

COMMUNITY BENEFITS PLAN – REPORTING FORM

Pursuant to RSA 7:32-c - 1

FOR FISCAL YEAR BEGINNING 07/01/2009

to be filed with:

**Office of the Attorney General
Charitable Trusts Unit
33 Capitol Street, Concord, NH 03301-6397
603-271-3591**

<http://doj.nh.gov/charitable/index.html>

Home Health & Hospice Care	23-7331452
Organization Name	Federal Tax Identification Number

22Prospect Street	02495
Street Address	State Registration Number

Nashua	NH	03060
City	State	Zip Code

Has the organization filed its Community Benefits Plan Initial Filing Information form?
Yes X No _____

If No, please complete and attach the Initial Filing Information form.

If Yes, has any of the initial filing information changed since the date of submission?

Yes _____ No X

If Yes, please attach the updated information.

Section 1 – Community Benefits Contact Person:

Dr. Karen L. Baranowski, President/CEO
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Section 2 – Mission Statement:

Statutory reference: *RSA 7:32-e I.*

1. What is your mission statement?

“Home Health & Hospice Care strives to provide exceptional home, hospice, and supportive services that enhance each individual’s independence and quality of life.”

HHHC’s Core Values are extensions of this Mission Statement.

Core Values

- Each person deserves basic, patient-centered health care and, in turn, must take responsibility for his/her health.
- Home health, hospice, and community services extending from birth to death are critical components in the delivery of health care to each person.
- Patient, family, and community health care education are critical and cost-effective components in facilitating disease prevention and healing at home.
- Patients, people significant in their lives, employees, volunteers, and business partners deserve to be treated with honesty and respect.
- HHHC’s Board of Directors, management, and staff are committed to the highest standards of ethical conduct and to full compliance with all laws and regulations governing the agency.
- Employees are the most critical resource in fulfilling HHHC’s mission, and their participation in decision-making is valued and encouraged.
- An ongoing commitment to employee education, to the continuing improvement of clinical practice, and to the creation of a culture that rewards skill enhancement serves to increase HHHC’s ability to deliver the best health care possible.
- Services shall be made available to individuals and families utilizing the available fiscal and staff resources of HHHC.
- HHHC is committed to looking continuously for ways to increase quality, efficiency, and productivity in providing care.

2. When was it last reaffirmed?

The HHHC Board of Directors reaffirmed the Mission Statement and Core Value on October 6, 2009.

Section 3 – Miscellaneous:

Is this plan available on your web site? Yes X No _____

If yes, may we include a link to the plan on the CTU web site?

Yes No Web Address: <http://www.hhhc.org/pdf/benefitsplan.pdf>

Please check here if you are an area agency that reports to the Department of Health and Human Services.

Please check here if this report is filed for two or more healthcare charitable trusts.

Section 4 – Definition of Community and Population Served (RSA 7:32-d, II)

The population served by Home Health & Hospice Care has been defined as all people living in the communities listed below, which contained 694,495 residents as of the 2000 census. Patients who live outside of these geographic locations are occasionally served on a case-by-case basis. These communities have been chosen because they comprise a density and distribution of population that allows HHHC to maximize the cost-effective and efficient use of staff.

New Hampshire: Amherst, Auburn, Bedford, Brookline, Candia, Chester, Derry, Goffstown, Hollis, Hooksett, Hudson, Litchfield, Londonderry, Manchester, Mason, Merrimack, Milford, Mont Vernon, Nashua, New Boston, Pelham, Raymond, Salem, Wilton, and Windham.

Massachusetts: Chelmsford, Dracut, Dunstable, Groton, Lowell, Pepperell, Tyngsboro, and Westford.

Section 5 – Community Needs Assessment Information (RSA 7:32-f)

1. Did you conduct your own community needs assessment or did you conduct the needs assessment in conjunction with other healthcare charitable trusts in your community?

Home Health & Hospice Care participates in a collaborative community needs assessment, which is organized through the United Way of Greater Nashua. Conducted periodically, the most recent assessment was released in summer 2006. The completed document, titled Greater Nashua Measures Up, evaluates the needs of area residents using the World Health Organization’s definition of health: “Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

As stated in its introduction, “Greater Nashua Measures up has been a collaborative effort of local volunteers and organizations. Instead of conducting independent studies, Southern New Hampshire Medical Center and St. Joseph Hospital have agreed to use this assessment as the basic information upon which they will build their institutional planning efforts. A 24-member steering committee has guided the assessment process since its inception.” Also involved in the development of the document were virtually all area non-profits.

Section 6 – Community Benefits Plan/Report (RSA 7:32-e, II-VI, RSA 7:32-l)

1. Please identify the health care needs that were considered in development of this plan.

Home Health & Hospice Care’s Community Benefit Plan is consistent with the Greater Nashua Measures Up 2006 needs assessment, which indicated in surveys both of Households and of Human Service Providers that “Getting medical insurance people can afford” and

“Medical care people can afford” remain among the area’s highest-ranking priorities. In comparing the assessment of 2002 with that of 2006, the affordability of health care appears to outweigh the issue of availability. Affordable medical and dental care, affordable medical and dental insurance, and affordable medications all continue to rank highly as problematic regional issues. This would seem to indicate that although people are experiencing difficulty in obtaining affordable medical and dental insurance and, consequently, in obtaining affordable medical and dental care, health care charitable trusts in the Greater Nashua area continue their struggles to provide medical care regardless of the patient’s insurance status.

2. Please identify all activities the trust or group expects to undertake or support during the next year, which address the needs determined through the community needs assessment. Please include the estimated cost of each activity.

It is important to note that the community benefits that follow represent benefits provided in the preceding, the current, and the coming year. Our fulfillment of our mission is ongoing and consistent with the spirit and the letter of RSA 7:32-e. The information that follows responds to Questions 2 – 7 of the Community Benefits Plan Reporting Form. The estimated costs for the coming year for each activity listed below is the same as the costs incurred in the fiscal year just completed.

HHHC’s community benefit activities actually fall under two categories. The first category is the realization of our mission “to provide exceptional home, hospice, and supportive services that enhance each individual’s independence and quality of life.” This benefit is a policy, not a program, and results in a significant annual provision of charity care for our target population. (Specific amounts are detailed below.) This **general benefit** can be described as follows.

- The benefit addresses basic health care needs among residents of HHHC’s service area.
- The goal is to provide health care to an otherwise under-served population.
- The unit of measure is the total amount of free care provided over the course of the fiscal year.
- Monthly financial statements are used to monitor the benefit.
- This benefit is not provided in collaboration with other health care charitable trusts.

The second category of benefit consists of specific programs, as follows.

Bereavement Services, Support Groups, and Counseling:

- Provide grief support to families of hospice patients after the patient’s death.
- Program addresses the need for ongoing care and support for the family after the death of a loved one. The target population is grieving families and children and the community at-large.
- Bereaved family members will use available resources, and 80 % of clients at one year after the loved one’s death will recognize their ability to use

- See above.
- Clients will be evaluated by a telephone questionnaire at the end of the bereavement year.
- Collaboration: N/A

Volunteer Training and Coordination:

- In conjunction with Bereavement Services, Volunteer Coordination represents a significant community benefit that is difficult to quantify.
- An integral part of the Hospice team, volunteers are highly trained and work under the supervision of the Volunteer Coordinator. Among the services that volunteers provide to both patients and family members include an afternoon's respite, companionship, or transportation. Volunteers also work in the Bereavement Program and assist in the Hospice office. Volunteers perform a significant service in the Community Hospice House.
- The Home Care Division benefits from volunteer efforts with patients and on clerical tasks. In addition, volunteers provide critical assistance with clerical support tasks, fundraising, community awareness programs, and special projects.
- Volunteer work is essentially cost avoidance, and HHHC has a volunteer force of nearly 300 community residents.

Alzheimer's Respite and Support Group:

- Provide respite care for family members and caregivers of people with Alzheimer's disease (and other dementia.)
- The target population is families and caregivers of people with Alzheimer's or other dementia.
- The goal is to reduce stress to the caregiver, thereby allowing the patient to remain in the home as long as possible.
- The objectives are to have 80% of families demonstrate knowledge of the support group and for 90% of families to be able to keep the patient in their homes for one year.
- Monitoring will be done by questionnaire, assessment by Medical Social Worker, and by patient admission and discharge counts.
- Collaboration occurs by referral of family members to the support group.

Adult In-home Care:

- Provide homemaker and companion services to people of any age who need assistance with daily living because of physical and/or mental limitations.
- The target population for homemakers is the elderly, and homemakers provide services to clients throughout the lifespan. The need addressed is for people to remain at home in a safe environment.

- The programs are designed to promote maximum independence and allow clients to remain at home. Among the goals addressed are to allow acutely and chronically ill people to remain at home and to promote independence in a safe environment, while providing social interaction and companionship. An additional objective of the homemaker program is to provide employment opportunities to unskilled workers.
- Patients should achieve a maximum level of function and independence. Also, 90% of the patients should remain in the home for a year.
- Monitoring will be done by phone interview with a questionnaire, by patient reports of satisfaction, and by record of discharge. Other monitors include on-site bi-annual assessments.
- Collaboration: NH Bureau of Elderly and Adult Services

Community Hospice House:

- HHHC’s Community Hospice House is a ten-suite facility in Merrimack that provides end-of-life care for people whose circumstances make it impossible for them to be cared for in their homes, but who would prefer a home-like atmosphere to a hospital or long-term-care facility. The House is staffed 24-hours a day and operates under the same principles as our home hospice program, providing compassionate comfort care with an emphasis on quality of life. Care includes: palliative medical care, hospice nursing services, pharmaceutical and medical supplies, personal care, family support, bereavement support, psychosocial counseling, volunteer support, and spiritual support.
- Our commitment to providing services applies equally to patients who need the services that only the Hospice House can provide.

The valuation of the agency’s community benefits is detailed in Home Health & Hospice Care’s most recent audited financial statements:

“The Association provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates. Because the Association does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The amount of home care charges foregone for services furnished under the Association’s charity care policy was \$199,400 for the year ended June 30, 2009.

The Association provided services in other health-related activities, primarily to indigent patients, at rates substantially below cost. For certain activities, services were provided without charge.”

3. Please indicate the ratio of gross receipts from operations to net operating costs for the trust.

The ratio of gross receipts from operations \$11,145,929 to net operating costs \$12,744,734 is: 0.92:1

4. Please describe the means used to solicit the views of the community on the development of this plan and an evaluation of its effectiveness.

The views of the public were solicited through a posting on the HHHC website (<http://www.hhhc.org>). In addition, all clients (and the families of hospice patients) receive patient satisfaction surveys upon discharge. The agency's Corporate Compliance Officer evaluates these surveys, and the results are reviewed with the Board of Directors and Senior Management.

Section 7 – Public Notice (RSA 7:32-g)

Home Health & Hospice Care's Community Benefits Plan is listed prominently on our website at <http://www.hhhc.org/pdf/benefitsplan.pdf>, and a copy is available for inspection at the reception desk in the agency's Nashua office at 22 Prospect Street.

Section 8 – Additional Information - Optional