

**COMMUNITY BENEFITS REPORTING FORM**  
*Pursuant to RSA 7:32-c-1*  
**FOR FISCAL YEAR 2013-14 (beginning 10.1.2013)**

*for 2014*

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

**RECEIVED**

DEC 22 2014

**Section 1: ORGANIZATIONAL INFORMATION**

Organization Name **Weeks Medical Center, Inc.**

CHARITABLE TRUSTS UNIT

Street Address **173 Middle Street**

City - County - State NH Zip Code **Lancaster - Coos - NH - 03584**

Federal ID # **02-022242** State Registration # **6286**

Website Address: **www.weeksmedical.org**

Is the organization's community benefit plan on the organization's website?  
**Yes...@ www.weeksmedical.org/**

Has the organization filed its Community Benefits Plan Initial Filing Information form? **Yes**

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? **No**

If YES, please attach the updated information.

Chief Executive: **Scott Howe, CEO 603.788.5030 scott.howe@weeksmedical.org**  
Board Chair: **David Atkinson 603.788-4911 David.Atkinson.nh@gmail.com**  
Community Benefits  
Plan Contact: **Celeste Pitts 603.788.5321 celeste.pitts@weeksmedical.org**

Is this report being filed on behalf of more than one health care charitable trust? **No**  
If YES, please complete a copy of this page for each individual organization included in this filing.

**Section 2: MISSION & COMMUNITY SERVED**

Mission (and Vision) Statement (adapted November 2009):

**Weeks Medical Center's compassionate staff is committed to providing high quality and efficient health care services to ensure the well-being of our patients, families and communities.**

**Our Vision of Fulfilling Our Mission is that...**

**Weeks Medical Center will improve the health of the residents of our Community by providing excellent and appropriate services.**

**We will be recognized as a leader by being in the top 10% of hospitals and healthcare organizations for quality, effectiveness and value.**

Has the Mission Statement been reaffirmed in the past year (RSA 7:32e-1)? **Yes**

Please describe the community served by the health care charitable trust. "Community" may be defined as a geographic service area and/or a population segment.

**Weeks Medical Center provides a wide range of services to its communities: hospital care (acute and skilled care – Critical Access Hospital), rehabilitation services (physical, occupational, speech therapies), medical professional services (allergy/immunology, anesthesiology, cardiology, dermatology, emergency medicine, endocrinology, family practice/obstetrics, general surgery, gynecology, internal medicine, oncology, orthopedic surgery, pathology/histology, pediatrics, podiatry, radiology, rheumatology, urology, clinical social work, dietitian, wound care, hyperbaric oxygen treatment, home health services (skilled nursing, home health aides, homemakers, rehab services), family-planning services (Title X) and community outreach services.**

Service Area (Identify Towns or Region describing the trust's primary service area):

**Weeks Medical Center's general geographic catchment area consists of the following towns: Lancaster, Groveton, Dalton, Whitefield, North Stratford, Jefferson, Carroll/Twin Mountain, Bretton Woods and Stark, in New Hampshire; and Lunenburg, Guildhall and Gilman, in Vermont. Together, these towns have a population of 14,000+/- and cover approximately 375 square miles in both Vermont and New Hampshire.**

**Over the past few years, WMC has worked with other area hospitals to combine Home Health and Hospice services under one umbrella to increase efficiencies and better serve the population of Coos County. This endeavor began in 2010 with Upper Connecticut Valley Hospital (UCVH) Home Health merging with WMC (and now DBA *Northwoods Home Health and Hospice*). This expanded the service area for homecare services to include the towns formerly served by UCVH Home Health. As of July, 2013 Androscoggin Valley Hospital (AVH) has merged their Home Health services with WMC in preparation for moving Northwoods Home Health & Hospice into the newly formed LLC Northern New Hampshire Healthcare, Inc., consisting of WMC, UCVH and AVH. This merger, which took place on January 1, 2014, has further expanded the catchment now served by Northwoods to all of Coos County, which covers 1,800 square miles and serves 33,019 people with a population density of 19 persons per square mile.**

**Weeks Medical Center is defined by the geographic communities that surround its facilities and by the individuals and groups who benefit from the health and wellness services provided by its various health related institutions. The definition was developed by the Board of Trustees, its Committees, administrative and professional staff in the practical application of the services provided by its institutions and the identified needs of the communities served.**

Service Population (Describe demographic or other characteristics if the trust primarily serves a population other than the general population):

**Weeks Medical Center provides services to every age group: pre-natal, post-natal, pediatric, teens, young to middle aged adults and seniors. Services are provided to a variety of specific health groups: oncology/cancer patients, diabetics, teen health services, cardiac rehab, school children, occupational health, hospice and others.**

### **Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan? **2013** *(Please attach a copy of the needs assessment if completed in the past year)*

**In the summer of 2013, the Strategic Planning Committee conducted a community needs assessment. The community needs were identified through the use of external data and community input. The needs have been prioritized and selected for inclusion in the Weeks Medical Center Strategic Plan based on institutional capacity, among other factors. These initiatives have become part of an overall 2014-2016 Strategic Plan which are detailed in the Community Health Needs Assessment adopted by the WMC Board of Directors in September, 2013.**

Was the assessment conducted in conjunction with other health care charitable trusts in your community? **No, assessment was independently completed by WMC with input from various area stakeholders.**

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community? **Please note, Tobacco, Alcohol and Drug Use were listed as needs among the entire age spectrum of the community, not just youth or adult.**

	<b>Code</b>	<b>Comment</b>
1	<b>101</b>	<b>Uninsured Individuals – Access to Care; Financial Barriers</b>
2	<b>420</b>	<b>Obesity and Nutrition needs</b>
3	<b>203</b>	<b>Teen Birth Rate – Teen Pregnancy</b>
4	<b>406</b>	<b>Tobacco Use</b>
5	<b>402</b>	<b>Alcohol Abuse</b>
6	<b>404</b>	<b>Drug Abuse</b>
7	<b>303</b>	<b>Cancer Screening – colorectal cancer</b>
8	<b>201</b>	<b>Childbirth Services</b>

9	122	Availability of Behavioral Health Care
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What other important health care needs or community characteristics were considered in the development of the current community benefits plan (e.g. essential needs or services not specifically identified in the community needs assessment)?

	Code	Comment
A	600	Expanded Community Outreach & Education
B	120	Availability of Primary Care
C	123	Availability of Other Medical Specialties – Dermatology, Urology
D	521	Availability of Emergency Services – walk in clinics, long wait time
E	601	Transportation medical
F	121	Availability of Dental/Oral Health Care
G	430	Services for Children
H	602	Information & referral services
I	407	Access/Availability of Alcohol/Drug Treatment
J	127	Availability of Other Health Professionals/Services – Surgery, Radiation
K	124	Availability of Home Health Care
L	321	Coronary Heart Disease – Cardiac Treatment & Rehabilitation
M	372	Alzheimer's/Dementia
O	422	Nutrition Education

Please provide additional description or comments on community needs including description of "other" needs (code 999) if applicable. *Attach additional pages if necessary:*

**Code 999 Activities (as they relate to Section 4) are as follows:**

- Physical Infrastructure Improvement – Building Repairs, Fixed Assets Additions, Building & Improvements**
- Coalition Building – North Country Health Consortium, NHHA, Northern NH Health Care Collaborative**
- Community Needs/Asset Assessment – Strategic Planning**
- Free & Discounted Health Care Services – Weeks Health Access**
- Medicaid & Medicare Costs exceeding Reimbursement**

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the Community Benefit Activities and Services provided in the preceding year and planned for the upcoming year. For each activity, indicate the community need (refer to number or letter ranks on previous page) that is addressed by the activity. For each activity, also indicate the past and/or projected unreimbursed costs.

<i>A. Community Health Services</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2013-14)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>
<i>Community Health Education</i>	<i>220</i>	<i>2,513</i>	<i>2,513</i>
<i>Community-based Clinical Services</i>	<i>350-363-521</i>	<i>994,572</i>	<i>876,111</i>
<i>Health Care Support Services</i>	<i>121- 122-420-522-999</i>	<i>333,155</i>	<i>572,255</i>
<i>Other:</i>	<i>100-101-406-602</i>	<i>307,018</i>	<i>313,159</i>

<i>B. Health Professions Education</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2013-14)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	<i>507</i>	<i>470,562</i>	<i>481,420</i>
<i>Intern/Residency Education</i>			
<i>Scholarships/Funding for Health Professions Ed.</i>	<i>507</i>	<i>1,653</i>	<i>3,000</i>
<i>Other:</i>			

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2013-14)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>
<i>Type of Service: Family Planning</i>	204	44,197	18,991
<i>Type of Service: Psychiatric Consultations</i>	370	146,233	150,595
<i>Type of Service: Child-Adolescent MH</i>	372	805	30,515
<i>Type of Service: Senior Services</i>	603	1,047	1,047
<i>Type of Service: Chronic Disease Mgt- Diabetic Education, Nutritional Counseling</i>	300	20,808	30,077
<i>Type of Service: Pharmacy Assistance Program</i>	128	16,675	17,059

<i>D. Research</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2013-14)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>
<i>Clinical Research</i>			
<i>Community Health Research</i>			
<i>Other:</i>			

<i>E. Financial Contributions</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2013-14)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>
<i>Cash Donations</i>			
<i>Grants</i>			
<i>In-Kind Assistance</i>	609	133	133
<i>Resource Development Assistance</i>			

<i>F. Community Building Activities</i>	<i>Community Need Addressed (code)</i>	<i>Unreimbursed Costs (Year 2013-14)</i>	<i>Unreimbursed Costs (Year 2014-15)</i>
<i>Physical Infrastructure Improvement</i>			
<i>Economic Development</i>			
<i>Support Systems</i>			

<i>Enhancement</i>			
<i>Environmental Improvements</i>			
<i>Leadership Development; Training for Community Members</i>			
<i>Coalition Building</i>	<b>999</b>	<b>105,857</b>	<b>66,361</b>
<i>Community Health Advocacy</i>			

<b>G. Community Benefit Operations</b>	<b>Community Need Addressed (code)</b>	<b>Unreimbursed Costs (Year 2013-14)</b>	<b>Unreimbursed Costs (Year 2014-15)</b>
<i>Dedicated Staff Costs</i>			
<i>Community Needs/Asset Assessment</i>			
<i>Other Operations</i>			

<b>H. Charity Care</b>	<b>Community Need Addressed (code)</b>	<b>Unreimbursed Costs (Year 2013-14)</b>	<b>Unreimbursed Costs (Year 2014-15)</b>
<i>Free &amp; Discounted Health Care Services</i>	<b>101</b>	<b>1,128,842</b>	<b>640,430</b>

<b>I. Government-Sponsored Health Care</b>	<b>Community Need Addressed (code)</b>	<b>Unreimbursed Costs (Year 2013-14)</b>	<b>Unreimbursed Costs (Year 2014-15)</b>
<i>Medicare Costs exceeding reimbursement</i>	<b>101</b>	<b>190,558</b>	<b>193,441</b>
<i>Medicaid Costs exceeding reimbursement</i>	<b>101</b>	<b>1,822,886</b>	<b>2,818,755</b>
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	<b>101</b>	<b>397,128</b>	<b>331,459</b>

<b>Total Reportable Community Benefit Costs</b>		<b>5,957,337</b>	<b>6,547,321</b>
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**Section 5: SUMMARY FINANCIAL MEASURES 2012-13**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	<i>71,922,064</i>
<i>Net Revenue from Patient Services</i>	<i>38,198,785</i>
<i>Total Operating Expenses</i>	<i>40,114,655</i>
<i>Net Medicare Revenue</i>	<i>18,865,245</i>
<i>Medicare Costs (actual)</i>	<i>19,055,803</i>
<i>Net Medicaid Revenue</i>	<i>3,634,352</i>
<i>Medicaid Costs(actual)</i>	<i>5,457,237</i>
<i>Unreimbursed Charity Care Expenses</i>	<i>1,128,842</i>
<i>Unreimbursed Expenses of Other Community Benefits (A thru G)</i>	<i>4,855,800</i>
<i>Total Unreimbursed Community Benefit Expenses</i>	<i>5,984,642</i>
<i>Leveraged Revenue for Community Benefit Activities (comm. health centers)</i>	<i>0</i>
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	<i>5,984,642</i>

**Section 6: COMMUNITY ENGAGEMENT in the Community Benefits Process**

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
<i>Check box = √</i>				
1) General Public (survey responses)	√			
2) School District Employees (survey responses)	√			
3) Select Patients (of WMC – survey responses)	√			
4) Local businesses and clergy	√			
5) Board of Trustees (community representatives)	√	√	√	√
6) State Legislators	√			
7) Other local Healthcare providers (Long-term care, dental, FQHC's)	√			
8) Town Managers, Police chiefs	√			
9) Public Health Network representatives	√			
10) WMC Strategic Planning Committee	√	√	√	√

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary):

A community needs assessment survey was designed and distributed in 2013 to a wide spectrum of residents from within the WMC catchment area, including patients, educators, Trustees, and the general public. The data was analyzed and priority needs were identified.

Input from state legislatives, town managers, police chiefs, clergy, business and other health care providers was solicited via individual interviews. Needs and concerns were integrated into the general assessment survey.

The resulting data, along with data from external sources, was analyzed and prioritized by the Strategic Planning Committee of the Weeks Medical Center Board of Trustees, composed of Trustees, Medical Staff and Senior Management.

**Section 7: CHARITY CARE COMPLIANCE**

Please characterize the charity care policies and procedures of your organization according to the following: <i>Check box = √</i>	YES	NO
The valuation of charity does not include any bad debt, receivables or revenue.	√	
Written charity care policy available to the public.	√	
Any individual can apply for charity care.	√	
Any applicant will receive a prompt decision on eligibility and amount of charity care offered.	√	
Notices of policy in lobbies.	√	
Notice of policy in waiting rooms.	√	
Notice of policy in other public areas.	√	
Notice given to recipients who are served in their home.	√	

**ATTACHMENTS**

- Attachment A  Names/Addresses of Trustees
- Attachment B  Community Health Needs Assessment - 2013
- Attachment C  2013 Annual Report
- Attachment D  2014 Community Health Links