individuals who may require hospital care or be in need of medical or surgical diagnosis, advice and treatment through or by members of the Medical Staffs as may be selected by the patient or as may otherwise be necessary or authorized.
- To maintain a comprehensive self-assessment program which supports and promotes continuous improvement in the quality of patient care.

- To engage in such programs and research projects as may from time to time be considered in the interests of the are and health of patients and the general public.
- To cooperate with all Federal, State and other authorized and qualified agencies engaged in health programs which are now or may hereafter be established for the health and welfare of the general public and individuals. To provide outpatient, home care and emergency services as well as in-hospital service to those in need of such services.
- To receive gifts by bequests, donations and contributions in kind or in monies, either outright or in trust, all of which shall be devoted to the charitable purposes as may be specifically directed under the terms of such gifts, bequests, donations and contributions, provided that such purposes are consistent with the general charitable purposes of the corporation, namely, for the care, comfort, health, welfare and treatment of patients in need and for the general health and welfare of the public.

## **SERVICE AREA**

Harrington Memorial Hospital's service area is comprised of fifteen communities in South Central Worcester county. The towns are Brimfield, Brookfield, Charlton, Dudley, East Brookfield, Holland, Oxford, North Brookfield, Southbridge, Spencer, Sturbridge, Wales, Warren, Webster and West Brookfield. In particular four communities, Southbridge/Holland, Sturbridge and Charlton, constitute the Hospital's primary service area. The Hospital also draws a substantial number of patients from towns where HMH has established health centers or assisted physicians in setting up private practices - Brimfield and the Brookfields.

The area is suburban/rural and covers approximately 350 square miles. There is limited public transportation in the area, and the road system makes travel in the area difficult for some residents.

According to the 1990 U.S. census, the service area population was 109,566. The population was projected to increase by approximately seven percent (7.1%) between 1990 and 2010. Population projections used were obtained from the Massachusetts Institute of Social and Economic Research (MISER) which is part of the State Data Center. The population in 2010 is projected to be 117,364. Increases are projected in all age groups. The most significant increases will be among the elderly (age 65+) with eighteen percent (18%) growth and adult (20 to 64) with a projected increase of twenty-one percent (21%).

The demographics of the service area provide some explanation of why Harrington Memorial Hospital is a disproportionate share hospital. The area's per capita income and median income are significantly less than the state averages. Also, the poverty levels and unemployment rates (based on census data) in the area are below state averages.

The majority of the population in the overall HMH service area is Caucasian (96.6%). The second largest population (2.9%) are Latino. Approximately eighty-one percent (80.6%) of the area's population speak English. While other languages may be the primary language spoken in the home, less than one percent (1%) of the area's population is linguistically isolated according to the census definition, i.e., no one in the home speaks English.

In the hospital's immediate area, however, there has been a rapid growth of Latino population. According to recent census figures, currently almost 24% of the immediate area population is Latino.

## **II Program Organization and Management**

The community benefit focus is driven by the hospital's Board of Trustees, all of whom are community based and are members of local community organizations and businesses.

The board of trustees has established a **Community Relations Committee** which has oversight for community projects. This committee periodically reviews the programs and make recommendations for additional programs.

The Director of Community Relations and the hospital's management team are responsible for implementing the programs for community benefit. Reports of the mission are given to hospital staff through periodic department head meetings, newsletters, the hospital's website and periodic announcements by flyers or email.

## **III Community Needs Assessment**

In March 1995, Harrington Memorial Hospital (HMH) completed a seven month process which culminated in the Community Health Needs Assessment Report for South Central Worcester County.

The undertaking of the needs assessment for the service area took a unique approach compared to needs assessments conducted by other hospitals in

Massachusetts. HMH initiated contact with the other hospital which shares part of the service area to jointly sponsor the needs assessment. The collaboration was significant because the two hospitals have no formal affiliations and compete for patients in a number of areas. As the larger hospital, HMH assumed major leadership for the needs assessment process.

The community needs assessment process involved broad participation by consumers and health and social service providers in the area. The coordination and collaboration of the two hospitals was a tremendous asset in bringing together a diverse group of individuals and organizations to work together in identifying issues and setting priorities for the area.

Approximately sixty (60) individuals were actively involved in the community assessment process. Participated included consumers, providers including representatives of the two hospitals and area social service agencies. Extensive outreach efforts were employed to engage consumers in the process. These included the scheduling of meetings at sites throughout the area at times which were convenient to the general public. In addition, the media, both newspaper and radio, were extensively utilized to publicize the process and elicit input.

The focus of the community needs assessment process was to improve the health of the community. Health status data were reviewed; existing programs and services were inventoried; and recommendations for changes and new services were made.

To provide the South Central Massachusetts Community Needs Assessment with some guidance, the community benefits standards of the Voluntary Hospitals of America (VHA) were adopted early in the process. As HMH is a member of the VHA, the area committee was able to access the extensive knowledge base and resources of the VHA.

Senior management of Harrington Memorial Hospital as well as line staff were actively involved in the community needs assessment process. For HMH, the community needs assessment process was overseen by the Board of Trustees. The Board Planning Committee received regular reports which were forwarded to the full Board. At the outset of the project, the Board approved the project and the resources necessary to carry out the assessment. Separate from the community needs assessment committee, the Board of Trustees adopted the VHA standards.

The five VHA community benefit standards applicable to the Hospital are:

1. Demonstrate leadership as a charitable institution
2. Provide essential health care services

3. Be accountable to the community
4. Evidence of commitment to community benefit
5. Operate free from private profit

Upon completion of the Community Needs Assessment, Harrington Memorial Hospital undertook a comprehensive strategic planning process. A major goal of the strategic planning process was to integrate the data and recommendations of the Community Needs Assessment into the updated HMH Strategic Plan.

The Strategic Planning Process also had extensive community input. The Board Planning Committee met monthly to review progress and to monitor the process and findings as they developed. The Board of Trustees and the Medical Staff were also actively involved in reviewing and overseeing plan development. When the Strategic Plan was finalized, the Hospital scheduled a Board retreat which included Medical Staff. The retreat addressed implementation prioritization of the recommendations in the Strategic Plan. In addition, a Management Plan was generated by Administration and Department Managers to deal with plan implementation.

The Community Needs Assessment was updated in May, 1999 and was included as Exhibit 1 to the FY 1999 Community Benefits Report to the Attorney General. The Community Needs Assessment was updated in collaboration with Hubbard Regional Hospital. The Board of Directors reconfirmed the Hospital's commitment to the VHA community benefit standards on January 29, 2002. The Community Relations Committee also approved additional goals and re-affirmed goals during its meetings in 2001.

The goals and objectives identified during the update which are applicable to the Harrington Memorial Hospital have been included in the Hospital's FY 2002-FY 2003 Management Plan.

Due to rapid changes, Harrington Memorial Hospital has developed a strategy for updating its planning process. It is anticipated that the hospital will make a review of current demographics and needs during the summer of 2002. (see below).

## **IV. Community Participation**

Harrington Memorial Hospital (HMH) seeks and obtains community input into a wide range of its activities including its community benefits needs assessment, its ongoing community benefits programming, the strategic planning process and program evaluation and development.

The nature of the HMH service area is that the population is relatively small and there are few civic organizations, community programs and health and social service providers in the area. Therefore, at the range of community meetings, it is likely that one will often see the same individuals.

Civic leaders serve on a variety of organizations. Due to the demands on the time of community leaders and activists, it is necessary to find ways to accommodate their demanding schedules if their participation and input is to be gained. This often means consolidating activities and meetings.

The Hospital has found it difficult to sustain the participation obtained in the Community Needs Assessment process on a long term basis. In order to sustain community input into its Community Benefits Program on an ongoing basis, it was necessary to utilize existing vehicles to involve citizens. Given the nature of the area, a discrete Community Benefits Advisory Group would not be feasible at HMH.

The Hospital governance structure provides for three levels of community involvement. There are approximately 300 individuals who are Corporators of the Hospital. The Hospital Board of Trustees has forty-two (42) members who serve three (3) year terms. The Board of Directors is elected by the Board of Trustees and has eight (8) members. Corporators, Trustees and Directors are all members of the local community.

The Corporators have been specifically charged with the responsibility of seeking community input on behalf of the Board of Directors of the Hospital and to serve as community advocates as governance decisions are made.

The Bylaws of the Hospital specifically state that "Members shall be selected for their ability to participate effectively in fulfilling the corporation 's responsibilities." Furthermore, "In selecting Trustees consideration shall be given to the candidate's willingness to accept responsibility for governance, including availability to participate actively in Governing Body activities related to the Hospital; areas of interest and expertise; and experience in organizational and community activities." To assure active participation and needed community input, the Bylaws contain certain attendance requirements.

Regular meetings of the Corporation, the Board of Trustees, the Board of Directors and their committees deal with community benefits on an ongoing basis. Special meetings and additional community input is solicited as needed.

Key Collaborations and Partnerships which Harrington Memorial Hospital has engaged in include worked a wide range of community organizations such as the local school systems, the local police and emergency services, social service departments, the South County Teen Network,

Other hospitals including Hubbard Regional Hospital and University of Massachusetts Medical Center have been included in collaborative efforts.

The hospital has gone through a comprehensive planning process in the year 2000 and established goals were reviewed and approved by the management team and the Board's Community Relations and Planning committees.

## **V. Community Benefits Plan**

### ***Target Populations***

Recognizing that the youngest and oldest of our society require special needs, Harrington Memorial Hospital has focused on those groups. Initiatives in that regard have included efforts to reduce teen pregnancy and attempts to provide health services in the home.

The hospital has also determined a need for community wide health education and the provision of care for those requiring psychiatric and chemical dependency treatment.

Efforts to make primary health care more accessible have also been undertaken. A study was undertaken to determine the need for physicians in the area. As needs were identified, recruitment efforts were initiated. Additional needs were found and have been addressed by recruiting additional physicians (including minority physicians). Recruitment efforts are continuing.

### ***Budget***

Harrington Memorial Hospital has not limited its efforts to a specific budget figure. While costs are certainly a major consideration, Harrington has endeavored to first determine the need and then attempt to meet that need. As a result, the hospital has had major expenditures in community benefit programs.

Currently, the hospital is seeking funding through a variety of sources including grants. The hospital has also initiated a development effort. For the first time in many years the hospital is now seeking contributions from the community, and donors can target specific projects such as community health education.

### ***Reviewing and Updating the Plan***

The plan is normally updated through the hospital's Community Relations Committee, but due to unusual circumstances will be evaluated formally this summer as indicated below.

Specific goals for projects are determined by the Community Relations Committee and relate to number of persons served rather than purely budget numbers.

## **VI Progress Report: *Activities During the Reporting Year***

### ***Expenditures***

The information provided in this section of the Harrington Memorial Hospital Community Benefits Report is drawn from the audited financial statements of the Hospital for FY 2001 and are the data which is reported to the uncompensated care pool.

Harrington Memorial Hospital is a disproportionate share hospital for Medicare. For FY 2001, the Hospital paid \$10,314 into the state's uncompensated care pool and in FY 2000 received \$188,848 from the state's uncompensated care pool.

In FY 2001, the Hospital provided \$720,051 in net charity care. To calculate this figure the definition provided by the AG Guidelines was used, i.e., "actual costs, not the charges of providing free care to patients in accordance with the definition of free care in M.G.L. Chapter 6B s. 1. This excludes reimbursement from the state and the federal government including payments for the uncompensated care pool. This also excludes any shortfall incurred by the hospital for Medicare and Medicaid services."

Bad debt related to the emergency room was \$ 267,565 in FY 2001.

These data indicated that Harrington Memorial Hospital provides a significant amount of free care and has made a true commitment to serve the residents of its service area regardless of ability to pay.

This is in addition to the wide range of services which benefit the community that are provided at minimal cost or no cost to the consumers, as well as services which the Hospital is unable to attach a financial value.

The elderly and the indigent are two underserved groups. Indicators of service to these populations are the revenues from Medicare and Medicaid. FY 2001 data for these two payers are:

Medicare	\$22,364,220	34%	\$9,156,812
Medicaid	\$10,984,784	17%	\$5,775,059

In addition, Harrington Memorial Hospital makes donations of equipment and other items to charities each year. During FY 2001, items totaling \$10,790.00 were donated to:

Arthur J. Bonneau	\$2,000.00
Christian Medical Center	\$ 75.00
Webster Nursing Home	\$1,800.00
Providence Nursing Home	\$ 320.00
YMCA	\$3,125.00
Southbridge Police	\$1,350.00
Trappist Monastery	\$2,120.00

The Guidelines state that "for hospitals with audited total patient operating expenses under \$200 million, up to three (3%) of such expenses" are the target for community benefit expenditures.

According to the FY 2001 audit, Harrington Memorial Hospital's total operating expenses were \$44,624,351. Uncompensated care, net charity care and emergency room bad debt were 2.4 percent (2.4%) of total operating expenses in FY 2001.

In addition to these expenditures, HMM provides considerable community benefits through other programs.

Funds expended during the reporting year for community service programs were as follows:

	Gross Expenditures	Grants, Donations Other Revenue	Net Expenditures
1. Free Care	\$ 1,169,674		\$ 720,051**
2. Bad Debt ECC Care	\$ 434,641		\$ 267,565
3. Medicaid Shortfall	\$ 6,762,233	\$ 5,382,252	\$ 1,379,981
4. Medicare Shortfall	\$13,767,414	\$10,486,987	\$ 3,280,427
5. Other Community Contributions			
A. HERC Educational Programs	\$ 244,476	\$ 34,588	\$ 209,888
B. Scholarship Program	\$ 7,000		\$ 7,000
C. Real Program	\$ 2,242	\$ 1,500	\$ 742
D. Donations of Equipment & Other Items	\$ 10,790		\$ 10,790
6. G.B. Wells Human Services Center	\$ 4,526,732	\$ 3,737,149	\$ 789,583

*\*expenditures/revenues overlap #1) - #4) above*

*\*\*Net charity care has been reported as \$ 899,533 under its most recent calculation.*

**Initiatives:****HOME CARE DEPARTMENT**

The Harrington Memorial Hospital Home Care Department provides a number of services which benefit the community.

The Hospital runs a **TB Clinic** (tuberculosis) on a monthly basis which is staffed by a physician and a nurse. All active TB cases in the area are checked and monitored and medications are distributed. The reimbursement for the clinic is less than the cost of providing the service.

The Home Care Department has contracts with ten (10) local Boards of Health to provide a variety of services. The contracts cover a range of services including **immunizations**, testing, working with school nurses upon request, **investigating of communicable diseases and the reporting of animal bites** as well as advising the towns on other health issues.

The services are provided by the HMH Preventive Care Coordinator who is a nurse based in the Home Care Department. Immunizations are the influenza, pneumonia, DtaP, IPV, OPV, Hib, MMR, Hepatitis B, Hepatitis A, Varivax and TD. In addition, the Preventive Care Coordinator who provides these services, **distributes state pharmaceuticals to physician offices** throughout the service area. The amount of the contracts varies and the time required to perform the different requirements of the contract also varies greatly. For example, an investigation of a communicable disease may be simple and take minimal time or it may last weeks. Some of the services, such as influenza vaccines may be reimbursed by Medicare. While specific figures are not available, it is clear that the contractual amounts and reimbursement are significantly less than the costs of providing the services.

The following table provides a summary of these services for FY 2000:

<b><u>SERVICES</u></b>	<b><u>NUMBERS</u></b>
Immunizations	4277
TB Testing	460
Lead Testing	33
Communicable Disease (investigations)	152
Visits to the TB Clinic	178
WHN	82

## Health Education Resource Center

The Health Education Resource Center (HERC) is not a separate department from the Hospital. However, due to the scope of services it offers, HERC merits discussion distinct from the other departments.

HERC provides a wide range of services to Hospital employees, patients/families and the community at large. The Hospital views education as a highly interactive and outcome-oriented responsibility to its employees, patients/families and the community it serves. The Health Education Resource Center provides patient/family education, improving patient satisfaction with Hospital services, increasing patient compliance with treatment regimes, and decreasing readmission rates.

The following is a brief listing of the services the Health Education Resource Center provides:

- Hospital Orientation
- Nursing Orientation
- Mandatory Safety Training
- Cardiac Rehab - 4 phases-Inpatient/Outpatient-Support Group and newsletter
- Diabetes Education - Inpatient/Outpatient Education-Support Groups and newsletter (\*2000 Teen Support Groups added)
- New Beginnings - Prenatal Programs-Lamaze, breastfeeding and sibling classes
- Holistic Services - Massage, Reiki and Reflexology
- CPR/First Aid Programs
- Stress Reduction Program
- Diabetes Education Programs
- Resource Center - a room provided with health information where a patient/family or employee can seek health information in order to make wise decisions in managing their healthcare. *\*Internet services provided by Harrington Memorial Hospital Library.*
- Hospital In-servicing/Wisdom Carts
- Community health fairs and screenings-HMH Health Fair for employees
- Monthly lobby displays and newspaper articles on health issues
- Community Partnership for Teen Health, Dental Coalition
- Childbirth Education
- First Aid Education
- American Red Cross Babysitting Training
- Audio/Visual Services

HERC also staff chairs and/or attends the following committees:

- |                         |                           |
|-------------------------|---------------------------|
| ~Patient Family         | ~Standards                |
| ~Emergency preparedness | ~Congestive Heart Failure |
| ~Policy & Procedure     | ~Wound/Skin               |
| ~Diabetes               | ~Pain Management          |
| ~Value Analysis         | ~Bereavement Committee    |

To accommodate the needs of the Hospital and employees, HERC conducts an Annual Needs Assessment.

## **SERVICE FOR INDIVIDUALS WITH HIV/AIDS**

The Harrington Memorial Hospital has continued to work with the community to address the issue of HIV/AIDS. The Social Services Department was instrumental in working with a community group to establish the local area's first HIV/AIDS organization. Tri-CAP (Tri-Community AIDS Project). The Department provided technical assistance and program planning to establish Tri-CAP. The Director of Social Services was a founding member of Tri-CAP and has served as a member of the organization's Board of Directors. The HMH staff time involved in developing Tri-CAP and continuing involvement is not reimbursed in any manner. Tri-CAP continues to provide support group services to area clients.

During the past year, the Department participated in efforts to update the AIDS Resource Directory of South Central Massachusetts. This bilingual consumer edition Directory was originally developed by the Department in 1995 as a community service.

In addition, the Hospital's Home Care Hospice Social Worker has served on the Board of Directors for the HIV Consortium of Central Massachusetts and is currently an active member involved in committee work for the Consortium. This Hospital staff member continues to provide a liaison role between local consumers and AIDS Project Worcester in order to facilitate optimal delivery of HIV/AIDS services to the community.

## **HMH AUXILIARY**

Harrington Memorial Hospital has an extremely active Auxiliary which engages in significant fundraising efforts throughout the year and utilizes these resources to assist the Hospital and to benefit community services. The Auxiliary currently has 313 members.

Each year the Auxiliary considers a range of requests for funding. Some requests are from Hospital Departments to supplement their budgets and purchase equipment and/or supplies which were not part of their Hospital budget allocation. During the past year this included continued funding for Breast pump rentals for mothers returning to work and a very successful free-seated massage program for employees.

New grants included new clothing in the ER for the SANE Program (Sexual Assault Nurse Examiner Program) so victims may have sweat sets to wear home. A body fat analyzer was approved for Health Education for body fat analysis for use for hospital employees and community programs for weight reduction and nutrition counseling. Diabetic booklets were purchased for teaching diabetics to improve patients meal planning and also stroke education pamphlets for use in the physical and occupational areas for rehabilitation education.

Continued support for Kid Safety Program was given through the purchase of 2 new colored printers and supplies to be used with them. Another grant for hip kits for patients who have had hip surgery was supported as this has been a necessary tool for their successful recoveries. Many patients do not have the option of purchasing these kits on their own.

South County Teen Network received a grant for assistance for their Teens Networking Teens Program, which supports educating teens to reduce the incidences of teen pregnancy in the community. Hospice also received grants this year for continued purchase of books and pamphlets to be used for grieving people who have received Hospice Services through our hospital and to assist with community requests.

The Auxiliary has a scholarship program which provides assistance to area students wishing to pursue careers in the health field. During 2001, \$7,000 in scholarships were appropriated by the Auxiliary to support students interested in medical careers. This will help the area train local residents to provide for future health care needs.

The Auxiliary also has knitting, sewing and craft committees that make articles for hospital patients and community organizations. For each delivery in the Hospital Obstetric Unit, the family is given a knitted baby blanket and hat. Families which

are especially needy, are provided with a hat, sweater, booties, and blanket set. The sewing committee makes puppets for children who come to the Hospital Emergency Care Center.

During the December holiday season, stockings are made for newborns to go home in. Hospice gowns are their latest project. Bright and cheerful material was purchased and the sewing committee has made a similar gown like the hospital johnnies. They are softer and brighter and given to our hospice patients to wear at home. They have been very well received. Another new project were walker bags made for occupational therapy patients. The bag holds the long grabber from the Hip Kit so it won't fall on the floor and then the patient has no way to retrieve it without help. In 2001 the cost of these donated items was about \$2000.00. Other items generated by the knitting committee were hats and mittens given to local Headstart and WIC (Women, Infants & Children) programs (150 sets to each program). The sewing and craft committees continue making medical dolls for the children on the Pediatric Unit. They wear little hospital johnnies and the children can draw a face on the doll and also show the nurse or doctor where they are uncomfortable. They have recently added baby bereavement gowns to their items made for patients. A beautiful white gown, cap, booties, and a pastel blanket are given to parents of the deceased baby. Parents have been very appreciative, as this is a very difficult time for them.

## **ACCESSIBILITY TO PRIMARY CARE**

Harrington Memorial Hospital has recruited three (3) Family Practice physicians to the area to staff two health centers - the Southbridge Family Health Center and the Webster/Dudley Family Health Center.

The physician recruitment and the location of the Centers were determined based on an assessment of need for additional primary care throughout the Hospital's service area. The geographic locations were based on accessibility of residents to existing primary care. While the community of Southbridge has a number of primary care physicians, there was added need because the population, particularly among the 0 to 14 age group, is growing.

In Southbridge, where there is a significant Latino community, the physician hired is Latino. It is the intent that the availability of a Spanish-speaking physician may promote improved primary care and prevention among the area's Latino population. Efforts to add an additional Spanish speaking family practitioner to the Southbridge Family Health Center are currently underway. It is anticipated that the new doctor will join the Health Center in July, 2002.

The three physicians are Hospital employees and the Family Health Centers were set up and are owned by the Hospital. To date, the Health Centers are yet to break-even financially and Harrington Memorial Hospital continues to subsidize them.

Harrington has also established two outpatient clinics, one is staffed by a pediatrician and the second is staffed by a general/vascular surgeon and an oncologist.

## **GEORGE B. WELLS HUMAN SERVICES CENTER**

offers assistance to anyone with psychological, emotional or behavioral problems, or family members dealing with a loved one's concerns. We also work to educate the community about mental health issues. The Child & Family Clinic, The Adult Brief Therapy Program & The Continuing Care Program are the Mental Health Programs of Harrington Memorial Hospital.

The Center services a population of all ages. Our service area includes the towns of Southbridge, Sturbridge, Charlton, Spencer, the Brookfields, Brimfield, Holland, Wales, Warren, Dudley, Webster, and Oxford, as well as neighboring Connecticut towns.

The Center offers:

- Diagnostic Evaluations
- Individual Counseling
- Family Counseling
- Marital Counseling
- Psychiatric Evaluations
- Medication Monitoring
- Psychological Testing
- School Consultation
- ADHD/ADD Evaluation Services
- Crisis Intervention
- Outreach & Tracking
- Home based Services for Families
- Court Ordered Evaluation & Counseling
- Evaluations and Counseling for Juvenile Firesetters
- Community Consultation & Education
- Stress Reduction Program
- Dual Diagnosis Services
- Group Counseling

## **R.E.A.L. PROGRAM**

The R.E.A.L. (Reserved Emergency Assistance Loan) Program will be initiated by the Harrington Memorial Hospital's Department of Social Services in March 1990. The program is currently sponsored/supported by the Hospital and other sources.

The purpose of the Program is to insure that medically related needs are met in the community for individuals who do not have the financial resources to adhere to physician recommendations for follow-up health care. The Program is funded through donations from the Hospital and other sources. The Hospital Auxiliary is the major funding source.

Funds are provided to individuals to pay for medications, medical equipment, personal care items, and nutritional supplies. Support may also be utilized to pay to maintain utilities when the individual is in arrears and to provide for transportation to medical and human services. The R.E.A.L. Program is often used to supplement transition to the community, paying for lodging, food and clothing until other services, e.g., entitlements such as food stamps, begin.

Money is provided to individuals at no interest and with no obligation to pay back the loans. However, individuals who utilize the Program may pay back loans to the extent possible. The R.E.A.L. Program is a safety net for residents of the community needing assistance in paying for medical and support services. It is considered a resource of last resort when other options have been exhausted.

In Fiscal Year 2001, the R.E.A.L. Program disbursed \$2,241.98 in services. Disbursements in FY 2000 were \$2,275.93. The disbursements continue to demonstrate the need of individuals in the community for the Program. Some funding of the R.E.A.L. Program is provided by the Hospital Auxiliary. The Auxiliary support was \$1500.00 each for FY 2000 and FY 2001. The balance of the funds is through donations from individuals, church and civic groups or may be provided by the Hospital.

## **RESPIRE SUPPORT SERVICES**

The Harrington Memorial Hospital has continued to provide Social Service staff support and technical assistance to the community in the development and coordination of **respite support services**.

For the Alzheimer's Support Network, the Social Service Department provides an Information and Referral Service to the community. The Department coordinates the Alzheimer's Family Support Group and is screening participants for an Early Alzheimer's Diagnosis Patient Support Group. In addition, the Department provides intake processing and service authorization for ASN's **Community Respite Services Program**, **Support Group Respite**, and the **Respite Assistance Program**. The Department continues to conduct specialized training for private duty providers in dementia care management. This training, named the **Alzheimer's Caregiver Certification Program** which the Department developed, has increased the understanding and competence of in-home providers, which continues to be a much needed resource in the community for family caregivers.

During this past year, the Department has provided assistance to ASN in developing a **Home Respite Program** with the Town of Southbridge Council on Aging. The Department has provided technical assistance to ASN for grant writing proposals to obtain funding for the Home Care Respite and Community Respite Services programs.

In addition during the past year, the Social Service Department has been instrumental in collaborating with area clergy to develop a community wide response to the **homeless** needs of the south central area. The Department has assisted with program development, fundraising, human resource development and board of directors involvement in the formation of a program that will provide **temporary housing and respite** for homeless families locally. The Southbridge Interfaith Hospitality Network formally began operations this year.

## **REDUCING TEEN PREGNANCY**

The March, 1995 South Worcester County Community Needs Assessment identified a reduction in the rate of teen pregnancy as the highest priority for the area. Addressing this issue was also identified as a high priority in the May, 1999 update of the Community Needs Assessment. Harrington Memorial Hospital has undertaken a number of tasks to address the issue and support efforts to accomplish the objective.

Health Awareness is a Worcester-based organization which provides a range of services throughout Central Massachusetts. Services provided by Health Awareness include birth control counseling.

In Southern Worcester County (the HMH service area), Health Awareness operates from two (2) sites. In Webster, the OB/GYN practice associated with the Hospital provides Health Awareness with space and physician support. This

arrangement was facilitated by the Hospital. In Southbridge, the Hospital provided Health Awareness with space and equipment until 1996. Health Awareness was able to move into improved and expanded space with the Hospital's assistance in identifying the location and effectuating the move.

The South County Teen Network (SCTN) is a regional coalition with broad-based membership including parents, agencies which serve youth and concerned citizens which is committed to reducing the incidence of high risk behaviors such as premature sexual activity, drug abuse and violence among the adolescents in Southern Worcester County. In 1996, the SCTN was required to move from its offices located on municipal property in the town of Oxford.

Harrington Memorial Hospital offered space to the Network at no cost and provides telephone services and office furniture. The SCTN is funded through the Teen Challenge Fund of the Massachusetts Department of Public Health. HMH made arrangements to serve as the financial conduit for the grant which supports the South County Teen Network. Also, SCTN personnel receive supervision from staff of Harrington's G.B. Wells Human Services Center.

Goals of the network include:

- Encourage culturally appropriate parent/teen communication with high risk behaviors;
- Increase community awareness of adolescent issues in Southern Worcester County;
- Gain maximum participation of local minority groups to address their specific needs;
- Provide health education to adolescents, parents and individuals working with teens;
- Involve parents, schools, youth, clergy and service providers in a comprehensive outreach program towards all youth;
- Provide opportunities to build self-esteem and decision-making skills and increase alternative life options for adolescents; and
- Provide coordination and planning for regional prevention and case management efforts.

It is believed that the availability of three female physicians will make it more comfortable for adolescents to seek services. During FY 1997, the Hospital

successfully recruited a female OB/GYN to practice in the area. This was one of the priority recommendations of the March, 1995 Community Needs Assessment.

A second female OB/GYN physician was recruited to the community during 1998. A third OB/GYN physician has been recruited and is expected to relocate to the area in the summer of 2002.

In 2000, the Hospital initiated a series of meetings with parents, agencies which serve youth and concerned citizens to stimulate activities designed to reduce the rate of teenage pregnancy. This effort continued during 2001. This issue was given the highest priority by area residents during the May, 1999 Community Needs Assessment.

The following table presents teen pregnancy data for the service area for 1999, the most recent data available:

**BIRTHS TO ADOLESCENTS**

Number of Births to Adolescents		Area Rate	Statewide Rate
1999	129	13.5%	6.9%

The Southbridge area ranked fifth highest in the state.

Future efforts to increase awareness of the high teen pregnancy rate will be adversely impacted by state budget cuts (MA DPH funds for this service area were cut by 40%).

**SUPPORT GROUPS**

The Harrington Memorial Hospital has continued to extend its activities beyond traditional hospital social service functions such as discharge planning for extended care placement or referral to community services; assistance in obtaining entitlements, and patient/family counseling and support. The Social Service Department offers its expertise and services to patient families and community agencies. While the services provided do benefit hospital patients and complement hospital services, they are made available to the community at no cost.

The Social Service Department has been instrumental in identifying the need for support groups for individuals and families who are dealing with specific illnesses. Hospital staff have worked to organize and facilitate various support groups and provide the groups with ongoing assistance.

Support groups which Harrington Memorial Hospital has initiated in the community are the **Widow/Widowers** Support Group, **Grief** (any loss) Support Group, the **Multiple Sclerosis** Support Group, the **Oncology** Support Group, the **Diabetes** Support Group, the **Alzheimer's Family** Support Group, the adult **Caregiver** Support Group, and the Young at Heart **Cardiac** Support Group. In addition, a **Crohn's Colitis** Support Group, under the direction of a gastroenterologist on the medical staff, provides intermittent programming on specific topic areas.

This past year, the Hospital has completed the planning for an **Early Alzheimer's Diagnosis** patient support group in collaboration with the Alzheimer's Support Network. Ongoing recruitment and screening of appropriate patients who can benefit from such programming is continuing.

In addition, the **Latino** Access Services support group and the Social Work **Outreach** Program provide free social work consultation to patient families who are at risk in the community but do not qualify for other established health service programs.

## **CHRISTIAN MEDICAL SERVICES**

Christian Medical Services (CMS) is a program which was initiated by a group of concerned citizens with strong support and input of Harrington Memorial Hospital. The Hospital provides CMS with lab work, supplies, and voluntary involvement of Hospital personnel.

Free medical services are available one evening per week in space located on property owned by one of the community's churches. The space is provided at no cost and has been set up to accommodate the provision of medical care. The space is not utilized for other purposes: it has been designated for the program.

Services are provided free of charge to anyone seeking care. Although the program is called Christian Medical Services, individuals of all religions seek services at the program. Individuals are served on a non-discriminatory basis and services are provided in a non-judgmental manner and no attempts are made to convert individuals seeking care from Christian Medical Services.

HMH physicians, nurses, social workers, chiropractors, and lay volunteers staff the program. Local clergy provide pastoral counseling. The Hospital Volunteer Department provides a coordinator for scheduling of staff, etc. Office furniture and equipment for the program were donated by the family of the physician no longer in practice. A list of Harrington physicians who will provide free care is maintained for referral of those seen by the program who are found to require specialty care.

During FY 2001, approximately 712 individuals received care from Christian Medical Services. This includes repeat visits.

## **EMPLOYEE ASSISTANCE PROGRAM**

Harrington Memorial Hospital operates a locally based Employee Assistance Program (EAP) to respond to community needs. The Harrington EAP is non-profit whereas most EAPs are for profit.

The EAP provides programs to improve work, family and personal life. The services provided by the HMH EAP include problem assessment; problem-solving counseling sessions and referral; unlimited consultation for managers and supervisors; management training; employee information sessions; policy consultation regarding workplace issues (ADA, privacy laws, sexual harassment, violence in the workplace, job performance, etc.); and worksite wellness seminars and training. Problem areas which may be addressed by the EAP vary and include depression, alcohol and substance abuse problems, financial concerns, stress, family problems, concerns around aging parents and a wide range of emotional problems.

The HMH EAP serves the Hospital, its employees and their immediate family members. The Hospital employs 900 employees who may avail themselves of the service. In addition, HMH EAP contracts with fifteen local businesses to provide employee assistance services. HMH EAP serves as the local subcontractor for EAP services for approximately five (5) national companies. The services may be accessed by all these employees and their immediate family members. Companies that contract for EAP service pay a fee for the service, which is all-inclusive. Frequently, the contract fees are exceeded by the cost of services provided to a business and its employees. Any surplus generated by the Harrington EAP is reinvested in the program.

Studies have shown that the availability of EAP services has a positive impact on business. Returns on this type of employee investment include improved attendance; increased productivity; fewer job accidents; improved employee

morale; decreased need for supervisory time; and decreases in employee turn-over/time and money spent on recruitment.

One study done by the McDonnell Douglas Corporation showed that the availability of an EAP resulted in lower medical claims and lower rates of absenteeism for employees who utilized the EAP as opposed to employees who sought help for similar problems outside the EAP. The study provided data on service utilization and costs.

Employee Assistance Programs are essentially designed to be preventative and not solely intended to respond to problems. The HMH EAP offers wellness trainings to its accounts free of charge. Some training during the past year have included Anger Management, Effective Parenting, Planning and Caring for your Aging Parent, Providing Effective Customer Service, Managing Stress, Communicating Effectively, Raising Self Esteem, Dealing with Post Traumatic Stress and Preventing Violence in the Workplace. In addition, the Employee Assistance Program maintains a resource library that contains a number of books and videos on a variety of personal topics. These resources are made available to assist clients.

The Employee Assistance Program supplements and complements the activities of the Hospital Health Education and Resource Center (HERC) and CompreCare, the Hospital's occupational health service.

## **ECONOMIC IMPACT ON THE COMMUNITY**

It should be noted that Harrington Memorial Hospital is the area's largest employer. The Hospital has approximately 900 employees (regular and casual labor). As a result, the Hospital, its employees and physicians have a significant economic impact on the community.

During the summer of 1997, a student collected and analyzed data to assess the Hospital's impact on the community. Eighty-one percent (81%) of the Hospital employees reside in the service area. In FY 1996, the salary expense of HMH was \$20,487,744. Of this, \$15,350,489 was earned by employees living in the community. Therefore, it is reasonable to assume a significant portion of this money was circulated in the community. An additional \$1,898,329, of which \$1,397,365 was for employee residing in the community, constituted the Hospital's employee benefits expense.

In addition, Harrington Memorial Hospital makes it a practice to utilize local businesses and services whenever possible. The Hospital has 819 local, active vendor accounts at the current time. Total invoices for these vendors for the study period was approximately \$4 million.

The study utilized an equation adapted from the Iowa Hospital Education and Research Foundation (IHERF) to calculate the economic impact of HMM and its physicians on the community. The calculation addresses direct and indirect impact and accounts for the number of times money is circulated within the local economy. The study found the combined economic impact of HMM and its Medical Staff on the Community was \$78 million; \$52 million from the Hospital, and \$26 million from physician practices.

### ***Challenges and Outcomes***

While all of the initiatives listed above were being carried out, Harrington Memorial Hospital accepted new responsibilities. A partnership with the Southbridge Dental Initiative hopes to bring dental evaluations to school age children. The hospital worked with the Cancer Society to develop a community resource room.

The recent events of 9/11 have caused a re-evaluation of Harrington Memorial Hospital's preparedness for emergencies and its relationships with emergency response teams. An ad-hoc group of Fire /Rescue/ Ambulance Services, local police services and government officials has grown into a more permanent group (Tri-Epic Committee) which is now evaluating the communities emergency response needs.

### **VII Next Reporting Year**

It is anticipated that additional planning and research will need to be done during 2002. The rapid growth of minority population and the events of 9-11 have dictated that the hospital address changes.

A grant has been approved by the Office of Rural Health for the purpose of studying population changes and to analyze community needs with regard to planning for emergencies and terrorism. Harrington Memorial Hospital is engaging community organizations and utilizing the Tri-Epic Group for this purpose. It is anticipated that additional goals will be developed in fall of 2002 once the study is completed.

## SELECTED COMMUNITY BENEFITS PROGRAMS

PROGRAM OR INITIATIVE	TARGET POPULATION/OBJECTIVE	PARTNER(S)	HOSPITAL/HMO CONTACT
Outpatient Counseling and Mental Health Services and Outpatient Alcohol and Chemical Dependency Treatment	Adolescents and Adults not able to find Psychiatric and Chemical Dependency Treatment in hospital settings.	GB Wells Center Hank Hagelauer, PhD. 29 Pine Street SOUTHBRIDGE (508) 765-9167	Bernard R Kingsley Director, Community Relations and Marketing 100 South Street, Southbridge MA 01550 508-764-2418 <a href="mailto:bkingsley@harringtonhospital.org">bkingsley@harringtonhospital.org</a>
Emergency Response Coordination	Local Police, Fire, Rescue and Public Health Officials	Primary Contact: John Hart, Tri-EPIC Group and Gary Fontaine, Southbridge Chief of Police (508) 764-5420	As above
Community Support Group Program	Provides support for patients with Chronic illness (i.e. diabetes, cancer)	Work is with a number of societies to assist patients with chronic diseases.	As above
South County Teen Network	a regional coalition with broad based membership including parents, youth, youth agencies and concerned citizens committed to reducing the incidence of high-risk behaviors such as drug abuse, teen pregnancy and violence, among adolescents in South Worcester County	29 Pine Street, Southbridge, MA 01550 Phone: 508-764-1416	As above
Community Health Education	The hospital provides a wide array of community education ranging from CPR to Baby-Sitter Health courses.	N/A	As above

**COMMUNITY BENEFIT EXPENDITURES** *(related to the whole report)*

TYPE	ESTIMATED TOTAL EXPENDITURES FOR [REPORTED FISCAL YEAR]	APPROVED PROGRAM BUDGET FOR [NEXT FISCAL YEAR ]*
<b>COMMUNITY BENEFITS PROGRAMS</b>  *NC*= Not calculated or reported	(1) Direct Expenses [\$ 440,000] (2) Associated Expenses [\$ 160,000] (3) Determination of Need Expenditures [\$ 0] (4) Employee Volunteerism [NC*] (5) Other Leveraged Resources [\$ 0]	[1,574,104]  *Excluding expenditures that cannot be projected at the time of the report.
<b>COMMUNITY SERVICE PROGRAMS</b>  *NC*= Not calculated or reported	(1) Direct Expenses [\$ 0] (2) Associated Expenses [\$ 0] (3) Determination of Need Expenditures [\$ 0] (4) Employee Volunteerism [SNC*] (5) Other Leveraged Resources [\$ 0]	
<b>NET CHARITY CARE or UNCOMPENSATED CARE POOL CONTRIBUTION</b>	[\$ 899,533.00]	
<b>CORPORATE SPONSORSHIPS</b>	[\$ 200]	
	<b>TOTAL</b> [\$ 1,499,733]	

**[Hospitals]:**

**TOTAL PATIENT CARE-RELATED EXPENSES FOR [2001]: [\$40,779,154 ]**

**VIII Contact Information**

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