

NASHOBA VALLEY MEDICAL CENTER
2018 ANNUAL
COMMUNITY BENEFITS REPORT



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I. Overview

Nashoba Valley Medical Center (NVMC), located in Ayer, Massachusetts, is a community hospital offering inpatient medical and psychiatric services, a full range of outpatient services and 24/7 emergency services. The primary service area includes Ayer, Shirley, Devens, Harvard, Groton, Westford, Littleton, Pepperell, Townsend, Lunenburg, and Leominster. The secondary market includes Fitchburg, Ashby, Dunstable, and Bolton.

Nashoba Valley Medical Center is part of Steward Health Care System LLC,

- Steward Health Care, the largest private, for-profit hospital operator in the United States, is a physician-led health care services organization committed to providing the highest quality of care in the communities where patients live.
- Headquartered in Dallas, Texas, Steward operates 38 community hospitals in the United States, including 10 in Massachusetts, that regularly receive top awards for quality and safety.
- The company employs approximately 40,000 health care professionals. The Steward network includes more than 25 urgent care centers, 42 preferred skilled nursing facilities, substantial behavioral health services, over 7,300 beds under management, and approximately 1.5 million full risk covered lives through the company's managed care and health insurance services.
- Steward Home Care is a Medicare-certified agency serving patients throughout eastern Massachusetts and southern New Hampshire. Our home care team collaborates with our orthopedic providers to ensure that our patients are well cared for in a safe and comfortable environment.
- The total number of paneled lives within Steward's integrated care network is projected to reach 3 million in 2018, the largest integrated community care organization in New England, which combines over 3,000 physicians, 10 acute care hospitals, managed care, insurance programs, home care, an imaging operation, and a number of other post-acute services, to provide the most cost effective and highest quality of integrated care.

Nashoba Valley Medical Center maintains 57 acute care beds and a twenty-bed Geriatric Psychiatric Unit. The major clinical strengths include a fully digital, state of the art diagnostic imaging (including 3D Mammography), laboratory services, cardiology (including a pulmonary and cardiac rehab program), gastroenterology, oncology, orthopedics, general surgery and bariatric surgery, a comprehensive pain clinic, and comprehensive rehabilitation with physical, occupational and speech therapy (and a new offsite Rehab center focusing on sports medicine).

The Garvin Center for Geriatric Psychiatry is a 20-bed unit offering psychiatric inpatient care to adults ages fifty-five and older who are experiencing emotional or behavioral challenges. Services include diagnostic assessment, psychopharmacological consultation, behavioral management consultants, family consultation, dementia evaluation, depression screening, and neuropsychological testing.

Nashoba Valley Medical Center is part of Steward Health Care, a fully integrated national health care services organization committed to providing the highest quality of care in the communities where our patients live. Steward owns and operates 36 hospitals in nine states in the U.S. (Arizona, Arkansas, Florida, Louisiana, Massachusetts, Ohio, Pennsylvania, Texas, and Utah) and the country of Malta. The company employs more than 40,000 health care professionals and is recognized as one of the world's leading accountable care organizations.

Recognitions:

- Leapfrog "A" Hospital Safety Score Spring and Fall 2014, Spring 2015, Fall 2016, Spring 2017, Fall 2017 and Spring 2018
- Joint Commission Gold Seal of Approval
- 2018 American Heart Association/American Stroke Association's Get with the Guidelines®- Stroke Gold Plus Quality Achievement Award

Key Annual Statistics:

Licensed beds: 57
Psychiatric beds: 20
Full-time Employees: 318
Medical Staff: 245
Discharges (Inpatients): 2014 (1642 Med Surg/372 Psych)
Emergency Department Visits: 14,517
Outpatient Registrations: 91,367

II. Mission & Values

Steward Health Care is committed to serving the physical and spiritual needs of our community by delivering the highest quality care with compassion and respect.

Our mission revolves around the following **values**:

- **Compassion**: Providing care with empathy in such a way that the person experiences acceptance, concern, hopefulness, and sensitivity.
- **Accountability**: Accepting responsibility for continuous performance improvement, embracing change and seeking new opportunities to serve.
- **Respect**: Honoring the dignity of each person.
- **Excellence**: Exceeding expectations through teamwork and innovation.
- **Stewardship**: Managing our financial and human resources responsibly in caring for those entrusted to us.

Our guiding principles

- NVMC will strive to be a patient-centered, providing ease of access, convenience, and caring to all who seek its services.
- NVMC will provide the highest quality of care by managing medical outcomes through excellence in clinical programs and centers of excellence. We will exceed expectations of patients and referring physicians.
- NVMC will provide leadership in collaboration with its colleagues in Steward Health Care to strengthen clinical and network integration as one health care system.
- NVMC, as a major employer, strives to be the best place to work in health care.
- NVMC will enhance community health and wellbeing through education and outreach programs.
- NVMC is committed to serving the entire community, including the uninsured, underinsured, poor, and disadvantaged.
- NVMC is dedicated to providing accessible, high-quality health care services to all within its culturally diverse community; particularly in its host community of Ayer and surrounding communities.
- NVMC is dedicated to maintaining the wellbeing of its community by providing excellence in health care through preventive health, education, and wellness services.
- NVMC is dedicated to collaborating with our community to identify and respond to issues by fulfilling the physical, emotional, and social needs of the people it serves.

Community Benefits Statement of Purpose

Nashoba Valley Medical Center is committed to serving the physical and spiritual needs of our community by delivering the highest quality of care with compassion and respect. Our community benefits purpose is to:

- Improve the overall health status of people in our community;
- Provide accessible, high-quality care and services to all in our community, regardless of ability to pay;
- Collaborate with staff, providers, and community representatives to deliver meaningful programs that address statewide health priorities and local health issues;

- Identify and prioritize unmet needs and select those that can most effectively be addressed with available resources;
- Contribute to the well-being of our community through outreach efforts including, but not limited to, reducing barriers to preventive health education, screening, wellness programs, and access to health care services and becoming an advocate for the populations we serve; and
- Regularly evaluate our community benefits program.

Community Benefits Mission Statement

Nashoba Valley Medical Center is committed to collaborating with community partners to improve the health status of the towns we serve. We accomplish this by:

- Focusing on the many conditions that affect our population in the areas we serve by offering inpatient and outpatient diagnostic treatment/healthcare;
- Providing comprehensive patient healthcare services utilizing all available resources;
- Educating community members on prevention and self-care, particularly for chronic diseases (such as diabetes and hypertension and stroke) and mental health issues related to older adults, ages 55 and older;
- Addressing the social determinants of health through education and access to resources; and
- Addressing the root causes of health disparities.

III. Internal Management and Oversight of Community Programs

In recognition of the need to include a community benefits mission statement into the overall mission of the hospital, the President and senior leadership team have a vested interest in the activities of our Community Benefits Program, which includes:

- Identification of unmet health care needs in the community;
- Collaboration with community representatives to improve health status; and
- Recommendation of a particular course of action to the Hospital's senior leadership team to address specific unmet needs in a timely fashion.

Implementation and enhancement of the Community Benefits Program is the responsibility of the hospital's Senior Leadership Team, Advisory Board, Friends of Nashoba (a non-profit group that provides funding for special groups), and the Accounting/Finance Department.

Information about NVMC's Community Benefits Initiatives and all health- and wellness-related activities is shared via the hospital's web site. Articles highlighting such activities are frequently shared with local news media.

IV. Community Benefits Leadership

During 2018, the following served as members of the hospital's community benefits advisory committees:

Korry Dow, President, NVMC

Cheryl Bonasaro, CNO, NVMC

Kim Young, Director, HR, NVMC

Maureen Harris, Lab Manager, NVMC

Karin Swanfeldt, COA, town of Ayer

Susan McCarthy, COA, town of Pepperell

Patricia Stern, Loaves and Fishes

Vanessa Perini, Nashoba Home Care and Hospice

Tamara Bedard, Nashoba Board of Health

Virginia Leonard, NVMC

V. Community Overview

Nashoba Valley Medical Center serves a more racially homogenous area than the state as a whole. That said, there is vast financial diversity across the region seen in the median incomes and poverty rates of individual service area communities.

The *U.S. Census 2012-2016 ACS Estimates* recorded that the overall population for the state of Massachusetts was (79.3%) White, (10.9%) Hispanic, (7.3%) Black, (6.1%) Asian, (4.1%) some other race, (3.0%) two or more races, and (0.2%) American Indian or Alaska Native in 2015. Ten of the eleven towns and cities in the NVMC service area had a White population above the MA state average; the largest proportion of White residents was seen in Townsend at (96.5%). During the same period of time, (70.7%) of Shirley residents were White, the lowest proportion out of all towns in the Community Needs Health Assessment. Hispanic populations in Leominster were reported at (16.5%) and at (13.9%) in Shirley, both above the state average. Littleton, Groton, Pepperell, Townsend, and Westford were significantly below the Massachusetts state average for Hispanic population of (10.9%) (US Census Bureau, 2017).

All towns in the service area reported percentages of the population that were foreign born below the state average (16%). The highest percentage of foreign-born residents was reported by Westford (13%), followed by Leominster (12%) and Ayer (11%). The lowest percentage was reported by Townsend (3%), followed by Pepperell (4%). The values reported by service area communities were significantly lower than the state average (US Census Bureau, 2017).

In 2015, median household income was lowest in Leominster (\$56,510) and highest in Harvard (\$131,719). Harvard's median household income was well over double that of Leominster. The second highest median household income was seen in Westford (\$130,739), followed by Groton (\$117,500). Most towns in the service area are above the state median household income (\$70,954), but Leominster and Shirley (\$68,864) remained below the statewide value (US Census Bureau, 2017).

The highest percentage of families below the poverty level were in Ayer (12.1%), Leominster (11%), and Shirley (9.1%). All three are above the statewide average (8%). The lowest percentages of families that were below poverty level are in Littleton (1.2%), Harvard (2.1%), and Westford (2.1%). Overall, poverty levels in the service area were below the state average but Ayer, Leominster, and Shirley had notably high rates (US Census Bureau, 2017).

The towns that reported the three highest percentages of individuals below poverty level were the same as those with the three highest percentages of families below poverty level, discussed above. Rates of individuals below poverty level in these communities were: Ayer (12.9%), Leominster (13.7%), and Shirley (10.6%). Only Ayer and Leominster are above the state value (11.4%). Littleton (2.8%) and Westford (2.5%) had the lowest percentages of individuals below the poverty level (US Census Bureau, 2017).

VI. Community Health Needs Assessment

In 2018 NVMC conducted a Hospital Community Health Needs Assessment (CHNA) in full compliance with the Commonwealth of Massachusetts Office of Attorney General-*The Attorney General's Community Benefits Guidelines for Non-Profit Hospitals* released in February 2018. In order to accomplish this, a multi-dimensional approach to the collection of health and social demographic information from the NVMC primary service area was conducted. NVMC engaged various community organizations and members to ensure that varying perspectives on health and social topics were taken into account in order to complete this CHNA. Below is a brief description of the data collection process.

Health Indicators and Demographics – Data Analysis

In order to get a broader view of the health and sociodemographic trends in the NVMC primary service area, extensive public data was collected to enable key findings to be derived from online data sources. This research was conducted in partnership with the Massachusetts Department of Public Health (MDPH). Data sources used by the team included, U.S. Census Bureau, Department of Early and Secondary Education (DESE), Uniform Crime Reporting (UCR) Program of the Federal Bureau of Investigation and the Center for Disease Control and Prevention (CDC). Health indicator data, such as mortality, disease prevalence, hospitalizations, admissions to substance abuse programs and reproductive health was provided by the MDPH Office of the Commissioner and MassCHIP staff.

Key Informant Survey

A Key Informant Survey was developed and distributed electronically to all NVMC staff as well as staff at all affiliated medical practices and Steward Medical Group offices within the service area. The survey was also distributed to our community partners, to ensure that the greater health and human service provider community had the opportunity to contribute their view and opinions. We estimate that 160 individuals received the survey electronically during the survey period. A total of 100 health professionals submitted a response for a response percentage of about 62%.

Focus Group

Two focus groups were conducted with community members residing within the NVMC service area, in Pepperell and with members from the local Emergency Medical Response community in Middlesex County. Each focus group was conducted in collaboration with a partnering community organization so as to foster community engagement and collaboration. In total 25 community members took part in the focus groups. The goal was to collect views and opinions of participants that could be used to inform community health improvement strategies.

Literature Review

A literature review of recent governmental, public policy, and scholarly works was conducted. The public health information was analyzed and a summary report which included common themes and public health trends among high-priority populations in the NVMC service area was created to inform the community Health Needs Assessment.

CHNA Findings

Cancer

Respondents in the *Key Informant Survey* ranked cancer eighth when asked about the health concerns within the community. Despite this low ranking, cancer accounted for the highest percentage of mortality in the NVMC region. Cancer mortality as a percentage of all causes was slightly higher in the NVMC region compared to Massachusetts overall and was notably high in Lancaster. The most commonly diagnosed cancers across the NVMC region were breast cancer, prostate cancer, and lung cancer. Worcester County had the third highest prevalence of adult smoking (17.2%) in 2015 out of MA counties (NVMC, 2018).

Cardiovascular Disease

In 2015, heart Disease was the second leading cause of death in Massachusetts behind cancer. In a focus group of EMS professionals, participants reported chest pain and shortness of breath as primary health concerns in the community and noted a recent increase in shortness of breath amongst community members. A focus group of community members in Pepperell indicated that cardiac health and diabetes were two of the top three health concerns within the community. The quantitative data is in line with the Pepperell focus group's reports, as percentages of mortality due to heart disease in Pepperell and Shirley are highest amongst the NVMC service area (NVMC, 2018).

Diabetes

The NVMC service area reported lower diabetes mortality than Massachusetts overall. However, diabetes was still a major concern among focus group participants and the Key Informant Survey respondents. In the survey, respondents ranked heart health, hypertension, and diabetes highest in response to the question, "*What are the major health concerns in the community where you provide services?*" A focus group of community members in Pepperell indicated cardiac health and diabetes as two of the top three health concerns within the community. The focus group also noted that nutrition services may be inaccessible to those who lack transportation or mobility to leave the home (NVMC, 2018).

Mental Health

Behavioral health services were ranked second in response to "what kind of services does your organization primarily provide?" and over half of respondents identified behavioral health as a major health concern in the community. Both focus groups identified "*those dealing with mental health issues*" as an underserved community, along with "*those dealing with addiction.*" In 2015, the rate of mental health hospitalizations was higher in Ayer, Littleton, Shirley, and Groton compared with the rest of the service area. Mental health was the major concern among the focus group participants and key informant survey respondents. Both highlighted a lack of specialized services in the NVMC service area (NVMC, 2018).

Substance Use

Substance use was a main concern among focus group participants. Importantly, the rate of substance abuse admissions to DPH funded programs has increased consistently from 2013-2017 in Leominster, and Leominster reported the highest opioid mortality within the service area. Promotion of the use of substance use disorder treatment best practices and partnerships with community organizations to promote increased access to screening for potential substance abuse may help in curbing this epidemic (NVMC, 2018).

Housing Stability

Several cities and towns in the NVMC service area recorded a high level of individuals living below poverty. Ayer, Leominster, and Shirley reported higher poverty levels among families than the state average, and Lancaster reports a value slightly below the state average but still significantly higher than

the rest of the towns in the service area. Despite these statistics, the enrollment in the Supplemental Nutrition Assistance Program was lower in all towns in the area than in Massachusetts overall (NVMC, 2018).

Transportation

In 2015, community members and hospital representatives in CHNA 9 (Community Health Network of North Central Massachusetts) identified transportation as one of the key issues impacting public health in the region. The lack of reliable, affordable transportation affects every aspect of a person's life: education, access to healthy food, jobs and health care. Transportation was identified as such a critical issue, that CHNA 9 selected this topic as one of four CHIP's (community health improvement projects). The CHIP has been actively engaged in obtaining survey data as well as engaging focus groups to identify where there are service gaps and developing a comprehensive tool that could be utilized to select transportation options for the CHNA 9 service area (which extends from Ayer to Gardner, MA) (NVMC, 2018). Transportation is significant concern as communities evaluate transit options ranging from transportation for commuters (e.g. Devens project which established a bus route from Fitchburg to Devens to provide entry level workers for the growing number of companies that have come to Devens) to transportation for community members who may not drive but need access to medical services (NVMC, 2018).

Underserved Populations

Several social obstacles stand in the way for members of the underserved populations to achieve better health outcomes. Barriers include financial issues, cultural differences and language barriers. Wherever possible, informational and/or educational materials should be translated, and community engagement efforts should include various civic venues paying close attention to the social environment (NVMC, 2018).

VII. Community Benefits Programs

The goal of the community benefits program is to collaborate with our community partners and engage our professional staff to develop impactful programs for our targeted populations. Through this process, Nashoba Valley Medical Center can utilize the expertise of the community and hospital team in the creation of collateral material and program content. Our community programs focused on the key priority areas identified in 2018.

Priority 1. Access to health services information and health education

NVMC began to address this priority through discussions with local senior centers and community-based organizations to identify topics of greatest concern among our community members. Additionally, as part of the 2018 CHNA process, both hospital staff and community leaders were surveyed to fill the calendar with health-related events in 2018 and establish goals for 2019. Through this process we assessed what programs were being offered, what information was available and where gaps in programs and information were present.

After engaging in these discussions and surveys, NVMC provided educational materials that matched key issues. Information was distributed in the corresponding awareness month, for example: stroke information in May, breast cancer screening information in November as well as diabetes education.

The primary objective of this priority was to provide healthcare education to both low income and underserved populations in the NVMC service area. As well as to establish support groups to assist the community in obtaining information on diet.

Alongside these initiatives, the hospital's Community Education Series remained as a crucial tool to provide relevant and timely health care information to the community.

A need expressed by the NVMC community was for guidance in finding a primary care physician (PCP). To address this, NVMC provide a mechanism for community members to connect with physicians (PCP's and Specialists) to schedule new appointments. Patients seen in the ED and all departments and who needed insurance or billing guidance were also able to access our Patient Financial Services.

Priority 2. Mental health access and support

NVMC promoted referral resources for outpatient mental health services. Additionally, the hospital engaged in efforts to equip community members with the skills needed to recognize the signs of mental illness and find appropriate support resources.

Priority 3: Diabetes Management and Care

Community programs and collateral materials were designed to identify new cases of diabetes, educate new and existing patients on management of diabetes, and educating the community on overall health maintenance. Nashoba Valley Medical Center participated in local senior and employee health events with glucose screenings and offered opportunities to meet with a diabetes educator.

In 2018 NVMC's Diabetes Patient Educators were involved in community outreach efforts to provide education on diabetes management. These educators provided programs including glucose screenings, reviews of diet and exercise, and counseling for patients with pre-diabetes. These programs reached more than 100 community members.

Priority 4: Chronic disease awareness and access to care

Cardiovascular disease (stroke, hypertension) and cancer (lung, prostate and breast) are prevalent issues in the NVMC community. Nashoba Valley Medical Center partnered with the American Cancer Society to promote early detection of cardiovascular disease through screenings. The hospital also partnered with local PCP's to ensure that patients were following recommendations for cancer screening.

NVMC successfully developed a program to provide educational materials for community members to better understand the signs and symptoms of stroke. Programs were presented to community members (senior centers) in conjunction with community partners as well as providing information on stroke at health fairs and senior center presentations.

In 2018 one of these programs was completed, and the materials were distributed at three senior health fairs, and also through local PCP's. A second event was planned but had to be rescheduled for 2019.

In addition to the stroke education programs, educational programs on blood pressure, and diets were also offered at senior centers.

IX. Community Partners

American Cancer Society

American Heart Association

Ayer Community Action Council

Ayer Senior Center

CHNA

COA: Ayer, Shirley, Townsend, Pepperell, Lunenburg, Groton, Bolton, Harvard, Littleton

Domestic Violence Team

Elder Services of Nashoba Valley

Fitchburg State University Nursing Program

Groton Schools

Groton Senior Center

Littleton Council on Aging

Loaves and Fishes

Mass College of Pharmacy

Mount Wachusett Community College Nursing Program

Nashoba Board of Health

Nashoba Nursing and Hospice

Nashoba Valley Chamber of Commerce

Nashoba Valley Elder Services

Nashoba Valley Red Cross

Northern Essex Community College – Radiology

Pepperell Council on Aging

Senior Helpers

Shirley Senior Activity Center

Shirley Schools

Town of Ayer

Townsend School

UMASS Lowell Nursing and Physical Therapy

Visiting Angels

X. 2018 Community Benefits Expenditures

Expenditures	Amount
Direct Expenses	\$5,000.00
Associated Expenses	\$2,500.00
Determination of Need Expenditures	\$0.00
Employee Volunteerism	\$11,500.00
Other Leveraged Resources	\$2,500.00

Net Charity Care

Expenditures	Amount
HSN Assessment	\$280,536.00
HSN Denied Claims	\$215,801.00
Free/Discount Care	\$0.00
Total Net Charity Care	\$496,337.00

Corporate Sponsorships	\$10,970.00
Total Expenditures	\$528,807.00
Total Revenue	\$55,461,362.00
Total Patient Care Related Expenses	\$54,031,486.00

Approved Program Budget for 2019

(*Excluding expenditures that cannot be projected at the time of the report.) \$20,000.00

In 2018 NVMC provided the following care in its service area:

Unreimbursed Medicaid \$358,780.00

Unreimbursed Medicare \$5,129,141.00

XI. Contact Information

Organization Name: Nashoba Valley Medical Center

Address: 200 Groton Road

City, State, Zip: Ayer, Massachusetts 01432

Web Site: <http://steward.org>

Contact Name: Virginia Leonard

Contact Title: Business Development Manager

Contact Department: Administration

Telephone Num: (978) 784-9321

E-Mail Address: virginia.leonard@steward.org

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