

**SCHEDULE H**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Hospitals**

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

BRIDGEPORT HOSPITAL

Employer identification number  
06-0646554

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	1a	X
b If "Yes," was it a <i>written policy</i> ? If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year.	1b	X
<input checked="" type="checkbox"/> Applied uniformly to all hospital facilities		
<input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.	3a	X
a Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	3b	X
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
b Did the organization use FPG to determine eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....	4	X
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other <u>      </u> %	5a	X
c If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.	5b	X
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....	5c	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	6a	X
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	6b	X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
6a Did the organization prepare a community benefit report during the tax year? .....		
b If "Yes," did the organization make it available to the public? .....		

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

**7 Financial Assistance and Certain Other Community Benefits at Cost**

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1) .....		2,448	11,160,000.	2,241,000.	8,919,000.	2.27%
b Medicaid (from Worksheet 3, column a) .....		94,934	102,743,000.	75,023,000.	27,720,000.	7.07%
c Costs of other means-tested government programs (from Worksheet 3, column b) .....						
d <b>Total</b> Financial Assistance and Means-Tested Government Programs .....		97,382	113,903,000.	77,264,000.	36,639,000.	9.34%
<b>Other Benefits</b>						
e Community health improvement services and community benefit operations (from Worksheet 4) .....	10	3,528	1,994,634.	916,368.	1,078,266.	.27%
f Health professions education (from Worksheet 5) .....	4	265	25,986,651.	8,419,238.	17,567,413.	4.48%
g Subsidized health services (from Worksheet 6) .....	2	6,850	8,986,997.	6,689,017.	2,297,980.	.59%
h Research (from Worksheet 7) .....	2	0	341,084.	0.	341,084.	.09%
i Cash and in-kind contributions for community benefit (from Worksheet 8) .....	3	25,200	87,883.	0.	87,883.	.02%
j <b>Total</b> Other Benefits .....	21	35,843	37,397,249.	16,024,623.	21,372,626.	5.45%
k <b>Total</b> Add lines 7d and 7j .....	21	133,225	151,300,249.	93,288,623.	58,011,626.	14.79%

**Part II** **Community Building Activities** Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community building expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community building expense	<b>(f)</b> Percent of total expense
<b>1</b> Physical improvements and housing	1	0	<b>17,972.</b>		<b>17,972.</b>	<b>.00%</b>
<b>2</b> Economic development	1	0	<b>26,349.</b>		<b>26,349.</b>	<b>.01%</b>
<b>3</b> Community support	3	<b>445</b>	<b>46,105.</b>		<b>46,105.</b>	<b>.01%</b>
<b>4</b> Environmental improvements	1		<b>1,212.</b>		<b>1,212.</b>	<b>.00%</b>
<b>5</b> Leadership development and training for community members						
<b>6</b> Coalition building	1	0	<b>1,956.</b>		<b>1,956.</b>	<b>.00%</b>
<b>7</b> Community health improvement advocacy						
<b>8</b> Workforce development	1	71	<b>10,316.</b>		<b>10,316.</b>	<b>.00%</b>
<b>9</b> Other						
<b>10</b> <b>Total</b>	8	516	<b>103,910.</b>		<b>103,910.</b>	<b>.02%</b>

Part III Bad Debt, Medicare, & Collection Practices

## Section A. Bad Debt Expense

1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? .....

2 Enter the amount of the organization's bad debt expense ..... **2** **6,582,653.**

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy ..... **3**

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including a portion of bad debt amounts as community benefit.

## Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) .....	5	148619790.
6	Enter Medicare allowable costs of care relating to payments on line 5 .....	6	154946283.
7	Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7	-6,326,493.
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.		

Check the box that describes the method used:

Cost accounting system  Cost to charge ratio  Other

## Section C: Collection Practices

**9a** Did the organization have a written debt collection policy during the tax year? .....

**b** If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI

## Part IV Management Companies and Joint Ventures (see instructions)

## Part V Facility Information

## **Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate

1

**Part V Facility Information (continued)****Section B. Facility Policies and Practices**

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

**Name of Hospital Facility: BRIDGEPORT HOSPITAL****Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1**

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for tax year 2011)		
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs Assessment)? If "No," skip to line 8 .....	1	
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted .....	3	
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI .....	4	
5 Did the hospital facility make its Needs Assessment widely available to the public? .....	5	
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs .....	7	
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
8 Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	8	X
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care? .....	9	X
If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		

## Part V Facility Information (continued) BRIDGEPORT HOSPITAL

	Yes	No
10 Used FPG to determine eligibility for providing <i>discounted</i> care? .....	10	X
If "Yes," indicate the FPG family income limit for eligibility for discounted care: <u>400</u> %		
If "No," explain in Part VI the criteria the hospital facility used.		
11 Explained the basis for calculating amounts charged to patients? .....	11	X
If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a <input type="checkbox"/> Income level		
b <input type="checkbox"/> Asset level		
c <input type="checkbox"/> Medical indigency		
d <input type="checkbox"/> Insurance status		
e <input type="checkbox"/> Uninsured discount		
f <input type="checkbox"/> Medicaid/Medicare		
g <input type="checkbox"/> State regulation		
h <input type="checkbox"/> Other (describe in Part VI)		
12 Explained the method for applying for financial assistance? .....	12	X
13 Included measures to publicize the policy within the community served by the hospital facility? .....	13	X
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b <input type="checkbox"/> The policy was attached to billing invoices		
c <input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d <input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e <input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f <input type="checkbox"/> The policy was available on request		
g <input type="checkbox"/> Other (describe in Part VI)		
<b>Billing and Collections</b>		
14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	14	X
15 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP? .....	16	X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency		
b <input type="checkbox"/> Lawsuits		
c <input type="checkbox"/> Liens on residences		
d <input type="checkbox"/> Body attachments		
e <input type="checkbox"/> Other similar actions (describe in Part VI)		
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in line 16 (check all that apply): .....		
a <input type="checkbox"/> Notified patients of the financial assistance policy on admission		
b <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge		
c <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills		
d <input type="checkbox"/> Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Part VI)		

## Part V Facility Information (continued) BRIDGEPORT HOSPITAL

## Policy Relating to Emergency Medical Care

18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy? .....

	Yes	No
18	X	

If "No," indicate why:

- a  The hospital facility did not provide care for any emergency medical conditions
- b  The hospital facility's policy was not in writing
- c  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d  Other (describe in Part VI)

## Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a  The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b  The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c  The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d  Other (describe in Part VI)

20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care? .....

If "Yes," explain in Part VI.

21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for any service provided to that patient? .....

If "Yes," explain in Part VI.

132096 01-23-12

Schedule H (Form 990) 2011

**Part V Facility Information (continued)****Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 24

Name and address	Type of Facility (describe)
1 BRIDGEPORT HOSPITAL PRIMARY CARE 226 MILL HILL AVE BRIDGEPORT, CT 06610	OCC HLTH/PT/REHAB/AUDIO/CARDIAC/PR CAR
2 FAIRFIELD URGENT CARE CENTER 309 STILLSON ROAD FAIRFIELD, CT 06825	URGENT CARE/LAB
3 THE CENTER FOR SLEEP MEDICINE 999 SILVER LANE TRUMBULL, CT 06610	CARDIAC TESTING
4 THE HUNTINGTON WALK-IN MEDICAL CENTER 887 BRIDGEPORT AVE SHELTON, CT 06484	URGENT CARE/LAB
5 BRIDGEPORT HOSPITAL OUTPATIENT CARD 25 GERMANTOWN ROAD DANBURY, CT 06810	CARDIAC TESTING
6 WOUND CARE/HYPERBARIC CHAMBER 141 MILL HILL AVE BRIDGEPORT, CT 06610	WOUND CARE/HYPERBARIC OXYGEN
7 AHLBIN REHABILITATION CENTER 3585 MAIN ST STRATFORD, CT 06614	OCC HEALTH/PT/REHAB
8 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 15 CORPORATE DRIVE TRUMBULL, CT 06611	LAB
9 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 3115 MAIN ST STRATFORD, CT 06614	LAB
10 PSYCHIATRIC ADULT PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614	BEHAVIORAL CLINIC

**Part V Facility Information (continued)****Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? \_\_\_\_\_

Name and address	Type of Facility (describe)
11 BRIDGEPORT HOSPITAL BLOOD DRAW STATIO 4775 MAIN ST BRIDGEPORT, CT 06606	LAB
12 AHLBIN REHABILITATION CENTER 4 CORPORATE DRIVE SHELTON, CT 06484	OCC HEALTH/PT/REHAB
13 AHLBIN REHABILITATION CENTER 2600 POST ROAD SOUTHPORT, CT 06890	OCC HEALTH/PT/REHAB/LAB
14 GERIATRIC PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614	BEHAVIORAL CLINIC
15 SLEEP CENTER 1070 MAIN ST BRIDGEPORT, CT 06604	SLEEP CENTER
16 BRIDGEPORT HOSPITAL OUTPATIENT CARD 30 PROSPECT ST RIDGEFIELD, CT 06877	CARDIAC TESTING
17 GREENWICH HOSPITAL BLOOD DRAW STATION 225 MAIN ST WESTPORT, CT 06880	LAB
18 TRUMBULL RADIATION ONCOLOGY CENTER 15 CORPORATE DRIVE TRUMBULL, CT 06610	CANCER TREATMENT/LAB
19 CHILD PARTIAL HOSPITAL 305 BOSTON AVE STRATFORD, CT 06614	BEHAVIORAL CLINIC
20 BRIDGEPORT HOSPITAL OUTPATIENT CARD 1305 POST ROAD FAIRFIELD, CT 06824	CARDIAC REHAB/CARDIAC TESTING/LAB

**Part V Facility Information (continued)**

**Section C. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year?

132097 01-23-12

**Schedule H (Form 990) 2011**

**Part VI Supplemental Information**

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

**PART I, LINE 7: COSTING METHODOLOGY EXPLANATION:**

THE HOSPITAL USES A COST ACCOUNTING SYSTEM, TSI, TO CALCULATE THE AMOUNTS PRESENTED IN PART I, LINE 7. THE COST ACCOUNTING SYSTEM ADDRESSES ALL PATIENT SEGMENTS.

**PART I, LN 7 COL(F):**

THE BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS \$16,622,861.

**PART II - COMMUNITY BUILDING ACTIVITIES**

BRIDGEPORT HOSPITAL (BH) IS THE LARGEST PRIVATE EMPLOYER IN BRIDGEPORT WITH 2,477 EMPLOYEES IN 2012. THE HOSPITAL HAS TAKEN A LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES BY PROVIDING IN-KIND AND FINANCIAL SUPPORT FOR INITIATIVES THROUGHOUT THE GREATER BRIDGEPORT AREA. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, BRIDGEPORT CHAMBER OF COMMERCE, AREA ROTARY CLUBS AND NON-PROFIT CULTURAL VENUES. THERE IS CONSIDERABLE RESEARCH

## Part VI Supplemental Information

LINKING THE IMPACT OF SOCIOECONOMIC CONDITIONS TO ONE'S HEALTH. SOCIAL DETERMINANTS OF HEALTH INCLUDE HOUSING, EDUCATION, EMPLOYMENT/EMPLOYABILITY AND NEIGHBORHOOD CONDITIONS.

BRIDGEPORT HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY (CBISA) DATABASE DEVELOPED BY LYON SOFTWARE TO CATALOG ITS COMMUNITY BENEFIT AND COMMUNITY BUILDING ACTIVITIES AND THE GUIDELINES DEVELOPED BY THE CATHOLIC HOSPITAL ASSOCIATION (CHA) IN ORDER TO CATALOG THESE BENEFITS. THESE TWO ORGANIZATIONS HAVE WORKED TOGETHER FOR OVER TWENTY YEARS TO PROVIDE SUPPORT TO NON-FOR-PROFIT HOSPITALS TO DEVELOP AND SUSTAIN EFFECTIVE COMMUNITY BENEFIT PROGRAMS.

THE MOST RECENT VERSION OF THE CHA GUIDE FOR PLANNING AND REPORTING COMMUNITY BENEFIT DEFINES COMMUNITY BUILDING ACTIVITIES AS PROGRAMS THAT ADDRESS THE ROOT CAUSES OF HEALTH PROBLEMS, SUCH AS POVERTY, HOMELESSNESS AND ENVIRONMENTAL PROBLEMS. THESE ACTIVITIES ARE CATEGORIZED INTO EIGHT DISTINCT AREAS INCLUDING PHYSICAL IMPROVEMENT AND HOUSING, ECONOMIC DEVELOPMENT, COMMUNITY SUPPORT ENVIRONMENTAL IMPROVEMENTS, LEADERSHIP DEVELOPMENT AND TRAINING FOR COMMUNITY MEMBERS, COALITION BUILDING, ADVOCACY FOR COMMUNITY HEALTH IMPROVEMENTS, AND WORKFORCE DEVELOPMENT.

WHILE BH'S VISION IS TO BE THE PREFERRED HEALTHCARE PROVIDER IN THE REGION, THE HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING

**Part VI Supplemental Information**

AND NEIGHBORHOODS. DURING FISCAL YEAR 2012, BRIDGEPORT HOSPITAL PROVIDED \$104,000 IN FINANCIAL AND IN-KIND DONATIONS TO SUPPORT JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES.

**REVITALIZING OUR NEIGHBORHOODS**

SEVERAL YEARS AGO, THE CITY OF BRIDGEPORT ORGANIZED NEIGHBORHOOD REVITALIZATION ZONES (NRZ) IN ORDER TO EXPAND AND IMPROVE BUSINESS AND HOUSING IN LOW-TO-MODERATE INCOME NEIGHBORHOODS OR AREAS WITHIN NEIGHBORHOODS. THE NRZS RECEIVED TECHNICAL ASSISTANCE FROM THE CITY AND OUTSIDE CONSULTANTS, AND ENGAGE NEIGHBORHOOD RESIDENTS, NON-PROFITS, AND FAITH-BASED ORGANIZATIONS TO MEET AND FORM STAKEHOLDER GROUPS. THESE GROUPS IDENTIFY THE PRIORITIES AND NEEDS OF THE NEIGHBORHOODS AND ARE ELIGIBLE TO BORROW STATE MONEY TO PURCHASE BLIGHTED PROPERTIES OR OFFER LOW-INTEREST LOANS TO QUALIFYING BUSINESSES FOR FACADE IMPROVEMENTS. HOSPITAL LEADERSHIP HAS BEEN ACTIVELY ENGAGED IN THE NRZ PROCESS FROM THE ONSET WITH REPRESENTATIVES SERVING ON COMMITTEES ORGANIZED IN THE CITY'S EAST END AND EAST SIDE, WHICH ARE BOTH LOCATED NEAR THE HOSPITAL.

DURING 2012, BRIDGEPORT HOSPITAL WORKED CLOSELY WITH THE CITY OF BRIDGEPORT TO DEVELOP AND IMPLEMENT AN NRZ IN THE MILL HILL NEIGHBORHOOD, WHICH DIRECTLY SURROUNDS THE HOSPITAL. IN ORDER TO BE RECOGNIZED AS AN NRZ, THE GROUP MUST RECEIVE APPROVAL FROM THE CITY COUNCIL AND DEVELOP A REVITALIZATION OR STRATEGIC PLAN FOR THE NEIGHBORHOOD. THE PROCESS FOR THE MILL HILL AREA TO BECOME AN NRZ WAS

## Part VI Supplemental Information

INITIATED THROUGH A NEIGHBORHOOD WORKSHOP HELD ON JUNE 30, 2013.

SIX YEARS AGO, PRIOR TO THE CITY'S EFFORT TO DEVELOP AN NRZ IN MILL HILL, THE HOSPITAL CREATED WHAT IS NOW CALLED THE BRIDGEPORT HOSPITAL COMMUNITY PARTNERSHIP. THIS UNIQUE PROGRAM WAS DEVELOPED TO IMPLEMENT MEASURABLE AND SUSTAINABLE QUALITY-OF-LIFE ENHANCEMENTS IN THE NEIGHBORHOODS DIRECTLY SURROUNDING THE HOSPITAL. OVER 900 NEIGHBORHOOD RESIDENTS RECEIVE INVITATIONS TO ATTEND THE HOSPITAL-SPONSORED MEETINGS. THE RESIDENTS IDENTIFIED ISSUES OR CONCERNs THEY HAD RELATED TO THEIR NEIGHBORHOOD, AND THE HOSPITAL WORKED WITH ITS NETWORK OF LOCAL GOVERNMENT AND COMMUNITY ORGANIZATIONS TO ADDRESS THESE ISSUES. IN 2012, EXPERT SPEAKERS AT COMMUNITY PARTNERSHIP MEETINGS PROVIDED INFORMATION ABOUT SUCCESSFUL AGING, ECONOMIC DEVELOPMENT INITIATIVES IN THE NEIGHBORHOOD SUCH AS PLANS FOR THE FORMER GE COMPLEX ON BOSTON AVENUE AND THE PROPOSED GRANT STREET PLAZA TO IMPROVE SAFETY.

THE HOSPITAL ALSO PROVIDED OPERATIONAL SUPPORT TO THE EAST END COMMUNITY COUNCIL, A GROUP OF COMMUNITY RESIDENTS, BUSINESS, CIVIC, RELIGIOUS LEADERS AND COMMUNITY POLICE OFFICERS. THE EAST END COMMUNITY COUNCIL WORKS COLLABORATIVELY TO ENHANCE THE QUALITY OF LIFE IN THE NEIGHBORHOOD THROUGH VARIOUS INITIATIVES INCLUDING SAFE STREETS, FOOD PANTRIES, ANNUAL TOY DRIVES AND A LITTLE LEAGUE TEAM.

BRIDGEPORT HOSPITAL, ALONG WITH OTHER AREA BUSINESSES, IS A FOUNDING MEMBER OF THE SEAVIEW AVENUE BUSINESS ALLIANCE. THE SEAVIEW AVENUE BUSINESS ALLIANCE IS A NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING STREETSCAPES AND IMPROVING THE AREA ALONG THE SEAVIEW AVENUE CORRIDOR. THE ORGANIZATION ALSO PROVIDES ANNUAL SCHOLARSHIPS TO STUDENTS

## Part VI Supplemental Information

GRADUATING FROM HARDING HIGH SCHOOL WHO PLAN TO ATTEND COLLEGE. IN 2012, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS.

CREATING EDUCATIONAL OPPORTUNITIES

SINCE HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE, DISPARITIES ACROSS SOCIOECONOMIC STATUS GROUPS IN THE U.S. HAVE RECEIVED INCREASING ATTENTION IN RECENT YEARS FROM RESEARCHERS, THE HEALTH POLICY COMMUNITY, AND THE GENERAL PUBLIC. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. ACCORDING TO THE BRIDGEPORT CHILD ADVOCACY COALITION, ONLY 70% OF BRIDGEPORT'S GRADUATING CLASS OF 2012 WENT ON TO POST-SECONDARY EDUCATION, COMPARED TO 86% STATEWIDE. RESULTS FROM THE CONNECTICUT MASTERY TEST CONSISTENTLY DEMONSTRATE AN ACHIEVEMENT GAP BETWEEN BRIDGEPORT YOUTH AND THEIR STATEWIDE PEERS.

REFLECTING ITS STRONG COMMITMENT TO THE BRIDGEPORT COMMUNITY AND SUPPORT OF EDUCATION, BRIDGEPORT HOSPITAL CONTINUED MENTORING AND CAREER EXPLORATION OPPORTUNITIES DURING THE YEAR. ONE EXAMPLE IS THE NEWLY CREATED YALE-BRIDGEPORT GEAR UP PARTNERSHIP, WHICH PROVIDES EARLY EXPOSURE TO CAREER OPPORTUNITIES FOR STUDENTS TO IMPROVE THEIR ENGAGEMENT AND MOTIVATION IN SCHOOL. THE FUNDING FOR THIS PROJECT TARGETS BRIDGEPORT STUDENTS WHO ARE IN THE GRADUATING CLASSES OF 2014 AND 2017 AND WILL FOLLOW THOSE STUDENTS FROM SEVENTH GRADE THROUGH THEIR FRESHMAN YEAR IN COLLEGE AS PART OF A RESEARCH STUDY THROUGH YALE UNIVERSITY. OVER 45 SEVENTH GRADERS ATTENDED A CAREER FAIR AND TOUR OF BRIDGEPORT HOSPITAL AS PART OF THE PROGRAM. ADDITIONAL PARTNERS

## Part VI Supplemental Information

INCLUDE THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, ST. VINCENT'S MEDICAL CENTER, UNITED WAY OF COASTAL FAIRFIELD COUNTY, PEOPLE'S BANK, FAIRFIELD UNIVERSITY, SACRED HEART UNIVERSITY, UNIVERSITY OF BRIDGEPORT, HOUSATONIC COMMUNITY COLLEGE AND NORWALK COMMUNITY COLLEGE.

HOSPITAL STAFF FROM VARIOUS DEPARTMENTS INCLUDING THE EMERGENCY DEPARTMENT, WOMEN'S CARE CENTER, SURGICAL SERVICES, CENTRAL STERILE PROCESSING, FOOD AND NUTRITION SERVICES, AND PHYSICAL THERAPY PARTICIPATED IN MENTORING PROGRAMS COORDINATED THROUGH THE HOSPITAL'S HUMAN RESOURCES AND VOLUNTEER SERVICES DEPARTMENTS. OVER 30 AREA HIGH SCHOOL STUDENTS PARTICIPATED IN THE PROGRAMS, WHICH INCLUDE E-MENTORING, AN INTERNSHIP PROGRAM AND TEEN CAMP FOCUSED ON PROVIDING BASIC KNOWLEDGE AND INSIGHT INTO THE SKILLS REQUIRED FOR A NUMBER OF CAREERS IN HEALTHCARE.

A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL. HOSPITAL EMPLOYEES CONTRIBUTED NOTEBOOKS, BINDERS, BACKPACKS, RULERS, PACKAGES OF PAPER, CRAYONS AND PENCILS AND OTHER ITEMS TO HELP ASSIST THE 350 STUDENTS TO BEGIN THEIR SCHOOL YEAR. HALL ELEMENTARY SCHOOL IS LOCATED IN THE MILL HILL NEIGHBORHOOD OF BRIDGEPORT.

AS MENTIONED IN THE PREVIOUS SECTION, BRIDGEPORT HOSPITAL THROUGH THE SEAVIEW AVENUE BUSINESS ALLIANCE PROVIDED SCHOLARSHIPS TO SENIORS FROM HARDING HIGH SCHOOL WHO WILL BE ATTENDING COLLEGE. THE HOSPITAL IS ALSO A MEMBER OF THE BRIDGEPORT CHILD ADVOCACY COALITION, WHICH IS A COALITION OF ORGANIZATIONS, PARENTS AND OTHER CONCERNED INDIVIDUALS COMMITTED TO IMPROVING THE WELL-BEING OF BRIDGEPORT'S CHILDREN THROUGH

## Part VI Supplemental Information

RESEARCH, ADVOCACY, COMMUNITY EDUCATION AND MOBILIZATION.

PART III, LINE 4: FOOTNOTE FROM AUDITED FINANCIAL STATEMENTS:

THE HOSPITAL'S COMMITMENT TO COMMUNITY SERVICE IS EVIDENCED BY SERVICES PROVIDED TO THE POOR AND BENEFITS PROVIDED TO THE BROADER COMMUNITY. SERVICES PROVIDED TO THE POOR INCLUDE SERVICES PROVIDED TO PERSONS WHO CANNOT AFFORD HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS.

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR, IS CLASSIFIED AS CHARITY CARE.

TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE.

THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$17.7 MILLION AND \$16.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY. THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VS. CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED.

THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS \$11.2 MILLION AND \$11.7 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY. THE

## Part VI Supplemental Information

ESTIMATED COST OF CHARITY CARE IS ESTIMATED USING THE RATIO OF COST TO GROSS CHARGES APPLIED TO THE GROSS UNCOMPENSATED COST ASSOCIATED WITH PROVIDING CHARITY CARE.

FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, BAD DEBT EXPENSE, AT CHARGES, WAS \$16.6 MILLION AND \$12.3 MILLION, RESPECTIVELY. THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM ("CDSHP") WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL NET INPATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, THE HOSPITAL RECEIVED \$20.0 MILLION AND \$5.0 MILLION, RESPECTIVELY, IN DISTRIBUTIONS FROM CDSHP, OF WHICH APPROXIMATELY \$12.6 MILLION AND \$3.5 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO CDSHP OF \$16.9 MILLION AND \$4.2 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2012 AND 2011, RESPECTIVELY, FOR THE 1% ASSESSMENT.

ADDITIONALLY, THE HOSPITAL PROVIDES BENEFITS FOR THE BROADER COMMUNITY WHICH INCLUDES SERVICES PROVIDED TO OTHER NEEDY POPULATIONS THAT MAY NOT QUALIFY AS POOR BUT NEED SPECIAL SERVICES AND SUPPORT. BENEFITS INCLUDE THE COST OF HEALTH PROMOTION AND EDUCATION OF THE GENERAL COMMUNITY, INTERNS AND RESIDENTS, HEALTH SCREENINGS, AND MEDICAL RESEARCH. THE BENEFITS ARE PROVIDED THROUGH THE COMMUNITY HEALTH CENTERS, SOME OF WHICH SERVICE NON-ENGLISH SPEAKING RESIDENTS, DISABLED CHILDREN, AND VARIOUS COMMUNITY SUPPORT GROUPS. THE HOSPITAL VOLUNTARILY ASSISTS WITH THE DIRECT FUNDING OF SEVERAL CITY OF BRIDGEPORT PROGRAMS, INCLUDING AN ECONOMIC DEVELOPMENT PROGRAM AND A YOUTH INITIATIVE PROGRAM.

IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF

**Part VI Supplemental Information**

COMMUNITY SERVICE BY EMPLOYEES. THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTHCARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

**COSTING METHODOLOGY:**

IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. THE HOSPITAL'S COST ACCOUNTING SYSTEM UTILIZES PATIENT-SPECIFIC DATA TO ACCUMULATE AND DERIVE COSTS RELATED TO THESE BAD DEBT ACCOUNTS.

**PART III, LINE 8: MEDICARE EXPLANATION:**

THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM. THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI.

**Part VI Supplemental Information**

PART III, LINE 9B: COLLECTION PRACTICES EXPLANATION:

IF, AT ANY TIME, THE HOSPITAL, OR A COLLECTION AGENCY OR LAW FIRM,  
RECEIVES INFORMATION THAT A PATIENT IS OR MAY BE ELIGIBLE FOR FINANCIAL  
ASSISTANCE UNDER ONE OF THESE PROGRAMS, OR UNDER ANY GOVERNMENTAL OR OTHER  
PROGRAM, THE HOSPITAL, COLLECTION AGENCY OR LAW FIRM SHALL, CONSISTENT  
WITH CONNECTICUT LAW, CEASE COLLECTION EFFORTS UNTIL THE HOSPITAL  
DETERMINES THE PATIENT'S ELIGIBILITY FOR ASSISTANCE.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 19D:

ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP-ELIGIBLE INDIVIDUALS  
ARE CHARGED AT STANDARD GROSS CHARGES. AFTER A PATIENT IS GRANTED FREE  
CARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 21:

ALL PATIENTS ARE CHARGED STANDARD GROSS CHARGES. FAP-ELIGIBLE INDIVIDUALS  
ARE CHARGED AT STANDARD GROSS CHARGES. AFTER A PATIENT IS GRANTED FREE  
CARE, THEY WOULD NOT BE BILLED. THE CHARGES ARE ADJUSTED OFF THE ACCOUNT.

PART VI, LINE 2 - NEEDS ASSESSMENT:

BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE  
ACTION GROUP (PCAG). FORMED NEARLY TEN YEARS AGO, THE COALITION  
INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS/DISTRICTS,  
THREE COMMUNITY HEALTH CENTER, STATE AGENCIES, PHYSICIANS AND COMMUNITY  
ORGANIZATIONS. IN FISCAL YEAR (FY) 2012, PCAG FOCUSED ON DEVELOPING A

## Part VI Supplemental Information

PLAN AND STARTING THE INITIAL WORK FOR THE COMMUNITY HEALTH NEEDS

ASSESSMENT. THE ASSESSMENT REQUIRES AN ANALYSIS OF MAJOR HEALTH NEEDS IN THE HOSPITAL'S SERVICE AREA AS WELL AS A PLAN TO ADDRESS KEY FINDINGS.

THE PCAG COMMUNITY HEALTH NEEDS ASSESSMENT SUBCOMMITTEE, WHICH INCLUDES THE PCAG MEMBERS AND ALL LOCAL TOWN HEALTH DEPARTMENTS IN A SUCCESSFUL COMMUNITY-WIDE COLLABORATION, INITIATED THE FIRST PHASE OF THE CHNA BY COMPLETING A COMPREHENSIVE INVENTORY OF EXISTING HEALTH STATUS INDICATORS AND ASSET MAPPING. HEALTH SCORECARDS WERE COMPLETED FOR EACH TOWN BASED ON HEALTHY PEOPLE 2020 BENCHMARKS, DATA GAPS WERE IDENTIFIED AND A CONSULTANT WAS SELECTED TO ASSIST WITH FILLING IN THE DATA GAPS AND LEADING THE DEVELOPMENT OF THE RESULTING COMMUNITY HEALTH IMPROVEMENT PLAN. THE CONSULTANT WORK PLAN FOR FY 2013 INCLUDES THE DEVELOPMENT OF A SURVEY TOOL TO BE USED FOR PRIMARY DATA COLLECTION, FOCUS GROUPS AND KEY STAKEHOLDER INTERVIEWS. LOCAL PCAG REPRESENTATIVES WERE ALSO VERY INVOLVED AT THE STATE LEVEL TO DEVELOP A STATE-WIDE APPROACH COMMUNITY HEALTH NEEDS ASSESSMENTS TO FACILITATE FUTURE ALIGNMENT ACROSS THE STATE OF CONNECTICUT.

THE 2012 EFFORTS OF THE PRIMARY CARE ACTION GROUP IS MEANT TO COMPLIMENT AND EXPAND PREVIOUS EFFORTS INCLUDING THE 2010 BRIDGEPORT HOSPITAL LED REVIEW OF PAST NEEDS ASSESSMENT REPORTS, LOCAL, REGIONAL, STATE AND NATIONAL PUBLIC HEALTH DATA AND STATE HOSPITAL AND OTHER LOCAL PROVIDER DATA TO IDENTIFY THE KEY HEALTH ISSUES IN THE COMMUNITY. WHERE POSSIBLE, DATA FOR INSURED PATIENTS WAS SPECIFICALLY COMPARED TO THAT OF UNINSURED PATIENTS TO IDENTIFY DIFFERENCES. THIS DATA WAS ALSO UTILIZED BY THE CITY OF BRIDGEPORT TO CREATE SPECIFIC QUESTIONS FOR A 2011 ASSESSMENT THAT RESULTED IN THE CREATION OF FACT SHEETS FOR PRIORITY AREAS INCLUDING: OBESITY, CHRONIC DISEASE: DIABETES AND

**Part VI Supplemental Information**

ASTHMA, LEAD TESTING, ISSUES RELATED TO CHILDREN, HOMELESSNESS, SMOKING AND FOOD INSECURITY.

PART VI, LINE 3 - PATIENT EDUCATION OF ELIGIBLE FOR ASSISTANCE  
THE BRIDGEPORT HOSPITAL FREE CARE PROGRAM IS OFFERED THROUGH THE FOLLOWING CHANNELS: THE BRIDGEPORT HOSPITAL WEB SITE, NEWSPAPER ADVERTISEMENTS, THROUGH A FIRST STATEMENT MAILER SENT TO THE PATIENT, THROUGH THE HOSPITAL'S FRONT ACCESS/REGISTRATION AREAS ON VISIBLE POSTINGS AND COMMUNICATIONS, VISIBLE POSTINGS AND VERBAL COMMUNICATIONS MADE IN THE VIA BILLING AND COLLECTION LINES; AND THROUGH THE FREE CARE DEPARTMENT.

IF A PATIENT INQUIRIES ABOUT FREE CARE OR NEEDS FINANCIAL ASSISTANCE, AN APPLICATION IS EITHER SENT OR HANDED TO THE PATIENT TO COMPLETE. INSTRUCTIONS AND INCOME GUIDELINES ACCOMPANY THE APPLICATION IN THE PACKAGE. APPOINTMENTS ARE ALSO AVAILABLE TO ASSIST WITH THE APPLICATION PROCESS AND THE AGENCY AND FREE CARE COORDINATORS ARE READILY AVAILABLE EVERY FOURTH MONDAY OF EACH MONTH.

IN ADDITION TO THE UNRESTRICTED FREE CARE PROGRAM, THERE ARE ALSO NOMINATED BED FUNDS THAT PATIENTS CAN APPLY FOR IF THEY MEET THE FREE CARE GUIDELINES. FREE CARE ALSO INCORPORATES THE SLIDING SCALE AND CATASTROPHIC SLIDING PROGRAM. SLIDING SCALE IS OFFERED TO PATIENTS WHO HAVE NO INSURANCE AND DO NOT WISH TO APPLY FOR A VALID STATE DENIAL. ELIGIBILITY IS BASED ON FAMILY SIZE AND INCOME. CATASTROPHIC SLIDING SCALE IS FOR THOSE PATIENTS WHO ARE OVER THE INCOME THRESHOLD BUT HAVE A BILL PAYABLE TO THE HOSPITAL THAT IS 10% OR GREATER OF THEIR ANNUAL INCOME.

IF A PATIENT WISHING TO PARTICIPATE MEETS ALL ELIGIBILITY REQUIREMENTS

## Part VI Supplemental Information

AND GUIDELINES THEN AN APPROVAL LETTER IS SENT TO THE PATIENT. IF A PATIENT IS MISSING INFORMATION OR DENIED, A LETTER TO THAT EFFECT IS SENT TO THE PATIENT WITH AN EXPLANATION OF WHAT IS NEEDED IN ORDER TO PROCESS AN APPEAL. FREE CARE ELIGIBILITY IS VALID FOR SIX MONTHS FROM THE APPROVAL DATE ON THE LETTER AND SLIDING SCALE ELIGIBILITY IS VALID FOR ONE YEAR FROM APPROVAL DATE INDICATED ON LETTER. ANY VISITS BY THE PATIENT TO THE HOSPITAL DURING THIS ELIGIBILITY PERIOD WILL BE TRACKED AND WRITTEN-OFF TO THE APPROPRIATE ALLOWANCE CODE.

## PART VI, LINE 4 - COMMUNITY INFORMATION:

THE HOSPITAL'S PRIMARY GEOGRAPHIC AREA IS COMPRISED OF EIGHT CITIES AND TOWNS ALONG THE SOUTHWEST COAST OF CT, INCLUDING BRIDGEPORT, EASTON, FAIRFIELD, MILFORD, MONROE, SHELTON, STRATFORD AND TRUMBULL, . THE HOSPITAL ITSELF IS LOCATED IN BRIDGEPORT, WHICH IS THE MOST POPULOUS CITY IN CONNECTICUT, AND THE FIFTH LARGEST CITY IN NEW ENGLAND. LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 142,546. THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY. THE PER CAPITA INCOME FOR BRIDGEPORT IS \$19,979, WHICH IS \$17,648 BELOW THE STATE OF CONNECTICUT PER CAPITA INCOME OF \$37,627. ABOUT 21.9% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 9.5% FOR THE WHOLE STATE.

BRIDGEPORT HAS A HIGH PROPORTION OF UNDER OR UNINSURED PATIENTS, WHILE THE SURROUNDING TOWNS ARE SOME OF THE MOST AFFLUENT TOWNS IN THE COUNTRY, WHICH CREATES AN URBAN/SUBURBAN DIVIDE IN THE AREA. A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 6,268 PATIENTS (33% OF TOTAL) WERE MEDICAID OR UNINSURED IN FY 2012. THE HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY

## Part VI Supplemental Information

## PRICING.

THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FY 2012, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 79,058 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MAKE UP 85 PERCENT OF THE TOTAL WITH 7,738 (10%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 34,507 (44%) IDENTIFIED AS MEDICAID BENEFICIARIES.

BRIDGEPORT HOSPITAL AND ST. VINCENT'S MEDICAL CENTER ARE THE TWO ACUTE CARE HOSPITALS LOCATED IN THE GREATER BRIDGEPORT AREA.

## PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH

BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING ALMOST 19,000 INPATIENTS AND MORE THAN 230,000 OUTPATIENTS A YEAR. BRIDGEPORT HOSPITAL WAS BEST IN FAIRFIELD COUNTY FOR GERIATRICS, NEPHROLOGY, PULMONARY AND UROLOGY, ACCORDING TO U.S. NEWS & WORLD REPORT'S 2012-13 BEST HOSPITAL RANKINGS. THE HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER, THE ONLY DEDICATED BURN CENTER IN THE STATE; THE HEART INSTITUTE, INCLUDING THE CONNECTICUT CARDIAC ARRHYTHMIA CENTER; THE NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CARE CENTER; THE WOMEN'S CARE CENTER; CENTER FOR WOUND HEALING & HYPERBARIC MEDICINE; AND THE AHLBIN CENTERS FOR REHABILITATION MEDICINE.

BRIDGEPORT HOSPITAL PARTICIPATES IN THE TRAINING OF MORE THAN 200 RESIDENT PHYSICIANS AND FELLOWS. A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL OPERATES ITS OWN SCHOOL OF NURSING, WHICH GRADUATES MORE NURSES THAN ANY OTHER NURSING SCHOOL IN CONNECTICUT.

## Part VI Supplemental Information

EVERY YEAR, AS PART OF OUR VITAL MISSION, WHICH FOCUSES ON PATIENT CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, BRIDGEPORT HOSPITAL SPONSORS, DEVELOPS AND PARTICIPATES IN A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2012, BRIDGEPORT HOSPITAL MANAGED \$58.5 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREVIOUSLY DISCUSSED IN RESPONSE TO QUESTION 5.

## GUARANTEEING ACCESS TO CARE

BRIDGEPORT HOSPITAL (BH) RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. IN FY 2012, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$39.4 MILLION. HONORING ITS MISSION AND ITS COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING FY 2012, BH PROVIDED SERVICES FOR 94,934 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$27.7 MILLION (AT COST). BH ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FY 2012, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR A TOTAL EXPENSE OF \$8.9 MILLION (AT COST).

THE HOSPITAL PROVIDES AN OUTPATIENT ACCOUNT ADVOCATE BASED IN ITS PRIMARY CARE CLINIC. THIS RESOURCE IS DEDICATED TO ASSISTING PATIENTS

## Part VI Supplemental Information

IN THE PRIMARY CARE CLINIC TO ENROLL IN PUBLIC PROGRAMS. LAST YEAR, OVER 150 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE-SCREENING AND APPLICATION REVIEW. THE HOSPITAL ALSO CONTINUED TO FUND AN ONSITE STATE DEPARTMENT OF SOCIAL SERVICES WORKER TO ASSIST PATIENTS TO APPLY FOR STATE HEALTH INSURANCE PROGRAMS.

BRIDGEPORT HOSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE OUTPATIENT PSYCHIATRIC PROGRAMS FOR CHILDREN AND ADOLESCENTS AND THE PRIMARY CARE CLINIC. TOTAL VISITS FOR THESE ESSENTIAL SERVICES BY INDIVIDUALS SEEKING DIAGNOSIS, TREATMENT AND PREVENTIVE CARE ARE OVER 36,000 ANNUALLY.

THE HOSPITAL'S COMMUNITY ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERSERVED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CONDITIONS THROUGH EXISTING PHARMACEUTICAL ASSISTANCE PROGRAMS. A FULL-TIME DEDICATED COORDINATOR FOR THE PROGRAM ASSISTED 62 PATIENTS IN THE COMMUNITY IN FY 2012, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF NEARLY \$526,000. THE NORMA F. PFRIEM BREAST CARE CENTER'S UNDERSERVED PROGRAM PROVIDED FREE MEDICAL, SCREENING AND DIAGNOSTIC SERVICES TO OVER 700 UNINSURED AND UNDERINSURED WOMEN DURING THE YEAR.

AS A TESTAMENT TO THE UNIQUE COLLABORATION OF THE PRIMARY CARE ACTION GROUP (PCAG), BRIDGEPORT HOSPITAL AND ST. VINCENT'S MEDICAL CENTER TOGETHER RECEIVED THE COMMUNITY SERVICE AWARD FROM THE CONNECTICUT

## Part VI Supplemental Information

HOSPITAL ASSOCIATION AND CONNECTICUT DEPARTMENT OF HEALTH FOR THE DISPENSARY OF HOPE, A PCAG INITIATIVE THAT PROVIDES PRESCRIPTION MEDICATIONS AT NO COST TO UNINSURED AND LOW-INCOME RESIDENTS OF GREATER BRIDGEPORT. THE DISPENSARY HAS HELPED MORE THAN 700 PATIENTS AND PROVIDED \$200,000 IN MEDICATIONS SINCE ITS LAUNCH IN MARCH 2011.

## PROMOTING HEALTH AND WELLNESS

DURING FY 2012, BRIDGEPORT HOSPITAL PROVIDED \$1.1 MILLION IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAM, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

THE CHILD FIRST PROGRAM, THE BRIDGEPORT HOSPITAL-BASED EARLY INTERVENTION PROGRAM FOR AT-RISK CHILDREN, WAS DESIGNATED AS ONE OF ONLY NINE EVIDENCE-BASED HOME VISITING MODELS FOR MATERNAL, INFANT AND EARLY CHILDHOOD CARE BY THE U.S. HEALTH RESOURCES AND SERVICES ADMINISTRATION FOR CHILDREN AND FAMILIES. IN ADDITION, THANKS TO A MAJOR GRANT FROM THE ROBERT WOOD JOHNSON FOUNDATION AND LOCAL SUPPORTING ORGANIZATIONS, CHILD FIRST EXPANDED FROM THE BRIDGEPORT AREA TO FIVE OTHER METROPOLITAN AREAS IN CONNECTICUT: HARTFORD, NEW HAVEN, NEW LONDON, NORWALK AND WATERBURY. CHILD FIRST INTENDS TO REPLICATE THE MODEL IN AT LEAST TWO NEW STATES BY 2015.

THE HOSPITAL OFFERS THE NURTURING CONNECTIONS PARENTING PROGRAM FOR FIRST-TIME PARENTS WHO LIVE IN BRIDGEPORT. THE SUPPORT PROGRAM FOCUSES ON INFANT HEALTH AND GOOD PARENTING, AND COVERS A VARIETY OF DEVELOPMENTAL NEWBORN SUBJECTS SUCH AS ESTABLISHING ROUTINES, WAYS TO PROMOTE DEVELOPMENT IN NEWBORNS'S BRAIN, EYE, AND MOTOR AREAS AND

## Part VI Supplemental Information

PROPER NUTRITION. THE PROGRAM ALSO HELPS TO CONNECT FAMILIES WITH HELPFUL COMMUNITY RESOURCES.

THE ONCOLOGY SOCIAL WORKER IN THE NORMA F. PFRIEM CANCER INSTITUTE ASSISTED 500 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES. THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS. THROUGH THESE REFERRALS INDIVIDUALS RECEIVED OVER \$36,000 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, THE LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND AND TAKE A SWING AGAINST CANCER.

THE HOSPITAL SPONSORED FREE SUPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CONDITIONS. MORE THAN 425 PEOPLE PARTICIPATED IN THESE GROUPS DURING FY 2012. MORE THAN 2,000 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SUCH AS BACK PAIN, DIABETES, GYNECOLOGICAL ISSUES, HEADACHES, MENTAL HEALTH AND SMOKING CESSATION. THE FIFTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS'S EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED MORE THAN 650 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT.

BRIDGEPORT HOSPITAL PROVIDED BLOOD PRESSURE SCREENINGS AND INFORMATION AT SENIOR CENTERS LOCATED IN FAIRFIELD, SHELTON AND STRATFORD TO NEARLY 600 PEOPLE. THE HOSPITAL ALSO HELD TWO BLOOD DRIVES DURING 2012, COLLECTING OVER 71 PINTS OF BLOOD.

## Part VI Supplemental Information

ADVANCING CAREERS IN HEALTH CARE

AS A MAJOR ACADEMIC AFFILIATE OF YALE UNIVERSITY SCHOOL OF MEDICINE, BRIDGEPORT HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS/MEDICAL STUDENTS, THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURSE ANESTHETIST PROGRAM, ALLIED HEALTH EDUCATION, RADIOLOGY RESIDENCY PROGRAM, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM. IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN VARIOUS ALLIED HEALTH FIELDS INCLUDING NURSING, LABORATORY AND RADIOLOGY. IN 2012, THE COST TO BH TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$17.6 MILLION, AND BENEFITED 265 INDIVIDUALS.

ALL FOUR BRIDGEPORT HOSPITAL RESIDENCY AND SIX HOSPITAL FELLOWSHIP PROGRAMS MAINTAINED FULL ACCREDITATION IN 2012. THE HOSPITAL ITSELF WAS REACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION TO PROVIDE RESIDENCY AND FELLOWSHIP TRAINING. THIRTY-TWO RESIDENTS AND FELLOWS GRADUATED IN 2012 FROM BRIDGEPORT HOSPITAL PROGRAMS AND ALL OPEN POSITIONS FOR 2012-13 WERE FILLED. IN 2012, BRIDGEPORT HOSPITAL BECAME A NATIONAL TRAINING SITE FOR CONVERGENT HYBRID ABLATION, AN INNOVATIVE PROCEDURE TO TREAT ARTERIAL FIBRILLATION THAT COMBINES THE BEST APPROACHES OF MINIMALLY INVASIVE SURGICAL AND CATHETER-BASED PROCEDURES. MORE THAN TWO DOZEN PHYSICIANS FROM ACROSS THE COUNTRY VISITED BRIDGEPORT HOSPITAL DURING THE YEAR TO TRAIN IN HYBRID ABLATION.

## Part VI Supplemental Information

A TOTAL OF 93 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (47 IN THE 15-MONTH ACCELERATED PROGRAM AND 46 IN THE TRADITIONAL TWO-YEAR PROGRAM). MOST GRADUATES ACCEPTED NURSING POSITIONS AT THE HOSPITAL. A TOTAL OF 14 NURSES GRADUATED WITH MASTER'S DEGREES FROM THE JOINT BRIDGEPORT HOSPITAL-FAIRFIELD UNIVERSITY NURSE ANESTHESIA PROGRAM. THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING SURGICAL TECHNOLOGY PROGRAM HAD 11 GRADUATES AND 27 COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE.

DURING 2012, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 130 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AND OCCUPATIONAL THERAPY, AND DIETARY PROFESSIONALS. BRIDGEPORT HOSPITAL HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH SEVERAL AREA COLLEGES AND UNIVERSITIES INCLUDING FAIRFIELD UNIVERSITY, UNIVERSITY OF CONNECTICUT, GATEWAY COMMUNITY COLLEGE, NORWALK COMMUNITY COLLEGE, GOODWIN COLLEGE, ST. JOSEPH COLLEGE, SACRED HEART UNIVERSITY, QUINNIPAC UNIVERSITY AND SOUTHERN CONNECTICUT STATE UNIVERSITY.

## RESEARCH

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF

## Part VI Supplemental Information

RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS'S OFFICES, THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND PATHOLOGY LABORATORIES. DURING FY 2012, THE TOTAL COST ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS \$239,400.

THE CLINICAL TRIALS COOPERATIVE GROUP PROGRAM AT BRIDGEPORT HOSPITAL, WHICH IS SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), IS DESIGNED TO PROMOTE AND SUPPORT CLINICAL TRIALS OF NEW CANCER TREATMENTS, EXPLORE METHODS OF CANCER PREVENTION AND EARLY DETECTION, AND STUDY QUALITY-OF-LIFE ISSUES AND REHABILITATION DURING AND AFTER TREATMENT.

BRIDGEPORT HOSPITAL OFFERS A NUMBER OF CLINICAL TRIALS AT VARIOUS LOCATIONS IN THE COMMUNITY. THERE ARE MANY TRIALS AVAILABLE FOR THE FOLLOWING CANCERS: BREAST CANCER, COLON CANCER, PROSTATE CANCER, LUNG CANCER, PANCREATIC CANCER, KIDNEY CANCER, OVARIAN CANCER, NON-HODGKIN'S LYMPHOMA, ANEMIA RELATED TO CANCER, RADIATION THERAPY IN BREAST CANCER, CRYOABLATION THERAPY IN BREAST CANCER AND SUPPORTIVE CARE. THE BRIDGEPORT HOSPITAL NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CANCER CENTER THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR THE RESEARCH COORDINATOR AND DATA COORDINATOR ANNUALLY. ADDITIONAL GRANT FUNDING IS OBTAINED THROUGH THE NATIONAL INSTITUTES OF HEALTH.

## CREATING HEALTHIER COMMUNITIES

IN FY 2012, BRIDGEPORT HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS SUPPORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING NEARLY

## Part VI Supplemental Information

\$88,000. EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW.

BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP (PCAG), FORMED NEARLY TEN YEARS AGO, THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS / DISTRICTS, THREE COMMUNITY HEALTH CENTER, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS. IN FISCAL YEAR (FY) 2012, PCAG FOCUSED ON DEVELOPING A PLAN AND STARTING THE INITIAL WORK FOR THE COMMUNITY HEALTH NEEDS ASSESSMENT DESCRIBED IN RESPONSE TO QUESTION 2 AND ON GET HEALTHY CONNECTICUT (CT).

GET HEALTHY CT EXPANDED ITS REACH AND IMPACT THIS YEAR. THE COALITION, WHICH WAS FORMED NEARLY TWO YEARS AGO BY MEMBERS OF PRIMARY CARE ACTION GROUP, LAUNCHED A WEBSITE TO PROVIDE INFORMATION ABOUT ITS MISSION AND MEMBER ORGANIZATIONS, AS WELL AS EDUCATION AND ACCESS TO RESOURCES ON HOW TO EAT HEALTHY AND BE PHYSICALLY ACTIVE. IT APPLIED FOR A CMS INNOVATIONS GRANT AND A CDC COMMUNITY TRANSFORMATION GRANT, AND IN APRIL, CREATED AND DISSEMINATED A HEALTHY EATING PLEDGE TO LOCAL ORGANIZATIONS AND BUSINESSES, ASKING THEM TO AGREE TO SERVE HEALTHY FOODS AT MEETINGS. OVER 50 ORGANIZATIONS, INCLUDING BRIDGEPORT HOSPITAL, BUSINESSES, NON-PROFIT ORGANIZATIONS AND CHURCHES, HAVE SIGNED THE PLEDGE AND ARE SERVING HEALTHIER FOODS, WHICH WILL HELP THE COMMUNITY REDUCE OBESITY OVER TIME. A PHYSICAL ACTIVITY PLEDGE AIMED AT HELPING EMPLOYERS TO ENCOURAGE PHYSICAL ACTIVITY FOR THEIR EMPLOYEES WAS IMPLEMENTED IN SEPTEMBER.

THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING

## Part VI Supplemental Information

BODIES OF OTHER ORGANIZATIONS. AS A RESULT, THE HOSPITAL PROVIDED OVER \$25,000 OF IN-KIND SUPPORT TO ORGANIZATIONS AND COALITIONS SUCH AS THE PRIMARY CARE ACTION GROUP, GET HEALTHY CT, BRIDGEPORT REGIONAL BUSINESS COUNCIL'S HEALTH CARE COUNCIL, OPTIMUS HEALTHCARE, RONALD MCDONALD HOUSE OF CT, UNIVERSITY OF CONNECTICUT ALLIED HEALTH ADVISORY BOARD AND VNS OF CONNECTICUT. HOSPITAL EMPLOYEES ALSO RECRUITED VOLUNTEER WALKERS TO HELP RAISE AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION, AMERICAN CANCER SOCIETY AND THE SOUTHERN REGIONAL SICKLE CELL ASSOCIATION. THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION INITIATIVES.

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**SUPPLEMENTAL INFORMATION**

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IN ADDITION TO THE ACTIVITIES DESCRIBED, BRIDGEPORT HOSPITAL ALSO CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS INCLUDES HAVING A COMMUNITY-BASED BOARD OF DIRECTORS WITH MANY MEMBERS RESIDING IN EASTON, FAIRFIELD, STRATFORD AND TRUMBULL. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. A TOTAL OF 55 PHYSICIANS JOINED THE HOSPITAL'S MEDICAL STAFF IN FISCAL YEAR 2012, WHICH NOW TOTALS 886 MEMBERS.

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THE HOSPITAL AS A NOT-FOR-PROFIT APPLIES SURPLUS FUNDS TO IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH. FY 2012 EXAMPLES INCLUDE THE FOLLOWING PROJECTS. BRIDGEPORT HOSPITAL WAS SELECTED FOR THE SEVENTH TIME AS ONE OF THE NATION'S MOST WIRED HOSPITALS BY HOSPITALS AND HEALTH NETWORKS, A TRADE MAGAZINE PUBLISHED BY THE AMERICAN HOSPITAL ASSOCIATION. THE AWARD RECOGNIZES HEALTH SYSTEMS AND HOSPITALS AS BEING AMONG THE TOP HOSPITALS NATIONALLY TO HAVE INVESTED

## Part VI Supplemental Information

IN AND SUCCESSFULLY LEVERAGED LEADING-EDGE TECHNOLOGY IN THE AREAS OF SAFETY AND QUALITY, CUSTOMER SERVICE, PUBLIC HEALTH AND SAFETY, WORKFORCE MANAGEMENT AND BUSINESS PROCESSES. IN FY 2012, BRIDGEPORT HOSPITAL CONTINUED PREPARATIONS FOR ITS SEPTEMBER 2013, INPATIENT EPIC IMPLEMENTATION WITH EXERCISES SUCH AS THE AUGUST 2012 EPIC EQUIPMENT WORKFLOW WALK-THROUGH INVOLVING DIRECTORS, MANAGERS, SUPER-USERS AND PHYSICIANS. THE EPIC SYSTEM ALLOWS CAREGIVERS TO PROVIDE ONE STANDARD OF CARE ACROSS THE SYSTEM THAT IS SAFER, MORE EFFECTIVE AND EFFICIENT, AND WILL IMPROVE PATIENT OUTCOMES.

BRIDGEPORT HOSPITAL WAS BEST IN FAIRFIELD COUNTY FOR GERIATRICS, NEPHROLOGY, PULMONARY AND UROLOGY, ACCORDING TO U.S. NEWS & WORLD REPORT'S 2012-13 BEST HOSPITAL RANKINGS. OVERALL, THE HOSPITAL WAS RANKED FOURTH BEST HOSPITAL IN CONNECTICUT. IN ADDITION, U.S. NEWS NOTED THAT BRIDGEPORT HOSPITAL "SCORED HIGH IN PATIENT SAFETY, DEMONSTRATING A COMMITMENT TO REDUCING ACCIDENTS AND MEDICAL MISTAKES.

DURING FY 2012, BRIDGEPORT HOSPITAL RECEIVED VARIOUS AWARDS AND RECOGNITION INCLUDING: BRIDGEPORT HOSPITAL RECEIVED THE AMERICAN HEART ASSOCIATION / AMERICAN STROKE ASSOCIATION GET WITH THE GUIDELINES STROKE SILVER PLUS QUALITY ACHIEVEMENT AWARD FOR MEETING NATIONAL QUALITY MEASURES FOR STROKE CARE. BRIDGEPORT HOSPITAL WAS CERTIFIED BY THE JOINT COMMISSION AND DESIGNATED BY THE STATE OF CONNECTICUT AS A PRIMARY STROKE CENTER. THE CENTER FOR SLEEP MEDICINE AT BRIDGEPORT HOSPITAL WAS REACCREDITED FOR THE MAXIMUM OF FIVE YEARS BY THE AMERICAN ACADEMY OF SLEEP MEDICINE FOR MEETING RIGID NATIONAL STANDARDS GOVERNING PATIENT CARE, STAFF CREDENTIALS AND FACILITIES. THE RESPIRATORY THERAPY DEPARTMENT EARNED NATIONAL RECOGNITION FROM THE AMERICAN ASSOCIATION FOR RESPIRATORY CARE FOR MEETING A NUMBER OF

## Part VI Supplemental Information

QUALITY STANDARDS FOR STAFF COMPETENCY AND CREDENTIALING, INFECTION CONTROL, 24/7 AVAILABILITY OF RESPIRATORY THERAPISTS AND MEDICAL OVERSIGHT.

THE HOSPITAL OBTAINED APPROVAL FROM THE BRIDGEPORT MUNICIPAL BOARDS AND DEPARTMENTS IN AUGUST TO CREATE THE GRANT STREET PLAZA IN FRONT OF THE HOSPITAL. THE PROJECT, WHICH WILL COMMENCE IN OCTOBER, WILL MAKE THE HOSPITAL ENTRANCE MORE WELCOMING AND SAFE.

THE HOSPITAL'S NEW OUTPATIENT RADIATION ONCOLOGY CENTER OPENED IN SEPTEMBER 2012 IN TRUMBULL ADJACENT TO OTHER CANCER SERVICES ON PARK AVENUE. THE NEW CENTER CONSOLIDATES THE HOSPITAL'S RADIATION ONCOLOGY SERVICE INTO ONE CONVENIENT, NEWLY CONSTRUCTED BUILDING THAT HOUSES A NEW STATE-OF-THE-ART LINEAR ACCELERATOR WITH INTENSITY-MODULATED RADIATION THERAPY, IMAGE GUIDED RADIATION THERAPY AND STEREOTACTIC RADIO SURGERY CAPABILITIES AND A NEW CT SIMULATOR. THE NORMA F. PFRIEM CANCER INSTITUTE PARTNERED WITH THE YALE GENETIC COUNSELING PROGRAM THROUGH THE YALE CANCER CENTER TO PROVIDE GENETIC COUNSELING SERVICES IN THE GREATER BRIDGEPORT COMMUNITY. A CERTIFIED GENETIC COUNSELOR SEES PATIENTS ONCE A MONTH AT THE NEW PARK AVENUE CAMPUS IN TRUMBULL. YALE-NEW HAVEN HOSPITAL AND BRIDGEPORT HOSPITAL INTEGRATED THEIR TWO PEDIATRIC SERVICES ON FEBRUARY 1, 2012, CREATING A SEPARATE INPATIENT CAMPUS OPERATING UNDER THE YALE-NEW HAVEN HOSPITAL LICENSE ON THE BRIDGEPORT HOSPITAL CAMPUS. THIS ACHIEVED THE GOAL OF DEVELOPING A SINGLE STANDARD OF CARE AND ENHANCED QUALITY AND EFFICIENCY.

TO ENSURE THE ONGOING PROVISION OF HIGH QUALITY CARDIAC SURGICAL CARE, BRIDGEPORT HOSPITAL INTEGRATED ITS CARDIAC SURGICAL PROGRAM WITH THE

## Part VI Supplemental Information

YALE SCHOOL OF MEDICINE AND IMPLEMENTED A MEDICAL STAFF SUCCESSION PLAN THAT APPOINT TWO PHYSICIAN LEADERS FROM THE YALE SECTION OF CARDIAC SURGERY TO OVERSEE AND GROW THE HOSPITAL'S CARDIAC SURGICAL PROGRAM. AS PART OF THE INTEGRATION, THE HOSPITAL WILL WORK CLOSELY WITH YALE SCHOOL OF MEDICINE IN PROVIDING HIGH QUALITY CARDIAC SURGICAL CARE.

IN FEBRUARY, BRIDGEPORT HOSPITAL BECAME THE FIRST IN CONNECTICUT TO UTILIZE WIRELESS FETAL MONITORING TECHNOLOGY FOR FULL-TERM MOTHERS. THE NEW BELTLESS MONITORS ARE MORE COMFORTABLE AND ALLOW GREATER FREEDOM OF MOVEMENT THAN TRADITIONAL STATIONARY MONITORS, WHILE STILL PROVIDING HIGH QUALITY IMAGING.

COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FY 2012, 293 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 59,625 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN BOTH PATIENT AND NON-PATIENT AREAS INCLUDING ED, SURGEASE, ENDOSCOPY, LABOR & DELIVERY, CANCER RESOURCE CENTER, GIFT SHOP, MAIL ROOM, AND NUTRITION SERVICES. THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACTIVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF AND TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL, REPUTATION AS WELL AS FUNDRAISING EFFORTS.

## PART VI, LINE 6 - AFFILIATED HEALTH CARE INFORMATION

THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE

**Part VI Supplemental Information**

HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL IN NEED HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM HOLDS ITS EXECUTIVES ACCOUNTABLE TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THEIR EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON SUCH IS REQUIRED ON A QUARTERLY BASIS AND OBJECTIVES IN THE EXECUTIVES' INCENTIVE SYSTEMS ARE ASSOCIATED WITH PROVIDING BENEFITS TO THE COMMUNITY. EACH DELIVERY NETWORK'S MISSION, VISION AND BUSINESS PLANS INCORPORATES THE CONCEPTS OF WORKING WITH THEIR COMMUNITIES TO IDENTIFY OPPORTUNITIES TO PROMOTE HEALTHY COMMUNITIES; PROVIDING SERVICES IN THE COMMUNITY THAT PROMOTE HEALTH AND ENHANCE THE WELL-BEING OF THEIR COMMUNITIES AND PROVIDE CHARITY CARE AND FREE CARE TO THOSE THAT CAN NOT AFFORD THE NECESSARY SERVICES.

PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT:

CONNECTICUT