

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2012**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.  
▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization **St. Vincent's Medical Center** Employer identification number **06-0646886**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>1b</b> If "Yes," was it a written policy?	X	
<b>2</b> 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. <input type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> 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.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ %	X	
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <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 _____ %	X	
<b>c</b> If the organization used factors other than FPG in determining 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, as a factor in determining eligibility for free or discounted care.		
<b>4</b> 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"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
<b>c</b> 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?		X
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

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**

	(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
<b>Financial Assistance and Means-Tested Government Programs</b>						
<b>a</b> Financial Assistance at cost (from Worksheet 1)		5,815	4,849,307.		4,849,307.	1.23%
<b>b</b> Medicaid (from Worksheet 3, column a)		27,055	19,686,812.		19,686,812.	4.98%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b)		43,120	19,290,500.		19,290,500.	4.88%
<b>d Total</b> Financial Assistance and Means-Tested Government Programs		75,990	43,826,619.		43,826,619.	11.09%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)	34	25,289	1,546,804.	1,080.	1,545,724.	.39%
<b>f</b> Health professions education (from Worksheet 5)	3	1,065	10,315,908.		10,315,908.	2.61%
<b>g</b> Subsidized health services (from Worksheet 6)	2	5,258	1,874,112.		1,874,112.	.47%
<b>h</b> Research (from Worksheet 7)						.00%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8)	2	1,800	88,626.		88,626.	.02%
<b>j Total.</b> Other Benefits	41	33,412	13,825,450.	1,080.	13,824,370.	3.49%
<b>k Total.</b> Add lines 7d and 7j	41	109,402	57,652,069.	1,080.	57,650,989.	14.58%

**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.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	1	183.		183.	.00%
2 Economic development						.00%
3 Community support	5	821	25,315.		25,315.	.01%
4 Environmental improvements						.00%
5 Leadership development and training for community members						.00%
6 Coalition building						.00%
7 Community health improvement advocacy	1	219				.00%
8 Workforce development						.00%
9 Other						.00%
10 Total	7	1,041	25,498.		25,498.	.01%

**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? 1

2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2 8,795,570.

3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5 Enter total revenue received from Medicare (including DSH and IME) 5 183,936,034.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 194,430,964.

7 Subtract line 6 from line 5. This is the surplus (or shortfall) 7 -10,494,930.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

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? 9a X

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 9b X

**Part IV Management Companies and Joint Ventures** (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group St. Vincent's Medical Center

For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9. If "Yes," indicate what the CHNA report describes (check all that apply):	1	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" 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 checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" 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 CHNA: <u>20 12</u>		
3 In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community served by the hospital facility, including those with special knowledge of or expertise in public health? 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	X
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4	X
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	5	X
a <input checked="" type="checkbox"/> Hospital facility's website		
b <input checked="" 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 CHNA, indicate how (check all that apply to date):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide 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 CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" 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 CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ <u>                    </u>		

**Part V Facility Information** (continued) St. Vincent's Medical Center

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>200</u> %		
	If "No," explain in Part VI the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....	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.		
12	Explained the basis for calculating amounts charged to patients? .....	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input checked="" type="checkbox"/> Uninsured discount		
f	<input checked="" type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Other (describe in Part VI)		
13	Explained the method for applying for financial assistance? .....		X
14	Included measures to publicize the policy within the community served by the hospital facility? .....	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 checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" 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 checked="" type="checkbox"/> Other (describe in Part VI)		

Billing and Collections		Yes	No
15	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? .....	X	
16	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)		
17	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? .....		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)		

**Part V Facility Information** (continued) St. Vincent's Medical Center

- 18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a  Notified individuals of the financial assistance policy on admission
  - b  Notified individuals of the financial assistance policy prior to discharge
  - c  Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
  - d  Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
  - e  Other (describe in Part VI)

**Policy Relating to Emergency Medical Care**

	Yes	No
19 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?	X	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)		
d <input type="checkbox"/> Other (describe in Part VI)		

**Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)**

20 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 <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged		
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged		
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged		
d <input type="checkbox"/> Other (describe in Part VI)		
21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, 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?		X
If "Yes," explain in Part VI.		
22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?		X
If "Yes," explain in Part VI.		

**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? 12

Name and address	Type of Facility (describe)
1 St Vincent's Urgnt Care Ctr Bridgepor 4600 Main Street Bridgeport, CT 06606	Urgent Care Walk-in Center
2 The Behavioral Hlth Ctr at Bridgeport 2400 Main Street Bridgeport, CT 06606-5323	Outpatient Behavioral Health Services
3 St Vincent's Urgent Care Ctr Fairfiel 1055 Post Road Fairfield, CT 06824	Urgent Care Walk-in Center
4 St Vincent's Urgent Care Ctr Shelton 2 Trap Fall Road, Suite 105 Shelton, CT 06484	Urgent Care Walk-in Center
5 St Vincent's Urgent Care Ctr Monroe 401 Monroe Turnpike Monroe, CT 06468	Urgent Care Walk-in Center
6 The Behavioral Health Ctr at Norwalk 1 Lois Street Norwalk, CT 06851	Outpatient Behavioral Health Services
7 St Vincent's Center for Wound Healing 115 Technology Drive Trumbull, CT 06611	Wound Care Services
8 Family Health Center 762 Lindley Street Bridgeport, CT 06606	Family Health Clinic
9 Cardiology Phys. of Fairfield County 40 Cross Street Norwalk, CT 06851	Cardiology
10 Cardiology Phys. of Fairfield County 1177 Summer Street Stamford, CT 06905	Cardiology

Schedule H (Form 990) 2012





**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; Part V, Section A; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 8 **Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

Part I, Line 7: The cost of providing charity care, means tested  
 government programs, and community benefit programs is estimated using  
 internal cost data, and is calculated in compliance with guidelines  
 established by both the Catholic Health Association (CHA) and the Internal  
 Revenue Service. The organization uses a cost accounting system that  
 addresses all patient segments. The best available data was used to  
 calculate the amounts reported in the table. For the information in the  
 table, a cost accounting system was used for all data.

Part I, Line 7g: The organization employs its physicians at physician  
 clinics, so the associated costs and charges relating to those physician  
 services are included in all relevant categories in Part I.

Part II: Saint Vincent's Medical Center provided community building  
 activities in FY 2013. Breast cancer screenings and mobile mammograms  
 were provided to underserved women. The Medical Center also provided  
 education about the importance of early detection of breast cancer.

Prostate cancer screenings were conducted for uninsured men in the

**Part VI** Supplemental Information

community, as well. St. Vincent's also operated a Family Health Center that provided healthcare to patients who were uninsured and who did not have a primary physician. This program also offered medical testing, financial counseling, and social services. Community education programs were offered on a wide array of topics including cardiology, oncology, nutrition, smoking, geriatrics, and diabetes.

Part III, Line 4: The provision for doubtful accounts is based upon management's assessment of expected net collections considering economic conditions, historical experience, trends in health care coverage, and other collection indicators. Periodically throughout the year, management assesses the adequacy of the allowance for doubtful accounts based upon historical write-off experience by payor category, including those amounts not covered by insurance. The results of this review are then used to make any modifications to the provision for doubtful accounts to establish an appropriate allowance for doubtful accounts. After satisfaction of amounts due from insurance and reasonable efforts to collect from the patient have been exhausted, the Medical Center follows established guidelines for placing certain past-due patient balances with collection agencies, subject to the terms of certain restrictions on collection efforts as determined by Ascension Health. Accounts receivable are written off after collection efforts have been followed in accordance with the Medical Center's policies. The organization's bad debt expense for 2013 was \$25,816,577 based on charges.

The methodology for determining the allowance for doubtful accounts and related write-offs on uninsured patient accounts has remained consistent with the prior year. The Medical Center has not experienced material

**Part VI** Supplemental Information

changes in write-off trends and has not materially changed its charity

care policy since September 30, 2012.

Part III, Line 8: St. Vincent's Medical Center follows the Catholic

Health Association (CHA) guidelines for determining community benefit.

CHA community benefit reporting guidelines suggest that Medicare shortfall

is not treated as community benefit.

Part III, Line 9b: The St. Vincent's Medical Center Collection and Debt

Referral Policy states "All patients receiving services are given the

opportunity to take advantage of policies developed to assist them

financially. These policies include Charity Care, Free Bed Funds,

financial counseling as well as State and Federal programs."

St. Vincent's Medical Center:

Part V, Section B, Line 4: The CHNA was conducted with the following

other hospital facility:

- Bridgeport Hospital

St. Vincent's Medical Center:

Part V, Section B, Line 14g: A brochure is available to patients

explaining the financial assistance policy and is given to them upon

request. Also, financial counselors are available to meet with patients

who require financial assistance.

St. Vincent's Medical Center:

**Part VI** Supplemental information

Part V, Section B, Line 21: A small portion of patients may have been charged in error, however, corrections to these patient accounts were made when the errors were identified.

St. Vincent's Medical Center:

Part V, Section B, Line 22: A small portion of patients may have been charged in error, however, corrections to these patient accounts were made when the errors were identified.

Part VI, Line 2: St. Vincent's Medical Center (SVMC) is committed to serving the greater Bridgeport, Connecticut area by developing partnerships to provide support and services for the healthcare needs of its community. Through healthcare education, medical care, and support services, the organization reaches into the community to enhance local neighborhoods and their quality of life. We deliver a broad range of services with sensitivity to the individual needs of our patients and their families. The relationships developed with our community partners have provided much needed healthcare services to the citizens of our community.

Our tradition of improving the health of the community dates back over 110 years, when local Catholic physicians identified a need to meet the holistic needs of the large European immigrant population. They contacted the pastor of the Cathedral of St. Augustine, who in turn collaborated with The Daughters of Charity. Their vision was realized when the doors of SVMC opened in June 1903. Since that time, all associates of SVMC have

**Part VI** Supplemental Information

stood behind its mission to support underserved patients and their families. Our mission, vision, and values provide a strong foundation for the work we do - a framework that expresses our priorities for what we will achieve and how we will achieve it.

SVMC is committed to making a lasting impact on the community it serves.

To that end, SVMC has organized the Primary Care Providers in the City of Bridgeport into a Primary Care Action Group (PCAG). The expressed purpose of this group is to increase the access of the underserved and uninsured to Primary Care and Specialty Care. The group has developed guiding principles and a strategic action plan to achieve its objective. Through this effort, SVMC was a key partner in the development of a Regional Health Information Organization, creating the ability to identify overlap in services to each organization's respective clients. In the spring of 2011, under the leadership of SVMC staff, the PCAG launched the Bridgeport Dispensary of Hope, a pharmacy offering medication, free of charge, to the uninsured and underinsured. The Dispensary of Hope in FY14 served more than 2,900 patients and provided them with medication worth more than \$850,000.

Understanding the current health status of the community is important in order to identify priorities for future planning and funding, the existing strengths and assets upon which to build, and areas for further collaboration and coordination across organizations, institutions, and community groups. To this end, SVMC, through the PCAG, lead a comprehensive regional health planning effort comprised of two phases; (1) a Community Health Assessment to identify the health-related needs and community strengths in the Greater Bridgeport area and (2) a Community

**Part VI** Supplemental Information

Health Improvement Plan to determine the key health priorities, overarching goals, and specific strategies to implement across the service area.

The Community Health Assessment is a key tool for SVMC as it ensures it is fully meeting the needs of the community it serves. The Community Health Assessment identified the health-related needs and strengths of the Greater Bridgeport area through a social determinants of health framework, which defines health in the broadest sense and recognizes numerous factors at multiple levels- from lifestyle behaviors (e.g., healthy eating and active living) to clinical care (e.g., access to medical services) to social and economic factors (e.g., poverty) to the physical environment (e.g., air quality)- which have an impact on the community's health.

In addition to greater community surveillance, SVMC puts a priority on input from patients and their families. SVMC recognizes that input from patients and families is critical in the delivery of quality medical care to the community. In 2007, SVMC implemented a Patient Family Advisory Board (PFAB) as a vehicle to give a meaningful voice to patients and their families. The PFAB acts as an advisory committee to the SVMC Board of Directors, Administration, and staff. Residents are encouraged to interact with the PFAB on a regular basis. The objectives of the PFAB include the following: To provide a forum that enables patients and family members to have direct input and influence on policies, programs, practices, and the development and planning of new facilities that impact the care and services received at SVMC; To provide a method to channel information and ideas and concerns of patients and families to SVMC leadership and staff; To increase the patient-centeredness of the care delivered at SVMC; To

**Part VI** Supplemental Information

improve collaboration between caregivers, patients, and families such that their concerns regarding quality of care are addressed promptly and effectively; To serve as a diverse and representational link between SVMC and the community; To provide a mechanism for patients and families to participate in the selection of candidates for key positions; and, to reduce adverse events, errors, and sub-optimal outcomes related to inadequate communication between caregivers, patients, and families.

In an effort to further integrate the patient/family voice institution-wide, a number of patient care committees - Patient Safety, Quality Control, Infection Control, and Pharmacy and Therapeutics - are populated with membership from PFAB. In addition, SVMC has implemented a program to have PFAB presence at the unit level. These Patient/Family Advisors interact with staff, patients, and families at the front line of service delivery.

## Part VI, Line 3: The St. Vincent's Medical Center Financial

Assistance Program screens patients for all programs that will assist in covering medical expenses, including federal and state programs, free bed funds, and income-based financial assistance.

At the time of pre-registration and registration, all patients who are underinsured or without insurance are referred to an on-site Financial Counselor for an initial screening. The Financial Counselor assesses the patient's needs and begins the appropriate Financial Assistance application.

Financial Assistance staff is trained on how to qualify patients for the

**Part VI** Supplemental Information

various Medicaid, Charity Care, and financial assistance programs. The

staff regularly attends community meetings and information update sessions

to remain updated on changes to state and federal assistance programs.

In addition, all billing and collections notices inform patients that they

may call the Financial Assistance staff. If a patient contacts the billing

or collection agencies and inquires about financial assistance, they will

be directed to the Financial Assistance staff. A patient can request

financial assistance at any point in the revenue cycle.

Information on financial assistance options is posted in the admitting and

registration areas, the Emergency Room, Case Management area, Customer

Service, and Patient Access departments. Contact information is clearly

visible and information is printed in both English and Spanish.

The Financial Assistance program is highlighted on the organization's

external website, with an application for assistance and contact

information linked directly. A link to the United Way 211 website is also

provided, allowing patients to access further information about available

assistance.

A financial assistance brochure has been developed and is available to

patients and families at the time of registration. This brochure is

displayed in the Emergency Department, Immediate Health Centers, Case

Management, Customer Service, and Patient Access departments. The

brochure is also mailed upon request.

By virtue of its location and mission, SVMC's uncompensated care costs



**Part VI** Supplemental Information

were \$40.8 million including charity care and bad debt.

Part VI, Line 4: The primary service area (PSA) of St. Vincent's

Medical Center (SVMC) consists of the city of Bridgeport and the

surrounding towns of Fairfield, Easton, Monroe, Trumbull, Stratford, and

Shelton. The PSA total population is nearly 342,000, which is projected to

grow by nearly 4% in the next ten years.

Bridgeport is located in Northeast Fairfield County along Long Island

Sound, partway between New York City and Boston. Comprised of 16 square

miles of land mass and with 144,229 residents (Census 2010), Bridgeport is

the largest City in Connecticut and the fourth largest City in New

England. Its 9,014 people per square mile make Bridgeport the most densely

populated city in Connecticut.

Bridgeport's surrounding towns are principally white collar, with only

pockets of poverty, reflecting, in large part, Fairfield County's

affluence. However, Bridgeport is the poorest city in the state and one of

the 10 poorest cities in the nation. Bridgeport represents an island of

poverty in an otherwise affluent Fairfield County, one of the wealthiest

counties in the country. Bridgeport's per capita income average of

\$19,802 is less than half (45.4%) of neighboring Trumbull (\$43,576) and

slightly more than one-third (35.6%) of the average per capita income of

neighboring Fairfield (\$55,579) (American Community Survey 2005-2009).

Bridgeport's average per capita income also falls short of both the

Connecticut average of \$36,468 and the national average of \$27,041

(American Community Survey 2005-2009). Although Fairfield County has a

reputation for affluence, it is clear that many of the area's residents

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fall well outside this category, and look to St. Vincent's as a safety net.

The cost of living and real estate in the PSA make it difficult for families to settle in the area. As a result, SVMC's workforce shortages occur in professional and technical positions.

Bridgeport's population is 39.6% White, 34.6% Black or African American, 0.5% American Indian and Alaska Native, 3.4% Asian, 0.1% Native Hawaiian and Other Pacific Islander, 17.5% some other race, and 4.3% two or more races (U.S. Census 2010). Approximately 38.2% of Bridgeport's population is Hispanic or Latino (of any race) (U.S. Census 2010). As the U.S. Census 2010 data shows, Bridgeport has a significantly higher percentage of Black or African Americans and Hispanics or Latinos of any race than the State of Connecticut.

Bridgeport also has a high rate of unemployment. In February 2013, the Connecticut Department of Labor reported that the unemployment rate in Bridgeport is 13%, compared to 8.4% statewide or 6.6% in Fairfield and 7% in Trumbull, Bridgeport's closest neighboring communities (Connecticut Labor Market Information 2013). Bridgeport residents who are employed often earn only a minimum wage, which is not a living wage in this geographic area.

Connecticut has the second highest incidence of breast cancer in the country, second only to Rhode Island. According to the 2011 Community Profile of Breast Cancer by the Susan G. Komen organization, SVMC's primary service area, the greater Bridgeport area, has a higher incidence

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of breast cancer, higher late stage diagnosis, and a higher mortality rate than the State of Connecticut incidence rates.

According to the recently completed Community Health Needs Assessment 1 in 25 Fairfield County residents has had a heart attack and 1 in 20 has been diagnosed with diabetes. Additionally almost 6 in 10 adults are overweight or obese, 1 in 4 children and adolescents are overweight or obese, 1 in 4 people did not participate in any leisure time physical activity in the past month and only 1 in 3 people consumed the recommended five servings of fruits and vegetables daily. Our Assessment also revealed that the prevalence of mental illness in adults ranged from 17.7% to 26.5% in our primary service area. Our High School youth attempted suicide at twice the rate of the National average, 1 in 10 adults participated in binge drinking behavior in the last 30 days, and 1 in 4 people currently smoke in the City of Bridgeport. The Assessment also uncovered significant problems with access to Health Care: 1 in 20 people in the Greater Bridgeport community do not have health insurance and 6 in 10 people experience one or more barriers in accessing adequate health care.

Families, and particularly children, living in poverty are more likely to suffer from poor health, drop out of school, experience hunger, homelessness, and violence. Forty percent of children live in single parent homes compared to 20% Statewide and 32% nationally. The teenage pregnancy rate is 18.9% compared to 8.3% for Connecticut. The 2000 census shows 38%, or approximately 52,820 adult Residents, had no High School diploma. In 2009, Bridgeport area homeless shelters served 518 adults and 231 children, while a total of 3,136 requests were denied. The poor, homeless, and those with limited education are often less likely to seek

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preventative care and fill prescriptions and are more likely to delay treatment in an emergency. The uninsured are more likely to suffer from poor health and are up to three times more likely to die early than those with health insurance (Bridgeport Child Advocacy Coalition, 2008).

Bridgeport is crossed by Interstate 95, a main vehicular corridor from New York to Boston that is cited as the main source of air toxins and greenhouse gases in the City. The Industrial Revolution of the 1930's left Bridgeport with numerous Brownfield sites, which are linked to lead poisoning, and multiple cancers. A Johns-Hopkins study of Brownfields in the Baltimore, MD area, demonstrated a 20% increase in mortality, 27% increase in cancer mortality, 33% increase in lung cancer mortality, and 39% increase in respiratory mortality among Residents in higher Brownfield hazard zones. This strongly corroborates the theory that Brownfields are detrimental to human health (Litt & Tran 2002). The poor air quality in Bridgeport may be a major factor in the 25% incidence of asthma in households in the City (Bridgeport Health Information Program Survey, 2007).

Over the last five years, the service area has seen a sharp decrease in Primary Care Physicians due to retirements and the increased cost of living in the region. In the spring of 2010, SVMC's Medical Staff Development Plan projected a current need for 6 additional Primary Care Physicians in the greater Bridgeport community. This projection is only based on the current demographic profile of patients. However, 35% of SVMC physicians are over the age of 55, well over the national average of 28%. Due to the age of our medical staff, there is an anticipated need for an additional 28 Primary Care physicians over the next 10 years.

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Only 53% of the SVMC community-based Primary Care Physicians currently accept Medicare patients and only 15% accept new Medicaid patients. Many of these underinsured patients turn to the SVMC Family Health Center, an ambulatory primary care clinic.

Part VI, Line 5: St. Vincent's Medical Center's (SVMC) mission, vision, and values provide a strong foundation for the work we do to serve our community - a framework that expresses our priorities for what we will achieve and how we will achieve it. The mission statement of SVMC says that "Rooted in the healing ministry of Jesus, we commit to provide quality, holistic care to all faiths with special concern for those who are poor, vulnerable and underserved".

The organization is dedicated to promoting healthy living at every stage of life and enhancing life by addressing the unique needs of patients, families, and our community. Healthcare education, wellness, and disease prevention education is offered through a wealth of resources such as symposiums, classes, and support groups. Our outreach programs and partnerships are designed to enhance public health and quality of life in the greater Bridgeport area and improve access to health services for members of the community we serve. We seek to advance medical or healthcare knowledge through education and relieve or enhance any ongoing public healthcare efforts. Our programs reach adults and teenagers, men and women, infants and seniors, providing health education and care regardless of ability to pay. To that end, we are proud to have sponsored more than 56 programs in the last fiscal year, reaching more than 40,000 people our community.

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In 2010, SVMC broke ground on the Elizabeth M. Pfriem SWIM Center for Cancer Care and the renovated and expanded Michael J. Daly Emergency Department. The Elizabeth Pfriem SWIM Center for Cancer Care contains all oncology services under one roof. These services encompass the full spectrum of cancer care and include community outreach, screening and prevention, diagnostic services, surgical and medical oncology, radiation therapy, interventional oncology, clinical trials, dedicated inpatient and outpatient cancer units, palliative care, pain management, integrative oncology, support services, patient and provider education and survivorship. The Center offers integrative oncology services, including a boutique, spa services, nutrition counseling, social work, financial counseling, a meditation area, support services, and a survivorship program.

The Michael J. Daly Center for Emergency and Trauma Care was renamed in December of 2009 as the first section of the expanded and refurbished emergency department which opened in the fall 2010. The completely renovated emergency department, which tripled in size and holds 60 beds, includes specialized trauma and critical care suites, a "Fast Track" area for minor case needs, dedicated OB/GYN rooms, pediatric area, expanded Behavioral Health and Psychiatric area with focus on privacy and safety, improvements in diagnostic equipment, including its own CT scanner, ultrasound and X-ray equipment to expedite diagnosis and treatment of emergency room patients and a permanent decontamination facility for hazardous spills.

SVMC's commitment to the community can be seen in the work of our Family Health Center (FHC). The FHC is located one block from the main

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campus of the hospital. It provides quality care for the patient and their entire family in one convenient location. Specialty services are offered, as well as pediatric services, adult medical care, and geriatric care. Healthcare is provided to those in the Greater Bridgeport community who are uninsured, underinsured, low-income, handicapped, homeless, and/or frail elderly. The FHC provides a private practice model of care to those who lack continuity of care.

SVMC was among the first organizations in Connecticut to make the promise of mammography screening to women without insurance, not knowing what the response would be initially. Since those early times, SVMC has screened many thousands of women who would not have had access to screening. By providing breast screenings in this regional community, medically underserved populations have been able to access services that are imperative for promoting breast health and reducing breast cancer mortality. In the past two years, we have been able to provide nearly 550 screening mammograms, over 120 diagnostic mammograms, over 180 breast ultrasounds and 10 biopsies, of which we found two occurrences of cancer.

This breast screening program reaches out to at-risk asymptomatic women who have barriers that prevent them from accessing services and who are medically underserved, elderly, minority, uninsured, or underinsured.

SVMC removes barriers to care by improving access through its customized coach with digital mobile mammography and through a bilingual staff and materials.

Our screening facilities include our customized Digital Mobile

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Mammography Coach and the Women's Imaging Center located in the new Elizabeth M. Pfriem SWIM Center for Cancer Care. St. Vincent's Medical Center provides a full range of inpatient and outpatient services with regional centers of excellence. Its American College of Radiology recognized Breast Imaging Center of Excellence operates a comprehensive oncology service, which is indicative of SVMC's commitment to provide expert care. The American College of Radiology accredited our Breast Ultrasound and Image-Guided Biopsy services. The ACR Commission on Quality and Safety accredited our Mammography services and Mobile Mammography services. SVMC is committed to voluntary inspection and compliance with defined performance standards. SVMC received Full Accreditation with Commendation from the American College of Surgeon's National Commission on Cancer and the Cancer Center can be characterized as a facility with strong organizational capabilities and institutional commitment.

Unique to this program is our Breast Clinic, which employs a health care team approach and case management involving a radiologist, nurse, technologist, bilingual Hispanic technologist aide, bilingual schedulers, and a bilingual Hispanic coordinator. If breast problems are discovered, one of our two Breast Health Educator/Navigators along with our Hispanic case manager will go "above and beyond" the requirements for follow up with all of our patients to provide the necessary education and resources. All of the women will be closely followed and possibly referred to clinics/medical centers in the area in which they reside; assuring follow up is obtained and no one is left without resources.



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Integrative Oncology at St. Vincent's Elizabeth M. Pfriem SWIM Center for Cancer Care provides a wide range of unique services and therapies to both cancer patients and their family members. Programs focus on wellness of mind, body, and spirit from diagnosis, through treatment and beyond. Most integrative survivorship programs are free of charge and can be modified based on the needs of individual patients and family members. There are more than 18 programs to choose from, including Yoga, Music Therapy, Massage Therapy, Narrative Knowledge, Lay Navigation, Caregiver Support, and more. Integrative Oncology therapies can go a long way towards putting the patient back in control, providing symptomatic relief, and enhancing quality of life.

In response to the increase of heart disease in women, the St. Vincent's Regina L. Cozza Women at Heart program began in 2004 to educate women in the community about the risk factors for cardiac disease and the differences in women's symptoms. The program consists of community events offering the following:

- Blood pressure screenings
- Blood sugar screenings
- Educational literature - obtained from American Heart Association; Cardiovascular Nurses Association; U.S. Department of Health and Human Services Office of Women's Health; National Heart, Lung and Blood Institute and the Diabetes Association
- Counseling
- Body Fat testing
- BMI (Basal Metabolic Index)
- Cholesterol screenings

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- Women's Cardiac Assessments

- Framingham Risk Assessment

- Educational lectures by Nursing and Physicians

To date there have been two mass screening days, providing an average of 50 women each day the critical screenings free of charge.

The program is supported through an endowment established through SVMC Foundation, enabling the program to provide screenings free of charge to women age 50 and older. The program includes the entire list of items above plus height/weight screening, nutritional lecture and counseling, yoga demonstration, meditation, exercise assessment and a heart healthy lecture by a physician.

All programs are free to the public and numerous locations have been utilized in the greater Bridgeport area to reach women in the community. A SVMC Heart Fair is held annually in the lobby of SVMC. To promote awareness of heart disease in women, each participant received a purple Women at Heart mesh bag with educational materials. Bi-annually a Women at Heart newsletter called Heartbeats is published. It is currently mailed to the homes of over 2,000 women.

The Parish Nurse Program is a broad reaching partnership with 76 churches of all faiths in the greater Bridgeport area. Through the program, our nurses provide education, health screenings and support to the parishioners of the churches. Our Parish Nurses participated in a community wide health awareness program called "Know your Numbers".

This collaboration with our partners from the Primary Care Action Group

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held health screenings at soup kitchens, senior centers and other

community locations. Our Communications Department actively supported

the effort to ensure that the screenings were well publicized and

attended.

SVMC is dedicated to providing healthy living at every stage of life

and to enhancing life by addressing the unique needs of patients,

families, and our community. Healthcare education, wellness, and

disease prevention education is offered through a wealth of resources

such as symposiums, classes, and support groups. Our outreach programs

and partnerships are designed to enhance public health and quality of

life in the greater Bridgeport area and improve access to health

services for members of the community we serve. We seek to advance

medical or healthcare knowledge through education and relieve or

enhance any ongoing public healthcare efforts. Our programs reach

adults and teenagers, men and women, infants and seniors, providing

health education and care regardless of ability to pay.

To that end, we are proud to have sponsored more than 50 programs in

2013, reaching more than 40,000 people our community. Overall expenses

to run these programs exceed \$15 million. Community Health Improvement

Services account for the largest type of activity we provide for the

community. Under this umbrella, we offered 35 different community

health education and support groups, ran ongoing screening and health

clinics, and provided medical care for those without access to a

medical professional. The Family Health Center (FHC) offered healthcare

to nearly 6,000 people in FY2013. Cardiology and Oncology seminars,

wellness programs, screenings and support groups helped over 4,300

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people learn to live healthier lives. Each year, the SWIM serves over 20,000 individuals. Support groups helped more than 700 patients and family members deal with a diagnosis of cancer, offering hope, information, financial support, and psychosocial services. More than 1,000 healthcare professionals and medical students in the Bridgeport area attended our health education seminars and lectures to advance their knowledge and share ideas.

The Medical Center responds to the mental health needs of the community through a variety of behavioral health services for patients from pediatrics through geriatrics. St. Vincent's Behavioral Health Services (SVBH), a department of the Medical Center, operates the Bridgeport and Norwalk Behavioral Health Ambulatory sites, offers adult and adolescent mental health outpatient services, and specialized services for the Latino population. Our staff includes 301 full-time and part-time employees. SVBH serves a diverse population with a wide range of behavioral health needs that require a complete system of care to persons of all income levels and backgrounds. Among its varied services, St. Vincent's offers the following outpatient treatment services for adolescents: Adolescent Intensive Outpatient Programs (AIOP) at two locations and the Juvenile Justice program.

In the spring of 2011, under the leadership of SVMC staff, the Primary Care Action Group launched the Bridgeport Dispensary of Hope, a pharmacy offering medication to the uninsured and underinsured free of charge. The Dispensary was launched in direct response to the economic downturn. With more and more residents finding themselves unemployed or underemployed, the Dispensary becomes even more critical to ensuring a

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healthy community. The Dispensary runs on very few resources, providing essential services with very low overhead. This state licensed pharmacy is available for all patients of SVMC, and will prove to be an enormous asset for patients with chronic illness. The Primary Care Action Group and the Dispensary of Hope emphasize the values and institutional commitment to serving the poor and vulnerable throughout the Bridgeport community. In the last fiscal year, Hope Dispensary of Greater Bridgeport has documented 571 unduplicated patients served, 97% of which were below the 200% of the Federal Poverty Level.

Additionally, the Dispensary filled 4,519 prescriptions amounting to \$444,388 worth of medication.

Volunteers are an integral component to the fulfilling the mission of the organization. In the last FY, 296 volunteers provided the Medical Center with more than 49,000 hours of service. Volunteers work in every department of the Medical Center, providing nurturing support and expertise to patients and their families.

Part VI, Line 6: St. Vincent's Health Services Corp (SVHS) is a member of Ascension Health, a Catholic, national health system. St. Vincent's Health Services is a nonprofit integrated health delivery system, which consists of the following organizations - St. Vincent's Medical Center, St. Vincent's Medical Center Foundation, St. Vincent's College, St. Vincent's Multispecialty Group, Hall-Brooke Behavioral Health Services, which was merged into St. Vincent's Medical Center on June 30, 2013, St. Vincent's Special Needs Services, and St. Vincent's Development Corporation. Through the work of the Medical Center, in partnership with our affiliate network, we are able to meet the comprehensive needs

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of our home and surrounding community.

St. Vincent's Medical Center (SVMC) is a nonprofit hospital system, consisting of an acute care hospital located in Bridgeport, Connecticut and a behavioral health hospital located in Westport, Connecticut. Founded in 1903, St. Vincent's began as a 75 bed institution and quickly grew in scope and service. The Medical Center provides care for all of those in the City of Bridgeport and surrounding communities who come to it, regardless of their ability to pay. Today, the Medical Center is located in a modern 10 story building and has grown to a 473 bed institution. The Medical Center is Fairfield County's only faith-based general hospital and its commitment to the poor and underserved remain central to its mission.

As a philanthropic arm, St. Vincent's Medical Center Foundation's (the Foundation) primary purpose is to raise funds in order to help meet certain financial needs of the St. Vincent's Health Services Corp. The Foundation's goal is to create and perpetuate financial support for programs and services on behalf of St. Vincent's historic mission to serve the poor and medically underserved populations. The growing support for St. Vincent's throughout the region is a reflection of our mission-driven programs and the quality of our services. The Foundation works tirelessly to raise over \$2 million a year for the SWIM Across the Sound through over 40 events and to raise over \$3 million a year in support of the other entities.

The Foundation works extremely hard year-round, with over 40 SWIM fundraising events a year, to reach people who do not have access to

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critical screening services, and to provide free or subsidized services

to the community. SWIM Across the Sound has demonstrated commitment to

this cause each year for the last 25 years. Neighboring hospitals,

which do not conduct as extensive fundraising for patient care as St.

Vincent's, routinely send patients to St. Vincent's when their grant

money ends, or when they are not able to pay for free care. St.

Vincent's provides a substantial safety net to the region, as you do

not need to be a patient at St. Vincent's to be helped by the SWIM.

The SWIM offers 48 unique programs and services ranging from cancer

education, support, and screening - from prevention to survivorship. In

addition, what truly sets the SWIM apart from other charities is that

it also offers one-on-one financial assistance to cancer patients in

need. The SWIM helps people with cancer regardless of where they

receive their care, so we are an important safety net for the region

and a charity of last resort when there is no place left to turn. Often

a diagnosis of cancer can be financially devastating to the patient and

her/his family. We step in when a patient is undergoing treatment to

relieve financial hardships.

The SWIM is there to pay utility bills, car payments, and rent/mortgage

payments so a family member can take time off from work to be with

their loved one when it is so important to be at their side. The SWIM

is there for the patient who is undergoing local radiation and is

experiencing some skin reactions and requires a special prescription

that is not covered by their insurance. The SWIM is there for the woman

who needs a wig and prostheses. The SWIM is there for the family that

needs family counseling because there are small children left

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motherless and they need extra assistance in picking up the pieces and moving forward with their own lives. The SWIM is there is to pay transportation costs to get to appointments and to support a patient with nutritional and exercise counseling.

With ever growing needs because of the economic downturn and lack of health care access, there are more and more women in need of breast health care within our service area than ever. Frequently patients are referred from surrounding hospitals to St. Vincent's SWIM cancer services. Recently we have also received numerous requests for assistance beyond our traditional service area.

St. Vincent's mission to serve the community can most poignantly be observed in their one-on-one financial assistance program, funded and operated by the Foundation. For area residents with cancer, even those not undergoing treatment at St. Vincent's, financial assistance is provided to aid in the necessary life expenses not covered by insurance. With a \$2,000 cap per patient, the Foundation provides one of the largest financial assistance programs for cancer patients in the country. Once the \$2,000 cap is reached, the Foundation can use funds from their "Above and Beyond Fund" or will make every attempt possible to secure additional support for the patient. This assistance, critical to patients undergoing cancer treatment, pays for items including but not limited to: mortgage payments, utility bills, transportation costs, daycare costs, wigs, breast prostheses, lymph edema sleeves and mastectomy bras, wheelchair transportation for non-ambulatory patients, and prescription co-pays, or prescription costs for those without insurance.



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This financial assistance provides a safety net for those who have nowhere else to turn. St. Vincent's, through the work of the Foundation, provides assistance to over 300 people annually, providing over \$600,000 in financial assistance to those in need each year.

As part of St. Vincent's mission to reduce and prevent cancer, St. Vincent's Foundation established the St. Vincent's SWIM Smokestoppers program in March of 1996. Smokestoppers is a unique and interactive tobacco prevention and smoking cessation program designed for young people. The SWIM Smokestoppers offers a lively and inspiring program that educates Connecticut's young people about the dangers of smoking and the use of so-called "smokeless" tobacco. Smokestoppers currently combines two kinds of courses, offered free to the community: (1) prevention classes for students who do not yet smoke and (2) cessation classes to help teens who are already smoking take the difficult step of quitting. Program presenters are former smokers, who share their experiences in a relevant, accessible way.

The program has a proven record of helping thousands of young people, and is consistently invited back to schools year after year. In the 17 years since its inception, the program has reached over 200,000 young people in 200 schools throughout the State. Presenters research current trends in youth tobacco use, new products, and new marketing strategies used by the tobacco companies to target young people. This research is integrated into the presentation, creating an updated, relevant program for each and every session.

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St. Vincent's College (the College), a nonprofit subsidiary of St.

Vincent's Medical Center, is the only College in the State of

Connecticut committed solely to the preparation of nurses and allied

health professionals.

The College is rapidly expanding, with academic programs and degrees in

nursing, radiologic sciences, medical assisting, and a new nursing

baccalaureate completion program enrolling over 100 students in less

than a year. The College also offers a number of certificate programs,

some designed to provide entry level job skills and others that are

post degree certificate and continuing education programs designed to

prepare health professionals for additional roles.

The College has traditionally served students from Fairfield and New

Haven Counties. During the current academic year:

- 48% of the students come from the greater Bridgeport area.

- Ninety-nine percent (99%) of the current students (average age 28)

are Connecticut residents preparing to enter the workforce, in

healthcare fields that are seeing continued growth in our state.

- More than 80% of St. Vincent's students work full or part time while

also completing their education.

- More than 25% are eligible for Federal Pell Grants and more than 96%

received one or more forms of grants or aid.

- Thirty-three percent (33%) of the student population are ethnic

minorities.

The vast majority of the College's graduates have sought and found jobs

in the Fairfield and New Haven County areas of the state. Future

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graduates are expected to do the same.

St. Vincent's College Minority Outreach Camp Program is a community education program implemented in 2008 to increase the interest of urban minority students and males in healthcare careers. The Program is highlighted by an on-campus Summer Camp with supportive activities continuing through the academic year.

Participants include minority and male students in middle schools and high schools, in Bridgeport and the surrounding urban areas. Each year, the program's Summer Camp provides students with opportunities to learn about healthcare professions through a variety of experiences and learning activities. Students perform computerized dissections, participate in simulated scenarios, type simulated blood, examine simulated urine specimens, prepare and examine microbial cultures, learn medical terminology and words in other languages as well as examine the impact of weather, nutrition and geography on the cultures of the world. The program curriculum has been developed to expose middle and high school students to the diverse and exciting world that that they will encounter in healthcare.

The St. Vincent's College Outreach Program is designed to address the disparities that exist due to the under representation of minority health professionals in the healthcare system. Through this program the College seeks to increase the diversity of the student body which in turn will enhance the academic environment, challenge long-held biases and provide economic opportunities for those, who because of lack of finances and/or inability to see themselves as vital members of the

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healthcare workforce, may not enroll as students in a college

environment. The College community views this as a program that

supports social justice.

The implementation of an outreach and engagement strategy has served as

an innovative vehicle to introduce the underrepresented students in the

population to careers in healthcare. To date, over 650 students have

participated in the program. This hands-on educational opportunity has

led to the creation of a dynamic community partnership, and serves to

demonstrate the deep commitment of the College to the community it has

a mission to serve.

Since 2003, St. Vincent's has offered comprehensive educational

programs for the community designed to increase awareness and provide

resources on a full spectrum of behavioral health issues. St. Vincent's

serves the mental health needs of the PSA through both in-patient and

outpatient services, through St. Vincent's Behavioral Health, a

department of the Medical Center, and Hall-Brooke Behavioral Health

Services, an affiliate organization.

The mission of Hall-Brooke Behavioral Health Services is to offer an

integrated and complete continuum of mental health, addiction,

dual-diagnosis, and supportive services for children, adolescents, and

adults. Hall-Brooke strives to fulfill this mission by effectively

addressing the behavioral health needs of the community and also

strives to be a leader in prevention and education of mental health and

substance abuse issues. Hall-Brooke has provided mental health

services for more than 110 years. In 2001, a new 60-bed psychiatric

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hospital was completed, including 34 beds for children and adolescents.

This facility is now operated by the Medical Center.

Hall-Brooke's Community Residential Services program provides intensive

residential support and permanent supportive housing to persons age 18

and over who are homeless with significant behavioral health disorders.

Interventions and services are focused on recovery, relapse prevention,

development of independence, assistance with activities of daily

living, illness self-management, and access to health care benefits,

crisis intervention, 24 hour emergency on-call services, and community

mainstream services. The program operates 10 shared living residential

sites, 9 family units, and 61 scattered site apartments in the

communities of Norwalk, Bridgeport, and Fairfield, Connecticut. Based

upon 97% occupancy at these sites, Community Residential Services

provided approximately 46,025 days of residential support/housing

services. Grants from the U.S. Department of Housing and Urban

Development and the Connecticut Department of Mental Health and

Addiction Services provide funding for these programs.

Two years ago, Hall-Brooke started an outpatient advocacy and treatment

services program for children with autism spectrum disorders. St.

Vincent's Autism and Developmental Services is meeting the needs of

these families by taking health care insurance to pay for needed

services including diagnostic evaluations and individual and family

therapy. The program has served over 100 families in the greater

Fairfield County community through resource coordination, diagnostic

testing, parent support groups, individual and family therapy, family

workshops, sibling support groups and social skills groups.

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Effective July 1, 2013, Hall-Brooke Behavioral Health Services, Inc.

closed its special education school. The remaining programs are now

operated by St. Vincent's Medical Center.

St. Vincent's Multispecialty Group (MSG) is a subsidiary of the Medical

Center. With nearly 200 physicians, nurse practitioners, and physician

assistants board certified within their respective specialties, the

group is one of the largest provider networks within Fairfield County,

Connecticut. The size of the network enables us to offer the community

expanded access and coordination of care; however, the singular focus

of providing a comprehensive approach to health care is solely

dedicated to a patient's individual needs.

St. Vincent's Special Needs Services (SVSNS), is a human services

organization with a mission "to foster the physical, educational,

spiritual, emotional, and social development of persons with

disabilities so they may play, learn, work and live in the community".

SVSNS began in 1955 when the organization was founded as a United

Cerebral Palsy clinic to provide medical evaluation and therapeutic

intervention for young children with cerebral palsy and other

developmental disabilities. Several years later a comprehensive school

program was developed and licensed by the Connecticut State Board of

Education.

A private school program for children with special needs is the central

focus of programming provided at the SVSNS Feroletto Children's

Development Center in Trumbull, CT. The Center is located in the

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Trumbull Corporate Park and spans 43,000 square feet. This special  
 needs school provides educational and health services to 68 students  
 from several towns throughout the state, the majority being from the  
 Bridgeport school district. Their diagnoses include cerebral palsy,  
 acquired traumatic brain injury, and congenital or chromosomal  
 abnormalities, among others. Most of the students have more than one  
 diagnosis. Sixteen of the students reside in one of the three pediatric  
 group homes, one of which is in the school building.

While the children are receiving an education at the Feroletto Center,  
 this is not a traditional school as it also provides health services in  
 conjunction with traditional-based school curricula. The staff includes  
 special education teachers and assistants, physical therapists,  
 occupational therapists, speech language pathologists, registered  
 nurses, licensed practical nurses, and community recreation and family  
 support facilitators. This is the only facility of its kind in the  
 region.

St. Vincent's Development Corporation is a nonprofit corporation  
 managing various real estate holdings within the greater Bridgeport  
 area.

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List of States Receiving Community Benefit Report:

CT