

**COMMUNITY BENEFITS REPORTING FORM**

*Pursuant to RSA 7:32-c-1*

FOR FISCAL YEAR BEGINNING 07/01/2017

*to be filed with:*

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

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Alice Peck Day Memorial Hospital

**Street Address** 10 Alice Peck Day Drive

**City** Lebanon

**County** 05 - Grafton

**State** NH **Zip Code** 3766

**Federal ID #** 20222791

**State Registration #** 6329

**Website Address:** [www.alicepeckday.org](http://www.alicepeckday.org)

Is the organization's community benefit plan on the organization's website? Yes

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:** Susan Mooney, MD 6034487425 mooneys@apdmh.org

**Board Chair:** Greg Lange 6034487425 email address

**Community Benefits**

**Plan Contact:** Nancy DuMont 6034439548 dumontn@apdmh.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 Statement: The mission of Alice Peck Day Memorial Hospital is to provide patient focused health care services that are responsive to community needs, promote wellness, and continually improve the quality of health services in the community.

Has the Mission Statement been reaffirmed in the past year (*RSA 7:32e-1*)? No

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.

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

Alice Peck Day Memorial Hospital is part of the Lebanon Health Care Service Area. This area is comprised of cities and towns in New Hampshire as well as Vermont. APD's service area in NH includes 15 towns in addition to the City of Lebanon: Canaan, Cornish, Croydon, Dorchester, Enfield, Grafton, Grantham, Hanover, Lyme, Newport, Orange, Orford, Piermont, Plainfield and Warren. Vermont towns include: East Thetford, Fairlee, Hartford, Hartland, Norwich, North Hartland, North Thetford, Post Mills, Quechee, Sharon, South Strafford, Strafford, Thetford, Thetford Center, Vershire, West Vershire, West Fairlee, West Hartford, White River Junction and Woodstock.

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

Serve the General Population

**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?

2016 *(Please attach a copy of the needs assessment if completed in the past year)*

Was the assessment conducted in conjunction with other health care charitable trusts in your community? Yes

Based on the needs assessment and community engagement process, what are the priority needs and health concerns of your community?

	NEED (Please enter code # from attached list of community needs)
1	122
2	100
3	400
4	121
5	503
6	420
7	128
8	120
9	501

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)?

	NEED (Please enter code # from attached list of community needs)
A	601
B	604
C	522
D	421
E	101
F	609
G	603

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

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

Identify the categories of Community Benefit activities provided in the preceding year and planned for the upcoming year (note: some categories may be blank). For each area where your organization has activities, report the past and/or projected unreimbursed costs for *all* community benefit activities in that category. For each category, also indicate the *primary* community needs that are addressed by these activities by referring to the applicable number or letter from the lists on the previous page (i.e. the listed needs may relate to only a subset of the total reported costs in some categories).

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	-- -- --		
<i>Community-based Clinical Services</i>	1 2 1	\$25,791.00	\$35,000.00
<i>Health Care Support Services</i>	-- -- --	\$4,402.00	\$5,000.00
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	1 -- --	\$8,000.00	\$8,000.00
<i>Intern/Residency Education</i>	1 -- --	\$12,993.00	\$13,000.00
<i>Scholarships/Funding for Health Professions Ed.</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		
<i>Type of Service:</i>	-- -- --		

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<b><i>D. Research</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Clinical Research</i>	-- -- --		
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<b><i>E. Financial Contributions</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Cash Donations</i>	1 -- 1	\$30,969.00	\$40,000.00
<i>Grants</i>	-- -- --		
<i>In-Kind Assistance</i>	6 -- --	\$27,320.00	\$37,000.00
<i>Resource Development Assistance</i>	-- -- --		

<b><i>F. Community Building Activities</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	6 -- --	\$4,605.00	\$5,000.00
<i>Support Systems Enhancement</i>	5 2 2	\$7,068.00	\$7,000.00
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	1 -- --	\$10,598.00	\$11,000.00
<i>Community Health Advocacy</i>	-- -- --		

<b><i>G. Community Benefit Operations</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Dedicated Staff Costs</i>	1 -- --	\$107,995.00	\$111,000.00
<i>Community Needs/Asset Assessment</i>	-- -- --		\$6,000.00
<i>Other Operations</i>	-- -- --		

<b><i>H. Charity Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Free &amp; Discounted Health Care Services</i>	1 -- 1	\$571,229.00	\$450,000.00

<b><i>I. Government-Sponsored Health Care</i></b>	<b><i>Community Need Addressed</i></b>	<b><i>Unreimbursed Costs (preceding year)</i></b>	<b><i>Unreimbursed Costs (projected)</i></b>
<i>Medicare Costs exceeding reimbursement</i>	5 -- 1	\$917,528.00	\$1,000,000.00
<i>Medicaid Costs exceeding reimbursement</i>	1 -- 1	\$1,771,848.00	\$1,000,000.00
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$69,828,050.00
<i>Net Revenue from Patient Services</i>	\$66,299,262.00
<i>Total Operating Expenses</i>	\$69,306,820.00
<i>Net Medicare Revenue</i>	\$21,082,029.00
<i>Medicare Costs</i>	\$21,999,557.00
<i>Net Medicaid Revenue</i>	\$2,371,975.00
<i>Medicaid Costs</i>	\$4,143,823.00
<i>Unreimbursed Charity Care Expenses</i>	\$571,229.00
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$239,741.00
<i>Total Unreimbursed Community Benefit Expenses</i>	\$3,500,346.00
<i>Leveraged Revenue for Community Benefit Activities</i>	
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	\$3,500,346.00



**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>
1) Lebanon School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) Hartford School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Richards Elementary School, Newport NH	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Mascoma School District	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5) Grafton County Senior Citizens Council	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) LISTEN Community Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7) Good Neighbor Health Clinic	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8) Public Health Council of the Upper Valley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
9) CCBA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
10) Upper Valley Aquatic Center	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
11) Vermont Department of Health	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12) Hartford Community Coalition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please provide a description of the methods used to solicit community input on community needs (attach additional pages if necessary): The 2016 CHNA was conducted as a collaboration between Alice Peck Day Memorial Hospital, Mt. Ascutney Hospital and Health Care, New London Hospital and Valley Regional Hospital. A jointly developed common stakeholder survey of regional health, human services, education, government and public health leaders was completed by 120 individuals. Four focus groups were held, with emphasis on participation from low income, underrepresented consumers. A broad-based community survey was developed, and administered both through electronic means as well as through one-on-one interviews, with 1,185 Upper Valley residents completing the tool.

**Section 7: CHARITY CARE COMPLIANCE**

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

### **List of Potential Community Needs for Use on Section 3**

#### *100 - Access to Care; General*

- 101 - Access to Care; Financial Barriers
- 102 - Access to Care; Geographic Barriers
- 103 - Access to Care; Language/Cultural Barriers to Care
- 120 - Availability of Primary Care
- 121 - Availability of Dental/Oral Health Care
- 122 - Availability of Behavioral Health Care
- 123 - Availability of Other Medical Specialties
- 124 - Availability of Home Health Care
- 125 - Availability of Long Term Care or Assisted Living
- 126 - Availability of Physical/Occupational Therapy
- 127 - Availability of Other Health Professionals/Services
- 128 - Availability of Prescription Medications

#### *200 - Maternal & Child Health; General*

- 201 - Perinatal Care Access
- 202 - Infant Mortality
- 203 - Teen Pregnancy
- 204 - Access/Availability of Family Planning Services
- 206 - Infant & Child Nutrition
- 220 - School Health Services

#### *300 - Chronic Disease – Prevention and Care; General*

- 301 - Breast Cancer
- 302 - Cervical Cancer
- 303 - Colorectal Cancer
- 304 - Lung Cancer
- 305 - Prostate Cancer
- 319 - Other Cancer
- 320 - Hypertension/HBP
- 321 - Coronary Heart Disease
- 322 - Cerebrovascular Disease/Stroke
- 330 - Diabetes
- 340 - Asthma
- 341 - Chronic Obstructive Pulmonary Disease
- 350 - Access/Availability of Chronic Disease Screening Services

#### *360 - Infectious Disease – Prevention and Care; General*

- 361 - Immunization Rates
- 362 - STDs/HIV
- 363 - Influenza/Pneumonia
- 364 - Food borne disease
- 365 - Vector borne disease

*370 - Mental Health/Psychiatric Disorders – Prevention and Care; General*

- 371 - Suicide Prevention
- 372 - Child and adolescent mental health
- 372 - Alzheimer's/Dementia
- 373 - Depression
- 374 - Serious Mental Illness

*400 - Substance Use; Lifestyle Issues*

- 401 - Youth Alcohol Use
- 402 - Adult Alcohol Use
- 403 - Youth Drug Use
- 404 - Adult Drug Use
- 405 - Youth Tobacco Use
- 406 - Adult Tobacco Use
- 407 - Access/Availability of Alcohol/Drug Treatment

- 420 - Obesity
- 421 - Physical Activity
- 422 - Nutrition Education
- 430 - Family/Parent Support Services

*500 – Socioeconomic Issues; General*

- 501 - Aging Population
- 502 - Immigrants/Refugees
- 503 - Poverty
- 504 - Unemployment
- 505 - Homelessness
- 506 - Economic Development
- 507 - Educational Attainment
- 508 - High School Completion
- 509 - Housing Adequacy

*520 - Community Safety & Injury; General*

- 521 - Availability of Emergency Medical Services
- 522 - Local Emergency Readiness & Response
- 523 - Motor Vehicle-related Injury/Mortality
- 524 - Driving Under Influence
- 525 - Vandalism/Crime
- 526 - Domestic Abuse
- 527 - Child Abuse/Neglect
- 528 - Lead Poisoning
- 529 - Work-related injury
- 530 - Fall Injuries
- 531 - Brain Injury
- 532 - Other Unintentional Injury

533 - Air Quality  
534 - Water Quality

*600 - Community Supports; General*

601 - Transportation Services  
602 - Information & Referral Services  
603 - Senior Services  
604 - Prescription Assistance  
605 - Medical Interpretation  
606 - Services for Physical & Developmental Disabilities  
607 - Housing Assistance  
608 - Fuel Assistance  
609 - Food Assistance  
610 - Child Care Assistance  
611 - Respite Care

999 – Other Community Need

## FY18 Community Benefits Report Addendum

Category	Description	Unreimbursed Cost
<b>A. Community Health Services</b> <ul style="list-style-type: none"> <li>Community Based Clinical Services</li> <li>Health Care Support Services</li> </ul>	<i>Upper Valley Smiles Dental Program</i>  Medical volunteer aid for victims of Hurricane Maria in Puerto Rico, September 2017  RN support for community flu clinics Startup costs for <i>FitScripts</i> prescription exercise pilot  Elder Friends administrative support	\$24,128.00  \$1,482.00  \$181.00 \$3,510.00  \$892.00
<b>B. Health Prof Educ</b> <ul style="list-style-type: none"> <li>Scholarships/Funding for Prof. Education</li> </ul>	Surgical Tech Training Program Scholarship  Nurse Residency Program	\$8,000.00  \$12,993.00
<b>C. Financial Contributions</b> <ul style="list-style-type: none"> <li>Cash Donations</li> </ul>	Grafton County Senior Citizens Council Good Neighbor Health Clinic AHA Go Red Event Lebanon Lunch Friends Emergency Pharmacy vouchers Canaan Elem School Morning Activity Prog Shamrock Shuffle/Lebanon Rec Dept Upper Valley Music Center Child and Family Services Daniel Webster Council Tournament	\$12,000.00 \$5,000.00 \$2,500.00 \$7,870.00 \$1,299.00 \$1,000.00 \$200.00 \$500.00 \$300.00 \$300.00

## FY18 Community Benefits Report Addendum

<ul style="list-style-type: none"> <li>• In-Kind Donations</li> </ul>	Meeting space, refreshments for local non-profit community groups (AA, Al-Anon)	\$15,612.00
	Monthly donation of coffee for Turning point recovery groups (2500 visits/month)	\$2,208.00
	Lebanon Lunch Friends volunteer recruitment	\$500.00
	Administrative office space for Headrest, Inc	\$9,000.00
<b>D. Community Building Activities</b> <ul style="list-style-type: none"> <li>• Community Health Improvement Advocacy</li> <li>• Support System Enhancements</li> <li>• Economic Development</li> </ul>	Leadership participation in local and statewide rural health advocacy forums	\$10,598.00
	Clinical staff participation in local and statewide emergency preparedness training	\$7,068.00
	Lebanon Chamber of Commerce board participation, Mascoma Savings Bank board participation	\$4,605.00
<b>E. Community Benefits Operations</b> <ul style="list-style-type: none"> <li>• Dedicated Staff</li> </ul>	Salary, Office Supplies, Travel	\$107,995.00

**Total Community Benefit Programs    \$239,741.00**

<b>F. Charity Care</b>		\$571,229.00
<b>G. Gov. Sponsored Healthcare</b>	Medicare/Medicaid costs exceeding reimbursement	\$2,689,376.00

## FY18 Community Benefits Report Addendum

<b>Total unreimbursed Community Benefit Expenses</b>	<b>\$3,500,346.00</b>
<b>Leveraged Revenue for Community Benefit Activities</b>	<b>\$0.00</b>
<b>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</b>	<b>\$3,500,346.00</b>