

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

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
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	✓	
1b If "Yes," was it a written policy?	✓	
2 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 checked="" 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		
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.		
a 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 type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	✓	
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 _____ %	✓	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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.		
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"?	✓	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	✓	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	✓	
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?	✓	

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)		3,201	8,549,989		8,549,989	1.96
b Medicaid (from Worksheet 3, column a)		23,762	33,678,482		33,678,482	7.73
c Costs of other means-tested government programs (from Worksheet 3, column b)		44,543	48,743,563		48,743,563	11.18
d Total Financial Assistance and Means-Tested Government Programs	0	71,506	90,972,034	0	90,972,034	20.87
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)	53	14,016	1,818,064	282,284	1,535,780	0.35
f Health professions education (from Worksheet 5)	4	78	4,785,992		4,785,992	1.10
g Subsidized health services (from Worksheet 6)	2	35	5,081,044		5,081,044	1.17
h Research (from Worksheet 7)					0	0.00
i Cash and in-kind contributions for community benefit (from Worksheet 8)	2	71	161,361		161,361	0.04
j Total. Other Benefits	61	14,200	11,846,461	282,284	11,564,177	2.65
k Total. Add lines 7d and 7j	61	85,706	102,818,495	282,284	102,536,211	23.52

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50192T

Schedule H (Form 990) 2015

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					0	0.00
2 Economic development					0	0.00
3 Community support	5	709	30,326		30,326	0.01
4 Environmental improvements					0	0.00
5 Leadership development and training for community members					0	0.00
6 Coalition building					0	0.00
7 Community health improvement advocacy	1	184			0	0.00
8 Workforce development					0	0.00
9 Other					0	0.00
10 Total	6	893	30,326	0	30,326	0.01

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
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	8,350,781
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	0
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	142,838,657
6	Enter Medicare allowable costs of care relating to payments on line 5	6	183,231,439
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	(40,392,782)
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: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other		

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	✓
9b	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	✓

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 %
1 (SEE STATEMENT)				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				

(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 %	(3) Physicians' profit % or stock ownership %
Connecticut Orthopedic Management, LLC	Management and Process Improvement of Orthopedic Service Lines	50.00		50.00

Part V Facility Information

Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year? 1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 ST. VINCENT'S MEDICAL CENTER
 2800 MAIN STREET, BRIDGEPORT, CT 06606
[HTTP://WWW.STVINCENTS.ORG/COMMUNITY-WELLNES](http://www.stvincents.org/community-wellness)
 S STATE LICENSE NO. : 0057

2

3

4

5

6

7

8

9

10

Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
✓	✓		✓			✓			

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 letter of facility reporting group ST. VINCENT'S MEDICAL CENTER

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

		Yes	No
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year?		✓
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C		✓
3	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 12 If "Yes," indicate what the CHNA report describes (check all that apply):	✓	
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 significant 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 Section C)		
4	Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u>		
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	✓	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	✓	
6b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	✓	
7	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):	✓	
a	<input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b	<input type="checkbox"/> Other website (list url): _____		
c	<input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d	<input type="checkbox"/> Other (describe in Section C)		
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	✓	
9	Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 15</u>		
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	✓	
a	If "Yes," (list url): <u>SEE SUPPLEMENTAL INFORMATION</u>		
b	If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a	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)?		✓
12b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?		
c	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group ST. VINCENT'S MEDICAL CENTER

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	✓	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 5 0</u> % and FPG family income limit for eligibility for discounted care of <u>4 0 0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input checked="" type="checkbox"/> Insurance status		
f	<input checked="" type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	✓	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	✓	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	✓	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u>		
c	<input type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): _____		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17	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 all of the actions the hospital facility or other authorized party may take upon non-payment?	✓	
18	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 the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
e	<input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group ST. VINCENT'S MEDICAL CENTER

		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		✓
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency(ies)		
b	<input type="checkbox"/> Selling an individual's debt to another party		
c	<input type="checkbox"/> Actions that require a legal or judicial process		
d	<input type="checkbox"/> Other similar actions (describe in Section C)		
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c	<input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d	<input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e	<input type="checkbox"/> Other (describe in Section C)		
f	<input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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?	21	✓	
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 Section C)			
d	<input type="checkbox"/> Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22	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 checked="" 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 Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual 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?	23		✓
If "Yes," explain in Section C.				
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		✓
If "Yes," explain in Section C.				

Supplemental Information. Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p>	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: THE PRIMARY CARE ACTION GROUP (PCAG), WHICH INITIATED THE COMMUNITY HEALTH NEEDS ASSESSMENT FOR THE GREATER BRIDGEPORT, CONNECTICUT AREA, WAS COMPRISED OF MANY MEMBERS. THESE MEMBERS, AS LISTED IN THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN, WERE: ST. VINCENT'S MEDICAL CENTER, BRIDGEPORT HOSPITAL/YNHHS, OPTIMUS HEALTHCARE, SOUTHWEST COMMUNITY HEALTH CENTER, AMERICARES FREE CLINIC OF BRIDGEPORT, LLC, GREATER BRIDGEPORT MEDICAL ASSOCIATION, NORTHEAST MEDICAL GROUP, PEDIATRIC HEALTHCARE ASSOCIATES, VISITING NURSE SERVICES OF CT, CITY OF BRIDGEPORT DEPARTMENT OF HEALTH AND SOCIAL SERVICES, FAIRFIELD HEALTH DEPARTMENT, MONROE HEALTH DEPARTMENT, TRUMBULL HEALTH DEPARTMENT, STRATFORD HEALTH DEPARTMENT, EASTON HEALTH DEPARTMENT, GREATER BRIDGEPORT COUNCIL OF CHURCHES, CATHOLIC CHARITIES, BRIDGEPORT PUBLIC SCHOOL SYSTEM, BRIDGEPORT HOSPITAL SCHOOL OF NURSING, FAIRFIELD UNIVERSITY SCHOOL OF NURSING, SACRED HEART UNIVERSITY SCHOOL OF NURSING, ST. VINCENT'S COLLEGE NURSING PROGRAM, SOUTHERN CT STATE UNIVERSITY, HOUSATONIC COMMUNITY COLLEGE, UNIVERSITY OF BRIDGEPORT, CITY OF BRIDGEPORT/CITY COUNCIL, TOWN OF STRATFORD/CITY COUNCIL, TOWN OF FAIRFIELD, TOWN OF TRUMBULL, TOWN OF MONROE, LOCAL AND NATIONAL LEGISLATORS, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART & STROKE ASSOCIATION, BRIDGEPORT ALLIANCE FOR YOUNG CHILDREN BRIDGEPORT CHILD ADVOCACY COALITION, BRIDGEPORT FOOD POLICY COUNCIL, SOUTHWESTERN AREA HEALTH EDUCATION CENTER, DATAHAVEN, HISPANIC HEALTH COUNCIL, CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES/GREATER BRIDGEPORT MENTAL HEALTH SERVICES, CT DEPARTMENT OF PUBLIC HEALTH, CT DEPARTMENT OF SOCIAL SERVICES, SOUTHWEST CT MENTAL HEALTH BOARD, BRIDGEPORT REGIONAL BUSINESS COUNCIL, SUPPORTIVE HOUSING WORKS, SOCIAL SERVICE AGENCIES, BRIDGEPORT RESCUE MISSION, COUNCIL OF CHURCHES FOOD PANTRIES, UNITED WAY OF COASTAL FAIRFIELD COUNTY, WHOLESOME WAVE, CENTRAL CT COAST YMCA, YMCA KOLBE DAYCARE CENTER, COOKING MATTERS, GREEN VILLAGE INITIATIVE, RECOVERY NETWORK OF PROGRAMS, THE CONNECTION, CONTINUUM OF CARE, LIBERATION PROGRAMS, COMMUNITY HEALTH NETWORK, ACCESS HEALTH CT, AND VALUE OPTIONS.</p> <p>THE 2016 COMMUNITY HEALTH NEEDS ASSESSMENT INDICATES THAT DATA WAS COLLECTED AS FOLLOWS: "QUANTITATIVE AND QUALITATIVE DATA WERE COLLECTED AND REVIEWED THROUGHOUT THE CHNA PROCESS. SECONDARY DATA SOURCES INCLUDED, BUT WERE NOT LIMITED TO, THE U.S. CENSUS, U.S. BUREAU OF LABOR STATISTICS, CENTERS FOR DISEASE CONTROL AND PREVENTION, STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH, CONNECTICUT HEALTH INFORMATION MANAGEMENT EXCHANGE (CHIME), AS WELL AS LOCAL ORGANIZATIONS AND AGENCIES. TYPES OF DATA INCLUDED VITAL STATISTICS BASED ON BIRTH AND DEATH RECORDS. IN ADDITION, PCAG PARTNERED WITH DATAHAVEN AND, IN PART, SPONSORED THE 2015 DATAHAVEN COMMUNITY WELLBEING SURVEY (CWS), HIRED CHANANA CONSULTING TO CONDUCT FOCUS GROUPS IN THE GREATER BRIDGEPORT REGION AND WORKED WITH A STUDENT PRACTICUM TEAM FROM THE YALE SCHOOL OF PUBLIC HEALTH WITH TECHNICAL ASSISTANCE FROM DATAHAVEN TO CONDUCT AND LATER ANALYZE KEY INFORMANT SURVEYS."</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 6A - CHNA CONDUCTED WITH ONE OR MORE OTHER HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: THE CHNA WAS CONDUCTED WITH THE FOLLOWING OTHER HOSPITAL FACILITY: BRIDGEPORT HOSPITAL/YALE NEW HAVEN HEALTH SYSTEM</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 6B - CHNA CONDUCTED WITH ONE OR MORE ORGANIZATIONS OTHER THAN HOSPITAL FACILITIES</p>	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: THE CHNA WAS CONDUCTED WITH THE FOLLOWING OTHER ORGANIZATIONS AS LISTED IN THE 2016 COMMUNITY HEALTH IMPROVEMENT PLAN: OPTIMUS HEALTHCARE, SOUTHWEST COMMUNITY HEALTH CENTER, AMERICARES FREE CLINIC OF BRIDGEPORT, LLC, GREATER BRIDGEPORT MEDICAL ASSOCIATION, NORTHEAST MEDICAL GROUP, PEDIATRIC HEALTHCARE ASSOCIATES, VISITING NURSE SERVICES OF CT, CITY OF BRIDGEPORT DEPARTMENT OF HEALTH AND SOCIAL SERVICES, FAIRFIELD HEALTH DEPARTMENT, MONROE HEALTH DEPARTMENT, TRUMBULL HEALTH DEPARTMENT, STRATFORD HEALTH DEPARTMENT, EASTON HEALTH DEPARTMENT, GREATER BRIDGEPORT COUNCIL OF CHURCHES, CATHOLIC CHARITIES, BRIDGEPORT PUBLIC SCHOOL SYSTEM, BRIDGEPORT HOSPITAL SCHOOL OF NURSING, FAIRFIELD UNIVERSITY SCHOOL OF NURSING, SACRED HEART UNIVERSITY SCHOOL OF NURSING, ST. VINCENT'S COLLEGE NURSING PROGRAM, SOUTHERN CT STATE UNIVERSITY, HOUSATONIC COMMUNITY COLLEGE, UNIVERSITY OF BRIDGEPORT, CITY OF BRIDGEPORT/CITY COUNCIL, TOWN OF STRATFORD/CITY COUNCIL, TOWN OF FAIRFIELD, TOWN OF TRUMBULL, TOWN OF MONROE, LOCAL AND NATIONAL LEGISLATORS, AMERICAN DIABETES ASSOCIATION, AMERICAN HEART & STROKE ASSOCIATION, BRIDGEPORT ALLIANCE FOR YOUNG CHILDREN BRIDGEPORT CHILD ADVOCACY COALITION, BRIDGEPORT FOOD POLICY COUNCIL, SOUTHWESTERN AREA HEALTH EDUCATION CENTER, DATAHAVEN, HISPANIC HEALTH COUNCIL, CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES/GREATER BRIDGEPORT MENTAL HEALTH SERVICES, CT DEPARTMENT OF PUBLIC HEALTH, CT DEPARTMENT OF SOCIAL SERVICES, SOUTHWEST CT MENTAL HEALTH BOARD, BRIDGEPORT REGIONAL BUSINESS COUNCIL, SUPPORTIVE HOUSING WORKS, SOCIAL SERVICE AGENCIES, BRIDGEPORT RESCUE MISSION, COUNCIL OF CHURCHES FOOD PANTRIES, UNITED WAY OF COASTAL FAIRFIELD COUNTY, WHOLESOME WAVE, CENTRAL CT COAST YMCA, YMCA KOLBE DAYCARE CENTER, COOKING MATTERS, GREEN VILLAGE INITIATIVE, RECOVERY NETWORK OF PROGRAMS, THE CONNECTION, CONTINUUM OF CARE, LIBERATION PROGRAMS, COMMUNITY HEALTH NETWORK, ACCESS HEALTH CT, AND VALUE OPTIONS.</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 7 - HOSPITAL FACILITY'S WEBSITE (LIST URL)</p>	<p>HTTP://WWW.STVINCENTS.ORG/~MEDIA/FILES/CTBRI/PDF_DOWNLOADS/2016COMMUNITYHEALTHNEEDSASSESSMENT.ASHX?A=EN</p>
<p>SCHEDULE H, PART V, SECTION B, LINE 10 - IF "YES", (LIST URL)</p>	<p>HTTP://WWW.STVINCENTS.ORG/~MEDIA/FILES/CTBRI/PDF_DOWNLOADS/2016COMMUNITYHEALTHIMPROVEMENTPLAN.ASHX?LA=EN</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p>	<p>FACILITY NAME: ST. VINCENT'S MEDICAL CENTER</p> <p>DESCRIPTION: IN 2013, MORE THAN 100 INDIVIDUALS FROM PCAG AND THEIR COMMUNITY PARTNERS (INCLUDING BOTH HOSPITALS IN BRIDGEPORT, LOCAL HEALTH DEPARTMENTS, COMMUNITY AGENCIES, FAITH-BASED ORGANIZATIONS, COMMUNITY HEALTH CENTERS, UNIVERSITIES, TOWN AND CITY AGENCIES AND RESIDENTS) COMPLETED A CHNA AND PRIORITIZATION PROCESS TO IDENTIFY PRIORITY HEALTH ISSUES. THE CHNA WAS UPDATED IN 2015. AGAIN, THE PRIORITY HEALTH ISSUES WERE IDENTIFIED.</p> <p>FROM THE WORK IN 2013, FOUR AREAS OF FOCUS WERE SELECTED INCLUDING: CARDIOVASCULAR DISEASE AND DIABETES, OBESITY (HEALTHY LIFESTYLES), MENTAL HEALTH AND SUBSTANCE ABUSE, AND ACCESS TO CARE. THESE SAME FOCUS AREAS WERE SELECTED IN 2015, WITH UPDATED GOALS. ANY GOALS ESTABLISHED IN A FOCUS AREA IN THE 2013 AND 2015 CHNA'S WILL BE ADDRESSED. OTHER FINDINGS THAT WERE NOT CONSIDERED A PRIORITY IN THE CHNA'S AND ASSIGNED TO A FOCUS AREA WILL NOT BE ADDRESSED DUE TO LIMITATIONS ON THE AVAILABLE RESOURCES. ACTION PLANS HAVE BEEN DEVELOPED FOR EACH OF THE TASK FORCES AND PROJECT IMPLEMENTATION HAS BEGUN.</p> <p>1.THE 2013 GOAL OF THE CARDIAC & DIABETES TASK FORCE WAS TO REDUCE THE INCIDENCE, PROGRESSION, AND BURDEN OF CARDIOVASCULAR DISEASE AND DIABETES THROUGH A STRATEGY OF PREVENTIVE SCREENINGS AND EDUCATION FOR AREA RESIDENTS. THE CARDIAC & DIABETES TASK FORCE:</p> <ul style="list-style-type: none"> •HAS DEVELOPED A CARDIAC AND DIABETES PROVIDER DIRECTORY •CONDUCTED ALMOST 800 "KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES SCREENINGS AT COMMUNITY SITES OVER THREE YEARS <p>THE UPDATED 2015 GOALS OF THIS TASK FORCE ARE TO DECREASE THE NUMBER OF REPEAT EMERGENCY ROOM VISITS WITH COMPLICATIONS OF CARDIOVASCULAR DISEASE OR DIABETES, TO INCREASE ACCESS TO HEALTHY FOOD THROUGH FOOD PANTRIES, TO INCREASE THE NUMBER OF SCREENINGS PER YEAR TO IDENTIFY THOSE AT RISK FOR THESE DISEASES, AND TO COMMUNICATE AWARENESS AND BENEFITS AVAILABLE TO THOSE WHO NEED THEM.</p> <p>2.THE GOAL OF THE 2013 OBESITY/HEALTHY LIFESTYLES TASK FORCE WAS TO REDUCE AND PREVENT OBESITY BY CREATING ENVIRONMENTS THAT PROMOTE HEALTHY EATING AND ACTIVE LIVING IN THE REGION.</p> <ul style="list-style-type: none"> •THE ACTION PLAN FOR THE OBESITY ISSUE HAS LED TO THE DEVELOPMENT OF GET HEALTHY CT (GHCT), A BROAD REACHING COALITION WITH OVER 70 MEMBER ORGANIZATIONS FROM THE COMMUNITY THAT IS DEDICATED TO ELIMINATING OBESITY BY REMOVING BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. GET HEALTHY CT WAS FORMED IN GREATER BRIDGEPORT IN 2010 AND HAS EXPANDED TO INCLUDE A CHAPTER IN NEW HAVEN AND COORDINATED EFFORTS IN GREENWICH. OUR APPROACH IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND USE OUR WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. OUR COMMUNITY-WIDE COALITION AIMS TO "MAKE THE HEALTHY CHOICE THE EASY CHOICE" •GET HEALTHY CT DEDICATED WEBSITE, A CLEARINGHOUSE FOR INFORMATION AROUND HEALTHY EATING AND PHYSICAL ACTIVITY WITH MONTHLY HEALTH FEATURES •INCLUDES LOCAL RESOURCE DIRECTORIES, MONTHLY HEALTH FEATURE, WORKPLACE WELLNESS IDEAS FOR EMPLOYERS, AND DAYCARE CENTER SURVEY AND BEST PRACTICES •PHYSICAL ACTIVITY PLEDGES •NEWSLETTER WITH MONTHLY HEALTH FEATURES •INFORMATIONAL PACKETS DISTRIBUTED THROUGHOUT THE COMMUNITY •HEALTHY LIFESTYLES EDUCATION AT COMMUNITY EVENTS <p>THE UPDATED GOALS FOR THE HEALTHY LIFESTYLES TASK FORCE IN 2015 INCLUDE INCREASING ACCESS TO AND AFFORDABILITY OF HEALTHY FOOD AND BEVERAGE CHOICES IN THE COMMUNITY, INCREASING ACCESS TO AND AFFORDABILITY OF PHYSICAL ACTIVITY IN THE COMMUNITY, ENHANCING WELLNESS IN THE SCHOOL ENVIRONMENT, AND SUPPORTING TOBACCO CESSATION IN THE COMMUNITY.</p> <p>3.THE 2013 GOAL OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE WAS TO INCREASE THE UNDERSTANDING OF MENTAL HEALTH AND SUBSTANCE ABUSE AS PUBLIC HEALTH ISSUES IN ORDER TO ACHIEVE EQUAL ACCESS TO PREVENTION AND TREATMENT FOR AREA RESIDENTS.</p> <ul style="list-style-type: none"> •ESTABLISHED AN EMERGENCY DEPARTMENT HIGH UTILIZER MENTAL HEALTH PATIENT COMMUNITY CARE TEAM THAT IS FULLY OPERATIONAL •SUPPORTED SEVERAL PUBLIC AWARENESS CAMPAIGNS TO DE-STIGMATIZE ISSUES AROUND MENTAL HEALTH AND PROVIDE TRAINING TO PROVIDERS AND SUPPORT TO PATIENTS AND THEIR FAMILIES •MAY MENTAL HEALTH AWARENESS MONTH RECOGNITION •NOVEMBER DEPRESSION AWARENESS MONTH RECOGNITION <p>THE 2015 GOALS OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE ARE TO INCREASE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES IN THE COMMUNITY THROUGH HEALTH EDUCATION INITIATIVES, TO INTEGRATE MENTAL HEALTH AND SUBSTANCE ABUSE SCREENINGS INTO URGENT CARE SETTINGS, TO INCREASE ACCESS TO SERVICES BY IMPROVING THE COORDINATION OF CARE FOR FREQUENT EMERGENCY DEPARTMENT PATIENTS, AND TO INCREASE ACCESS TO MENTAL HEALTH PROVIDERS.</p> <p>4.THE 2013 GOAL OF THE ACCESS TO CARE TASK FORCE WAS TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR ALL INDIVIDUALS LIVING IN THE REGION.</p> <ul style="list-style-type: none"> •INCREASED NUMBER OF PRIMARY CARE AND SPECIALTY CLINIC VISITS •REDUCED WAIT TIME FOR APPOINTMENTS •DEVELOPED AND IMPLEMENTED A PRIMARY CARE BROCHURE TO EDUCATE PATIENTS ABOUT THE NEED FOR A PRIMARY CARE PROVIDER. ALL CLINICS AND EMERGENCY DEPARTMENTS IN BRIDGEPORT ARE USING IT. •ADVOCACY FOR USE OF COMMUNITY HEALTH WORKERS •MANAGING STATEWIDE ASTHMA REDUCTION INITIATIVE <p>THE 2015 ACCESS TO CARE TASK FORCE GOALS ARE INCREASING THE NUMBER OF PEOPLE ACCESSING CARE FROM THE APPROPRIATE DELIVERY SITE, INCREASING THE PERCENTAGE OF THE GREATER BRIDGEPORT COMMUNITY ACCESSING SPECIALISTS, INCREASING THE EFFECTIVE CONTROL OF ASTHMA IN</p>

Return Reference - Identifier	Explanation
	THE COMMUNITY, INCREASING THE PERCENTAGE OF THE GREATER BRIDGEPORT COMMUNITY ACCESSING DENTAL CARE, AND TO DEVELOP A NETWORK OF HEALTH AND SOCIAL SERVICE AGENCIES WHO HAVE ADOPTED OR TAKEN DOCUMENTED STEPS TO IMPLEMENT THE NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS STANDARDS) TO REDUCE HEALTH INEQUALITY AMONG THE AT RISK AND MINORITY POPULATIONS.
SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE	HTTPS://WWW.STVINCENTS.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE
SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE	HTTPS://WWW.STVINCENTS.ORG/PATIENTS-VISITORS/FINANCIAL-ASSISTANCE

Part V Facility Information *(continued)*

Section D. 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? 9

Name and address	Type of Facility (describe)
1 BEHAVIORAL HEALTH SERVICES BRIDGEPORT 2400 MAIN STREET BRIDGEPORT, CT 06606-5323	OUTPATIENT BEHAVIORAL HEALTH SERVICES
2 BEHAVIORAL HEALTH SERVICES NORWALK 1 LOIS STREET NORWALK, CT 06851	OUTPATIENT BEHAVIORAL HEALTH SERVICES
3 ST. VINCENT'S CENTER FOR WOUND HEALING 115 TECHNOLOGY DRIVE TRUMBULL, CT 06611	WOUND CARE SERVICES
4 ST. VINCENT'S CENTER FOR WOUND CARE 3272 MAIN STREET STRATFORD, CT 06614	WOUND CARE SERVICES
5 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 2979 MAIN STREET BRIDGEPORT, CT 06606	CARDIOLOGY
6 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 40 CROSS STREET NORWALK, CT 06851	CARDIOLOGY
7 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 1177 SUMMER STREET, 5TH FLOOR STAMFORD, CT 06905	CARDIOLOGY
8 CARDIOLOGY PHYSICIANS OF FAIRFIELD COUNTY 115 TECHNOLOGY DRIVE TRUMBULL, CT 06611	CARDIOLOGY
9 FAMILY HEALTH CENTER 762 LINDLEY STREET BRIDGEPORT, CT 06606	FAMILY HEALTH CLINIC
10	

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 2, 3, 4, 8 and 9b.
- 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.

Return Reference - Identifier	Explanation
SCHEDULE H, PART I, LINE 7 - DESCRIBE SUBSIDIZED HEALTH SERVICE COSTS FROM PHYSICIAN CLINIC ON 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.
SCHEDULE H, PART I, LINE 7 - EXPLANATION OF COSTING METHODOLOGY USED FOR CALCULATING LINE 7 TABLE	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.
SCHEDULE H, PART II - DESCRIBE HOW BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY	<p>THE COMMUNITY BUILDING ACTIVITIES LISTED ON FORM 990, SCHEDULE H, PART II INCLUDE THE SWIM MEMORIAL SERVICE, AREA SCHOOL TOURS AND JOB SHADOWING, EMERGENCY PREPAREDNESS OPERATIONS, AND VARIOUS OTHER ACTIVITIES WHERE ST. VINCENT'S EMPLOYEES SERVE IN THE NAME OF ST. VINCENT'S MEDICAL CENTER.</p> <p>ST. VINCENT'S MEDICAL CENTER CONDUCTS STUDENT TOURS AND EDUCATIONAL PROGRAMS FOR ELEMENTARY, MIDDLE, HIGH SCHOOL, AND, SOMETIMES, COLLEGE STUDENTS IN AN EFFORT TO PROVIDE INFORMATION AND GIVE AN OVERVIEW OF MEDICAL CAREERS. THROUGH THE EXPERIENCE OF SEEING MEDICAL PROFESSIONALS AT WORK IN THE HOSPITAL, STUDENTS CAN ENVISION THEMSELVES IN THESE ROLES. THEY ALSO LEARN ABOUT NECESSARY EDUCATIONAL REQUIREMENTS, QUALIFICATIONS, AND PROFESSIONAL OPPORTUNITIES THROUGH A CLOSE-UP, HANDS-ON APPROACH.</p> <p>THE PARISH NURSE PROGRAM IS A BROAD REACHING PARTNERSHIP WITH 76 CHURCHES OF ALL FAITHS IN THE GREATER BRIDGEPORT AREA AND ALL OF FAIRFIELD COUNTY SUPPORTING NURSES IN THEIR FAITH COMMUNITIES THROUGH COLLABORATION AND NETWORKING. THROUGH THE PROGRAM, OUR NURSES PROVIDE EDUCATIONAL PROGRAMS, HEALTH SCREENINGS, REFERRALS, RESOURCES AND SUPPORT TO THE PARISHIONERS OF THE CHURCHES.</p> <p>ST. VINCENT'S MEDICAL CENTER PARTICIPATES IN EMERGENCY PREPAREDNESS OPERATIONS. THIS EFFORT HELPS THE LOCAL COMMUNITY BY MAKING ST. VINCENT'S PREPARED TO ASSIST IN ANY TYPE OF EMERGENCY ON A LARGE OR SMALL SCALE THAT COULD BEFALL THE COMMUNITY.</p> <p>ST. VINCENT'S MEDICAL CENTER ALSO HAS VERY DEDICATED EMPLOYEES WHO PROVIDE A GREAT DEAL OF SERVICE TO THE LOCAL COMMUNITY IN THE NAME OF ST. VINCENT'S HEALTH SERVICES. THEY SERVE THE COMMUNITY BY BEING ON THE BOARDS OR ON THE COMMITTEES OF OTHER COMMUNITY ORGANIZATIONS. THEY PROVIDE SERVICE TO THE LOCAL SOUP KITCHEN AND TO AREA CHURCHES. THIS HELPS IN THE DEVELOPMENT OF THE RELATIONSHIPS WITH OTHER INSTITUTIONS, BUSINESSES, AND CLUBS IN THE LOCAL COMMUNITY.</p> <p>IN ALL OF THESE WAYS, ST. VINCENT'S MEDICAL CENTER HELPS TO BUILD OUR LOCAL COMMUNITY.</p>
SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT	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 PAYER 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.
SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY	ST. VINCENT'S MEDICAL CENTER HAS A VERY ROBUST FINANCIAL ASSISTANCE PROGRAM; THEREFORE, NO ESTIMATE IS MADE FOR BAD DEBT ATTRIBUTED TO FINANCIAL ASSISTANCE ELIGIBLE PATIENTS.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT</p>	<p>PER THE CONSOLIDATED AUDITED FINANCIAL STATEMENTS OF ST. VINCENT'S MEDICAL CENTER:</p> <p>THE PROVISION FOR DOUBTFUL ACCOUNTS IS BASED UPON MANAGEMENT'S ASSESSMENT OF EXPECTED NET COLLECTIONS CONSIDERING HISTORICAL EXPERIENCE, ECONOMIC CONDITIONS, 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.</p> <p>THE METHODOLOGY FOR DETERMINING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND RELATED WRITE-OFFS ON UNINSURED PATIENT ACCOUNTS HAS REMAINED CONSISTENT WITH THE PRIOR YEAR.</p>
<p>SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED</p>	<p>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.</p>
<p>SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE</p>	<p>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."</p>

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<p>SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT</p>	<p>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.</p> <p>OUR TRADITION OF IMPROVING THE HEALTH OF THE COMMUNITY DATES TO 1903, WHEN LOCAL CATHOLIC PHYSICIANS IDENTIFIED A NEED TO MEET THE HOLISTIC NEEDS OF THE LARGE EUROPEAN IMMIGRANT POPULATION. THEY CONTACTED THE PASTOR OF THE NEARBY ST. PATRICK'S CHURCH, WHO IN TURN COLLABORATED WITH THE DAUGHTERS OF CHARITY. THEIR VISION WAS REALIZED WHEN THE DOORS OF SVMC OPENED IN JUNE 1905. SINCE THAT TIME, ALL ASSOCIATES OF SVMC HAVE 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.</p> <p>PRIMARY CARE ACTION GROUP (PCAG)</p> <p>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.</p> <p>HOPE DISPENSARY</p> <p>IN THE SPRING OF 2011, UNDER THE LEADERSHIP OF SVMC STAFF, THE PCAG LAUNCHED ONE OF ITS MOST VITAL AND SUCCESSFUL PROJECTS, THE BRIDGEPORT HOPE DISPENSARY, A PHARMACY OFFERING MEDICATION FREE OF CHARGE, TO LOW INCOME UNINSURED AND THE UNDERINSURED. THIS IS A MUCH NEEDED SERVICE IN THE AREA WHICH HELPS TO KEEP INDIVIDUALS WITH CHRONIC ILLNESS HEALTHY. (SEE MORE BACKGROUND AND RESULTS UNDER PROMOTION OF COMMUNITY HEALTH, PART VI, LINE 5).</p> <p>PCAG TASK FORCES</p> <p>THE PCAG COLLABORATION, IN WHICH ST. VINCENT'S PLAYS A LEADING ROLE, HAS ALSO CREATED FOUR TASK FORCES THROUGH ITS COMMUNITY HEALTH IMPROVEMENT PLAN TO ADDRESS THE MOST URGENT HEALTH CARE ISSUES IN THE GREATER BRIDGEPORT REGION, AS IDENTIFIED BY THE COMMUNITY HEALTH NEEDS ASSESSMENT. ACTION PLANS HAVE BEEN DEVELOPED FOR EACH OF THE TASK FORCES AND PROJECT IMPLEMENTATION HAS BEGUN. THE FOUR TASK FORCES ARE AS FOLLOWS:</p> <ol style="list-style-type: none"> 1.THE GOAL OF THE CARDIAC & DIABETES TASK FORCE IS TO REDUCE THE INCIDENCE, PROGRESSION AND BURDEN OF CARDIOVASCULAR DISEASE AND DIABETES THROUGH A STRATEGY OF PREVENTIVE SCREENINGS AND EDUCATION FOR AREA RESIDENTS. 2.THE GOAL OF THE OBESITY/HEALTHY LIFESTYLES TASK FORCE IS TO REDUCE AND PREVENT OBESITY BY CREATING ENVIRONMENTS THAT PROMOTE HEALTHY EATING AND ACTIVE LIVING IN THE REGION. 3.THE GOAL OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE IS TO INCREASE THE UNDERSTANDING OF MENTAL HEALTH AND SUBSTANCE ABUSE AS PUBLIC HEALTH ISSUES IN ORDER TO ACHIEVE EQUAL ACCESS TO PREVENTION AND TREATMENT FOR AREA RESIDENTS. 4.THE GOAL OF THE ACCESS TO CARE TASK FORCE IS TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR ALL INDIVIDUALS LIVING IN THE REGION. (SEE PART VI LINE 5 FOR MORE INFORMATION/RESULTS OF PCAG TASK FORCES) <p>"KNOW YOUR NUMBERS" HEART DISEASE & DIABETES AWARENESS CAMPAIGN</p> <p>IN FEBRUARY 2014, IN COLLABORATION WITH THE PCAG CARDIOVASCULAR/DIABETES TASK FORCE, ST. VINCENT'S MEDICAL CENTER PLAYED A SIGNIFICANT ROLE IN ORGANIZING AND COORDINATING THE AREA'S FIRST "KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES AWARENESS CAMPAIGN. KNOW YOUR NUMBERS SUCCEEDED IN REACHING OUT TO THE PUBLIC AND, IN PARTICULAR, THE UNDERSERVED AT SOUP KITCHENS, PANTRIES, CHURCHES AND SCHOOLS, AND HELPED THEM UNDERSTAND THE IMPORTANCE OF PREVENTION AND MONITORING OF THEIR CHRONIC CONDITIONS IN ORDER TO STAY HEALTHY. FOR FY 16, 403 INDIVIDUALS WERE SCREENED. THEY RECEIVED HEALTH EDUCATION ON HOW TO PREVENT OR BETTER MANAGE THEIR EXISTING DISEASE AND SOME RECEIVED A DOCTOR REFERRAL BASED ON SCREENING RESULTS. (SEE RESULTS/MORE INFORMATION UNDER PROMOTION OF COMMUNITY HEALTH, PART VI, LINE 5).</p> <p>COMMUNITY HEALTH NEEDS ASSESSMENT/COMMUNITY HEALTH IMPROVEMENT PLAN</p> <p>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, BEGAN IN 2013 A COMPREHENSIVE REGIONAL HEALTH PLANNING EFFORT COMPRISED OF TWO PHASES; (1) A COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) TO IDENTIFY THE HEALTH-RELATED NEEDS AND COMMUNITY STRENGTHS IN THE GREATER BRIDGEPORT AREA IN 2013 AND (2) A COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP) TO DETERMINE THE KEY HEALTH PRIORITIES, OVERARCHING GOALS, AND SPECIFIC STRATEGIES TO IMPLEMENT ACROSS THE SERVICE AREA. THE CHNA AND CHIP COMPREHENSIVE PROCESS WAS REPEATED IN 2016 AND BOTH REPORTS HAVE BEEN UPDATED AND ARE AVAILABLE ON THE ST. VINCENT'S WEBSITE.</p> <p>THE COMMUNITY HEALTH NEEDS ASSESSMENT IS A KEY TOOL FOR SVMC AS IT ENSURES IT IS FULLY</p>

Return Reference - Identifier	Explanation
	<p>MEETING THE NEEDS OF THE COMMUNITY IT SERVES. THE COMMUNITY HEALTH NEEDS 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.</p> <p>PATIENT/FAMILY ADVISORY BOARD</p> <p>ST. VINCENT'S PUTS A PRIORITY ON INPUT FROM PATIENTS AND THEIR FAMILIES. IT NOT ONLY BELIEVES THIS INPUT TO BE CRITICAL IN THE DELIVERY OF QUALITY MEDICAL CARE TO THE COMMUNITY, BUT THIS INPUT ALSO ASSISTS IN GUIDING THE MEDICAL CENTER'S PRIORITIES AND PLANNING. 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. PFAB'S MAIN PURPOSE IS TO BE THE "VOICE OF THE PATIENT" TO ALL SVMC. IT DETERMINES THE NEEDS OF PATIENTS, IMPROVES THE PATIENT EXPERIENCE (WHICH MAY OR MAY NOT CORRELATE WITH HCAPS), AND IMPROVES PATIENT AND FAMILY SATISFACTION. (SEE PART VI LINE 5 FOR MORE INFORMATION/RESULTS OF PFAB).</p>
<p>SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION</p>	<p>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.</p> <p>AT THE TIME OF PRE-REGISTRATION AND REGISTRATION, ALL PATIENTS 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.</p> <p>FINANCIAL ASSISTANCE STAFF MEMBERS ARE TRAINED ON HOW TO QUALIFY PATIENTS FOR THE 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.</p> <p>IN ADDITION, ALL BILLING AND COLLECTIONS NOTICES INFORM PATIENTS THAT THEY MAY CALL THE CHARITY COUNSELOR. IF A PATIENT CONTACTS THE BILLING OR COLLECTION AGENCIES AND INQUIRES ABOUT FINANCIAL ASSISTANCE, THEY WILL BE DIRECTED TO THE CHARITY COUNSELOR. A PATIENT CAN REQUEST FINANCIAL ASSISTANCE AT ANY POINT IN THE REVENUE CYCLE.</p> <p>ST. VINCENT'S HAS TWO FULL TIME CHARITY CARE COUNSELORS. ONE IS AT ST. VINCENT'S MEDICAL CENTER AND ONE IS AT ITS CLINIC, ST. VINCENT'S FAMILY HEALTH CENTER. 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.</p> <p>THE FINANCIAL ASSISTANCE PROGRAM IS HIGHLIGHTED ON THE ORGANIZATION'S EXTERNAL WEBSITE WITH DIRECT LINKS TO CONTACT INFORMATION AND THE APPLICATION FOR ASSISTANCE. A LINK TO THE UNITED WAY 211 WEBSITE IS ALSO PROVIDED, ALLOWING PATIENTS TO ACCESS FURTHER INFORMATION ABOUT AVAILABLE ASSISTANCE.</p> <p>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, URGENT CARE CENTERS, MULTI-SPECIALTY GROUP PHYSICIAN PRACTICES, CASE MANAGEMENT, CUSTOMER SERVICE, AND PATIENT ACCESS DEPARTMENTS. THE BROCHURE, APPLICATION AND REQUIREMENT CHECK LIST ARE ALSO MAILED UPON REQUEST.</p> <p>BY VIRTUE OF ITS LOCATION AND MISSION, SVMC'S UNCOMPENSATED CARE COSTS WERE \$42.2 MILLION IN FY 2016, BASED ON CHARGES, INCLUDING CHARITY CARE AND BAD DEBT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION - PART I</p>	<p>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. ACCORDING TO THE COMMUNITY HEALTH NEEDS ASSESSMENT, (FOUND ON ST. VINCENT'S WEBSITE), THE TOTAL ESTIMATED POPULATION OF THE PSA AS OF 2016 IS 323,231. BRIDGEPORT COMPRISES 45% OF THE REGION'S POPULATION. (2016 CHNA)</p> <p>BRIDGEPORT IS LOCATED IN NORTHEAST FAIRFIELD COUNTY ALONG LONG ISLAND SOUND, PARTWAY BETWEEN NEW YORK CITY AND BOSTON. COMPOSED OF 16 SQUARE MILES OF LAND MASS, BRIDGEPORT IS THE LARGEST AND MOST DENSELY POPULATED CITY IN CONNECTICUT AND THE FOURTH LARGEST CITY IN NEW ENGLAND. ITS POPULATION IS 146,680.</p> <p>BRIDGEPORT'S POPULATION IS 21% WHITE, 34.0% BLACK OR AFRICAN AMERICAN, 39% HISPANIC, AND 6% NON-HISPANIC. BRIDGEPORT IS A VERY DIVERSE COMMUNITY, WITH THE MAJORITY OF RESIDENTS BEING BLACK OR HISPANIC, WHILE THE SUBURBS ARE MOSTLY WHITE NON-HISPANIC. THE POPULATION OF FAIRFIELD COUNTY IS AGING, AND IS PROJECTED TO AGE RAPIDLY OVER THE COMING DECADES.</p> <p>THERE ARE WIDE GAPS IN MEDIAN HOUSEHOLD INCOME RATES WITHIN THE GREATER BRIDGEPORT REGION. THE TOWNS OF EASTON, FAIRFIELD, MONROE AND TRUMBULL ARE AFFLUENT WITH MEDIAN INCOMES SUBSTANTIALLY HIGHER THAN NATIONAL AND STATE AVERAGES. STRATFORD, WHICH HAS A LONG HISTORY AS AN INDUSTRIAL TOWN, WAS DESCRIBED BY RESIDENTS AS BLUE COLLAR AND MIDDLE CLASS. BRIDGEPORT HAS A HIGH POVERTY RATE AND A LOWER MEDIAN INCOME THAN BOTH STATE AND NATIONAL AVERAGES. IT IS AMONG THE POOREST CITIES IN THE COUNTRY. BRIDGEPORT IS AN AREA THAT IS SOCIALLY AND ECONOMICALLY CHALLENGED WITH MANY PATIENTS WHO ARE UNEMPLOYED, UNINSURED OR UNDERINSURED AND WITHOUT RESOURCES. BRIDGEPORT IS ONE OF FOUR CITIES IN THE STATE THAT HAVE THE HIGHEST NUMBER OF HOUSEHOLDS WITH INCOMES BELOW THE POVERTY LEVEL AND THE HIGHEST RATES OF CHILDHOOD LEAD POISONING.</p> <p>IN PARTICULAR, THE CENTRAL AREA OF BRIDGEPORT HAS VERY LOW INCOME LEVELS BY NATIONAL AND STATE STANDARDS (MEDIAN HOUSEHOLD INCOMES OF LESS THAN \$35,000 PER YEAR ARE WIDESPREAD). 24% OF PEOPLE IN BRIDGEPORT (LOWER AVERAGE INCOMES) WOULD ONLY BE ABLE TO LIVE LESS THAN A MONTH IF THEY LOST ALL THEIR CURRENT SOURCES OF INCOME VERSUS ONLY 7% OF PEOPLE IN THAT SITUATION IN FAIRFIELD. CLEARLY, THIS INDICATES PEOPLE IN BRIDGEPORT ARE LIVING PAYCHECK TO PAYCHECK. ALTHOUGH FAIRFIELD COUNTY HAS A REPUTATION FOR AFFLUENCE, IT IS CLEAR THAT MANY OF THE AREA'S RESIDENTS FALL WELL OUTSIDE THIS CATEGORY, AND LOOK TO ST. VINCENT'S AS A SAFETY NET.</p> <p>PERCEIVED QUALITY OF SOCIETY RELATES TO NEIGHBORHOOD TRUST, SAFETY, CHILD-FRIENDLINESS, PERCEPTIONS OF GOVERNMENT SERVICES, AND MANY OTHER FACTORS. RESPONSES FROM BRIDGEPORT RESIDENTS WERE MUCH LESS POSITIVE THAN THOSE FROM THE SURROUNDING TOWNS. RESPONSES ARE HIGHLY CORRELATED TO INCOME LEVELS WITH LOWER INCOME HOUSEHOLD BEING LESS POSITIVE ABOUT QUALITY OF SOCIETY.</p> <p>BRIDGEPORT ALSO HAS A HIGH RATE OF UNEMPLOYMENT, THE THIRD WORST IN THE STATE AS OF JANUARY 2017. THE CONNECTICUT DEPARTMENT OF LABOR REPORTED THAT THE UNEMPLOYMENT RATE IN BRIDGEPORT IS 8.2%, COMPARED TO 5.4% STATEWIDE OR 4.5% IN FAIRFIELD, 4.6% IN TRUMBULL, AND 6.2% IN STRATFORD, BRIDGEPORT'S CLOSEST NEIGHBORING COMMUNITIES (CONNECTICUT LABOR FORCE DATA BY PLACE OF RESIDENCE 2017).</p> <p>IN 2015, 53.9% OF BRIDGEPORT CHILDREN UNDER THE AGE OF 18 LIVED IN SINGLE-PARENT HOMES COMPARED TO 31.8% OF CHILDREN STATEWIDE. IN 2015, 44.6% OF FAMILIES IN BRIDGEPORT HEADED BY SINGLE FEMALES WITH CHILDREN UNDER THE AGE OF 18 LIVED IN POVERTY, RISING 11% SINCE 2011. IN FISCAL YEAR 2016, 178 CHILDREN SPENT TIME IN A BRIDGEPORT AREA HOMELESS SHELTER. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2016)</p> <p>FAMILIES, AND PARTICULARLY CHILDREN, LIVING IN POVERTY ARE MORE LIKELY TO SUFFER FROM POOR HEALTH, DROP OUT OF SCHOOL, AND EXPERIENCE HUNGER, HOMELESSNESS, AND VIOLENCE. IN 2015, 32.4% OF BRIDGEPORT CHILDREN LIVED UNDER THE FEDERAL POVERTY LEVEL (FPL). THIS PERCENTAGE IS MORE THAN DOUBLE CONNECTICUT'S OVERALL RATE OF 14.5% OF CHILDREN WHO LIVE UNDER THE FPL. ONE OUT OF EVERY THREE CHILDREN IN BRIDGEPORT LIVES IN POVERTY. THE AVERAGE RATE OF CHILD POVERTY IN BRIDGEPORT WAS 33.2% OF AFRICAN AMERICAN CHILDREN, 36.4% OF LATINO CHILDREN, AND 18.9% OF WHITE CHILDREN. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2016)</p> <p>AS OF DECEMBER 2016, 18,456 BRIDGEPORT CHILDREN LIVED IN FAMILIES ENROLLED IN THE SUPPLEMENTAL NUTRITIONAL ASSISTANCE PROGRAM. BECAUSE THE NATIONAL ECONOMY HAS IMPROVED IN RECENT YEARS, A PROVISION WAS PUT INTO EFFECT IN APRIL 2016 DISQUALIFYING ABLE-BODIED CHILDLESS ADULTS FROM RECEIVING SNAP BENEFITS UNLESS THEY ARE WORKING OR ENROLLED IN A JOB TRAINING PROGRAM. AS A RESULT, AN ESTIMATED 3,305 CONNECTICUT RESIDENTS LOST SNAP BENEFITS, INCLUDING INDIVIDUALS IN BRIDGEPORT.</p> <p>LESS THAN HALF OF BRIDGEPORT PUBLIC SCHOOL STUDENTS MET THE HEALTH STANDARDS ON ALL FOUR STATE PHYSICAL FITNESS TESTS. FROM 2010-2014, THE CT DEPARTMENT OF PUBLIC HEALTH RECORDED 3,584 EMERGENCY ROOM VISITS FOR ASTHMA OR ASTHMA-RELATED ATTACKS BY BRIDGEPORT CHILDREN AND 6,040 VISITS BY BRIDGEPORT ADULTS. BRIDGEPORT'S RATE OF ASTHMA-RELATED ER VISITS IS 194.58 PER 10,000 CHILDREN, THE 6TH HIGHEST IN THE STATE.</p> <p>IN 2013, THERE WERE 54 BIRTHS TO TEENS UNDER THE AGE OF 18, AN INCREASE OF 22.7% COMPARED TO 2012. THE 2009-13 BIRTH RATE FOR BRIDGEPORT TEENS AGES 15-19 WAS 39.8 BIRTHS PER 1,000 TEENAGE GIRLS, COMPARED TO THE STATEWIDE RATE OF 16.9 BIRTHS PER 1,000 TEENAGE GIRLS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION - PART II</p>	<p>MANY BRIDGEPORT RESIDENTS ALSO FACE TRANSPORTATION ISSUES AS 22.1% OF OCCUPIED HOUSING UNITS DID NOT OWN A CAR COMPARED TO 8.3 % IN FAIRFIELD COUNTY AND 9.2% STATEWIDE. (BRIDGEPORT CHILD ADVOCACY COALITION, STATE OF THE CHILD REPORT, 2016)</p> <p>BRIDGEPORT ADULTS LAG BEHIND ADULTS IN FAIRFIELD COUNTY AND THE STATE IN EDUCATIONAL ATTAINMENT. BRIDGEPORT SAW ITS LOWEST RATE IN FOUR YEARS OF STUDENTS GRADUATING FROM HIGH SCHOOL IN FOUR YEARS, AT 63.6%. ONLY 16% OF BRIDGEPORT ADULTS HAVE A COLLEGE DEGREE OR HIGHER, LESS THAN HALF THE RATE FOR THE STATE, WHILE STRATFORD ALSO FALLS BELOW THE STATE RATE WITH ONLY 31% HAVING A COLLEGE DEGREE OR HIGHER.</p> <p>BRIDGEPORT IS SEEING THE COMBINED EFFECTS OF ECONOMICALLY-DISTRESSED NEIGHBORHOODS, LOWER SOCIOECONOMIC STATUS, OLDER HOUSING, AND A YOUNGER POPULATION, WHICH RELATE TO GREATER NUMBERS OF ADVERSE BIRTH OUTCOMES, VIOLENCE, CHILDHOOD ASTHMA, LEAD POISONING, AND OTHER ISSUES. CHRONIC DISEASE, ESPECIALLY HEART DISEASE, IMPACTS POPULATIONS IN BRIDGEPORT'S DISTRESSED NEIGHBORHOODS AT A YOUNGER AGE. ADDITIONALLY, LOWER INCOME AREAS SEE PARTICULARLY GREATER IMPACTS FROM ILLNESSES SUCH AS DIABETES AND RENAL/KIDNEY DISEASE THAT ARE CONSIDERED TO BE MORE PREVENTABLE, ESPECIALLY AMONG SOME OF THE YOUNGER POPULATIONS THAT LIVE IN THESE AREAS. MENTAL HEALTH IS AN ONGOING CONCERN, AS IT OVERLAPS WITH MANY OF THE OTHER HEALTH ISSUES. AS MENTIONED ABOVE, DRUG USE AND OVERDOSE IS A LEADING CAUSE OF PREMATURE MORTALITY. BRIDGEPORT IN PARTICULAR HAS AN ELEVATED RATE OF ALL-CAUSE MORTALITY AND OF INFANT MORTALITY, BOTH MARKERS OF OVERALL POPULATION HEALTH.</p> <p>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 HIGH INCIDENCE OF ASTHMA IN HOUSEHOLDS IN THE CITY. ST. VINCENT'S IS PARTICIPATING IN A CONNECTICUT HOSPITAL ASSOCIATION ASTHMA TASK FORCE TO HELP COMBAT THE PROBLEM.</p> <p>THE PCAG COMMUNITY HEALTH NEEDS ASSESSMENT HAS IDENTIFIED THE FOLLOWING AS THE TOP FOUR HEALTH PRIORITIES IN NEED OF ACTION AT THE REGIONAL LEVEL: CARDIOVASCULAR DISEASE AND DIABETES, HEALTHY LIFESTYLES TO COMBAT OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE, AND ACCESS TO CARE.</p> <p>THE POOR, HOMELESS, AND THOSE WITH LIMITED EDUCATION ARE OFTEN LESS LIKELY TO SEEK 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. ALL THESE FACTORS PRESENT TREMENDOUS CHALLENGES TO HEALTHCARE PROVIDERS IN THEIR EFFORTS TO KEEP THE COMMUNITY HEALTHY. ST. VINCENT'S HAS IMPLEMENTED STRATEGIES TO IMPROVE HEALTHCARE ACCESS AND QUALITY OF CARE FOR AREA RESIDENTS. (FOR MORE ON ST. VINCENT'S STRATEGIES, SEE PART VI, LINE 5, PROMOTION OF COMMUNITY HEALTH).</p> <p>ADDITIONALLY, THE COST OF LIVING AND REAL ESTATE MAKE IT DIFFICULT FOR MIDDLE CLASS FAMILIES TO SETTLE IN THE AREA. AS A RESULT, SVMC'S WORKFORCE SHORTAGES OCCUR IN PROFESSIONAL AND TECHNICAL POSITIONS.</p> <p>PHYSICIAN SHORTAGE</p> <p>IN OUR PRIMARY AND SECONDARY SERVICE AREAS, WE CONTINUE TO SEE A SIGNIFICANT DECREASE IN THE NUMBER OF PRIMARY CARE PHYSICIANS AND IN ACCESS POINTS FOR PATIENTS. THIS IS BASED ON MULTIPLE FACTORS INCLUDING THE HIGH COST OF LIVING IN THE REGION, AN AGING POPULATION OF CURRENT PRIMARY CARE PHYSICIANS AND THE RETIREMENT OF OTHERS, AS WELL AS A SHIFT TO OTHER INSTITUTIONS THROUGH ACQUISITIONS OF PRACTICES. OF THE MEDICAL STAFF, 177 PHYSICIANS ARE EITHER AT OR ABOVE AGE 60. THIS SAID, ST. VINCENT'S MEDICAL CENTER, AND ITS MULTISPECIALTY GROUP, CONTINUES THE MISSION AND VISION OF SERVICE TO THE POOR AND VULNERABLE, A LEGACY THAT WAS ESTABLISHED BY THE DAUGHTERS OF CHARITY MORE THAN 114 YEARS AGO.</p> <p>FINANCIAL STRESS AND LOWER SOCIOECONOMIC STATUS ALSO PLAY A ROLE IN CHALLENGES RELATED TO ACCESS TO MEDICAL CARE. ACCORDING TO THE 2016 CHNA, APPROXIMATELY 21% OF CONNECTICUT RESPONDENTS INDICATED THAT THEY HAD POSTPONED OR DELAYED GETTING THE MEDICAL CARE THEY THOUGHT THEY NEEDED IN THE PAST 12 MONTHS; RATES AMONG RESIDENTS IN THE GREATER BRIDGEPORT REGION ARE THE SAME AS THE STATE AT 21% AND HIGHER AMONG BRIDGEPORT RESIDENTS AT 24%. ALTHOUGH THE MAJORITY OF RESIDENTS IN THE GREATER BRIDGEPORT REGION HAVE HEALTH INSURANCE (93%), RATES ARE SLIGHTLY LOWER AMONG GROUPS WITH EITHER LESS EDUCATIONAL ACHIEVEMENT OR LOWER EARNINGS. IN FOCUS GROUP DISCUSSIONS, IT WAS DETERMINED THAT THE TYPE OF INSURANCE A PERSON HAD WAS TIED TO ISSUES AROUND ACCESS TO CARE AND QUALITY OF CARE. SPECIFICALLY, THOSE WITH STATE INSURANCE HAVE LIMITED PROVIDERS, LONG WAIT TIMES, GEOGRAPHIC BARRIERS AND CHALLENGES WITH COVERAGE FOR PRESCRIPTION MEDICATIONS, DENTAL CARE AND MENTAL HEALTH SERVICES. ONLY 53% OF PRIMARY CARE PHYSICIANS IN THE AREA ACCEPT NEW MEDICAID PATIENTS.</p> <p>IN A SURVEY OF PHYSICIAN SPECIALTY OFFICES, THE PHONE-VERIFIED WAIT TIME FOR A NEW APPOINTMENT RANGED FROM 12 TO 50 DAYS (MEDICAL STAFF DEVELOPMENT PLAN 2016). MORE THAN HALF OF THE PHYSICIAN RESPONDENTS IN THE SURVEY ANTICIPATED MAKING NO CHANGES IN THEIR PRACTICE.</p> <p>OVERALL THE PRIMARY AND SECONDARY SERVICE AREAS REMAIN UNDERSERVED. (PLEASE SEE PROMOTION OF COMMUNITY HEALTH PART VI, LINE 5 FOR INFORMATION ON HOW ST. VINCENT'S MULTISPECIALTY GROUP (MSG), A SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER, HAS DEVELOPED A PLAN TO INCREASE ACCESS TO PRIMARY CARE AND SPECIALTY SERVICES TO THE COMMUNITY. SEE ALSO PART VI, LINE 6 AFFILIATED HEALTH CARE SYSTEM, FOR MORE ON MSG).</p>

Return Reference - Identifier	Explanation
	THERE IS ONE OTHER HOSPITAL IN BRIDGEPORT, CT THAT SERVES THE SAME POPULATION AS ST. VINCENT'S MEDICAL CENTER.

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH - PART I</p>	<p>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.”</p> <p>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. TAXI VOUCHERS ARE ALSO DISTRIBUTED TO PATIENTS IN NEED.</p> <p>CARDIOLOGY AND ONCOLOGY SEMINARS, WELLNESS PROGRAMS, SCREENINGS AND SUPPORT GROUPS HELPED PEOPLE LEARN TO LIVE HEALTHIER LIVES. ST. VINCENT'S MEDICAL CENTER IS PROUD TO HAVE SPONSORED MORE THAN 53 PROGRAMS IN THE LAST FISCAL YEAR, REACHING MORE THAN 36,000 PEOPLE IN OUR COMMUNITY. 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.</p> <p>EACH YEAR, ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY SERVES MORE THAN 25,000 INDIVIDUALS (SEE PART VI, LINE 6, AFFILIATED HEALTH CARE SYSTEM) THROUGH THE TEEN SMOKE STOPPER PROGRAM AND THROUGH SUPPORT GROUPS AND SUPPORT PROGRAMS THAT HELP PATIENTS AND FAMILY MEMBERS DEAL WITH A DIAGNOSIS OF CANCER, OFFERING HOPE, INFORMATION, FINANCIAL SUPPORT, AND PSYCHO-SOCIAL SERVICES. DURING FISCAL 2016, THROUGH ITS COMPASSIONATE CARE PROGRAM, THE SWIM MET SOME OF THE FINANCIAL NEEDS OF CANCER PATIENTS AT A COST OF APPROXIMATELY \$600,000. THIS FIGURE DOES NOT INCLUDE THE VALUE OF ALL THE SURVIVORSHIP SUPPORT PROGRAMS THAT THE SWIM PROVIDES.</p> <p>ST. VINCENT'S MULTISPECIALTY GROUP (MSG)</p> <p>ST. VINCENT'S MULTISPECIALTY GROUP (MSG), A SUBSIDIARY OF ST. VINCENT'S MEDICAL CENTER (FOR MORE, SEE AFFILIATED HEALTH CARE SYSTEM, PART VI, LINE 6), HAS RESPONDED TO THE SHORTAGE OF PRIMARY CARE PHYSICIANS AND LACK OF ACCESS TO CARE FOR PATIENTS IN THE COMMUNITY BY ENLARGING ITS NETWORK OF PROVIDERS. SINCE 2012, MSG HAS ADDED MULTIPLE PROVIDERS IN BOTH PRIMARY CARE AND SPECIALTY CARE. MSG CURRENTLY HAS 21 PRIMARY CARE DOCTORS THAT ARE EMPLOYED THROUGH THE MSG, AND THE AGGREGATE NUMBER OF PROVIDERS IN THE MSG IS OVER 310. THIS INCLUDES PRIMARY CARE PHYSICIANS, INTENSIVISTS, HOSPITALISTS, SURGICAL, ONCOLOGICAL AND CARDIAC SPECIALISTS, URGENT CARE AND EMERGENCY MEDICINE PHYSICIANS AND PEDIATRICIANS. MSG CONTINUES TO GROW OUR PROVIDER NETWORK.</p> <p>THE MSG CONTINUES TO WORK WITH COMMUNITY PHYSICIANS WHO MAY BE CLOSE TO RETIREMENT OR LOOKING TO CREATE A SUCCESSION PLAN FOR THEIR PRACTICES. UNDERSTANDING THE NEEDS OF THE COMMUNITY, IT IS THE GOAL OF THE MSG TO INCREASE THE NUMBER OF EMPLOYED PHYSICIANS, ESPECIALLY THOSE PROVIDING PRIMARY CARE SERVICES. A VITAL PART OF OUR MISSION IS OUR GOAL TO PRACTICE POPULATION HEALTH MANAGEMENT AND PROVIDE MORE HEALTHCARE ACCESS POINTS FOR PATIENTS AND ENHANCE THEIR QUALITY OF CARE REGARDLESS OF THEIR ABILITY TO PAY OR THEIR INSURANCE STATUS. THE MSG IS COMMITTED TO DELIVERING CARE TO ANY PATIENT IN NEED. VALUE-ADDED CARE AND BEST PRACTICE MODELS ARE KEY TO POPULATION HEALTH MANAGEMENT FOR OUR COMMUNITY OF PATIENTS. ALL MSG AMBULATORY CARE SITES ARE “BLIND TO PAYER-MIX” WITH THE INTENT THAT EACH AND EVERY PATIENT IS TREATED WITH THE SAME QUALITY OF CARE AND DIGNITY THAT IS CONSISTENT WITH OUR MISSION.</p> <p>IN FY 16, ST. VINCENT'S OPENED TWO ADDITIONAL URGENT CARE WALK-IN FACILITIES IN TRUMBULL AND A SECOND CENTER IN BRIDGEPORT. THAT MAKES A TOTAL OF SEVEN OPERATING UCC SITES. OUR CURRENT FACILITIES ARE LOCATED IN BRIDGEPORT, SHELTON, MONROE, FAIRFIELD, AND STRATFORD. THE OPENING OF THE MILFORD “WALK-IN” CENTER IS A DEMONSTRATION OF THE FACT THAT WE ARE BEGINNING TO PENETRATE OUR SECONDARY SERVICE AREA TO FILL THE NEED FOR BOTH PRIMARY AND URGENT CARE.</p> <p>THE STRATFORD URGENT CARE CENTER IS PART OF ST. VINCENT'S STRATFORD HEALTH & WELLNESS CENTER, A NEW, STATE-OF- THE- ART MEDICAL BUILDING WHICH OFFERS PREVENTATIVE, PRIMARY, URGENT AND CARDIOLOGY CARE, ALONG WITH A WOUND CARE CENTER. STRATFORD ALSO PROVIDES A PATIENT EDUCATION CENTER, THE FRANK R. SCIFO, MD, COMMUNITY EDUCATION ROOM, WHICH OFFERS LECTURES, PRESENTATIONS AND IS COMPLETE WITH KITCHEN FACILITIES FOR HEALTHY NUTRITION AND COOKING DEMONSTRATIONS.</p> <p>ALSO OPENED IN STRATFORD IN 2015, WAS THE FIRST ST. VINCENT'S HEALTH CHECK CLINIC, LOCATED INSIDE THE ORONOQUE PHARMACY NOT FAR FROM THE ORONOQUE VILLAGE SENIORS COMMUNITY AND SIKORSKY AIRCRAFT. PATIENTS VISIT THE HEALTH CHECK CLINIC FOR ILLNESSES SUCH AS SEASONAL ALLERGIES, FLU-LIKE SYMPTOMS, MINOR EYE AND EAR INFECTIONS, SPRAINS AND STRAINS, LOW BACK PAIN, INSECT BITES, MINOR SKIN WOUNDS, FATIGUE, POISON IVY AND OTHER NON-EMERGENCY MEDICAL CONDITIONS. THE SERVICE ALSO OFFERS CAMP PHYSICALS, FLU SHOTS, TB TESTING AND READING, BLOOD PRESSURE SCREENING AND CONSULTATION, AND SOME VACCINATIONS. NO APPOINTMENTS ARE NECESSARY. THIS SITE ALSO SUPPORTS VIRTUAL ASYNCHRONOUS HEALTHCARE SERVICES.</p> <p>CANCER CENTER</p> <p>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,</p>

Return Reference - Identifier	Explanation
	<p>PALLIATIVE CARE, GENETIC COUNSELING AND PAIN MANAGEMENT. ALSO AT THE CENTER WE OFFER FREE ONCOLOGY SURVIVORSHIP SERVICES, WHICH INCLUDE ACUPUNCTURE AND MASSAGE THERAPY IN OUR SPA AND MEDITATION AREA; A CANCER BOUTIQUE WITH FITTINGS FOR WIG, BRAS AND PROSTHESIS, AND LYMPHEDEMA SLEEVES; AND A LIBRARY DEDICATED TO ONCOLOGY PATIENTS WITH FREE COMPUTER ACCESS FOR THEM. OUR PATIENTS HAVE ACCESS TO SOCIAL WORKERS FOR INDIVIDUAL AND/OR FAMILY COUNSELING AND COMPASSIONATE CARE, INDIVIDUAL NUTRITIONAL COUNSELING AND GROUP CLASSES, SUPPORT GROUPS, AND EDUCATIONAL LECTURES. MOST SURVIVORSHIP SERVICES ARE OFFERED FREE WITH FUNDING SUPPLIED BY ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY. (FOR MORE INFORMATION SEE BOTH ONCOLOGY SUPPORT SERVICES FOR THE COMMUNITY UNDER PART VI, LINE 5, AND ST. VINCENT'S FOUNDATION AND SWIM ACROSS THE SOUND CANCER CHARITY FOUND UNDER PART VI, LINE 6, AFFILIATED HEALTH CARE SYSTEM.)</p> <p>EMERGENCY DEPARTMENT</p> <p>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 FALL 2010. THE COMPLETELY RENOVATED EMERGENCY DEPARTMENT, WHICH TRIPLED IN SIZE AND HOLDS 60 BEDS TO ACCOMMODATE THE MORE THAN 68,000 EMERGENCY ROOM VISITS ANNUALLY, 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 A 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.</p> <p>IN 2014, ST. VINCENT'S MEDICAL CENTER LAUNCHED "PLANMYCARE.COM," FAIRFIELD COUNTY'S FIRST SELF-SCHEDULED URGENT CARE SERVICE THAT ENABLES PATIENTS TO CHECK-IN FOR A PROJECTED TREATMENT TIME. IN FY 2016, THE SERVICE HAS REGISTERED 417 PATIENTS IN THE EMERGENCY DEPARTMENT, BUT HAS BECOME VERY HIGHLY USED IN THE URGENT CARE SETTING. PATIENTS CAN ACCESS ST. VINCENT'S EMERGENCY DEPARTMENT AND ALL URGENT CARE CENTERS ONLINE, VIEW THE NEXT OPEN APPOINTMENTS, AND BOOK THE MOST CONVENIENT LOCATION AND TIME FRAME AVAILABLE. ST. VINCENT'S PLANMYCARE.COM OFFERS PATIENTS THE CONVENIENCE OF STAYING AT HOME OR MISSING LESS WORK RATHER THAN SITTING IN A WAITING ROOM. LIKEWISE, THIS SERVICE GIVES PATIENTS THE ABILITY TO CHOOSE WHICH ST. VINCENT'S URGENT CARE CENTER CAN BEST ACCOMMODATE THE PATIENT'S SCHEDULE, WHICH IS CRUCIAL FOR THE MAJORITY OF WORKING MOTHERS AND CAREGIVERS.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH - PART II</p>	<p>AT THE SAME TIME, STAFF MEMBERS KNOW APPROXIMATELY WHEN A PATIENT WILL ARRIVE AND WHAT INJURY, ILLNESS, OR TREATMENT THEY MAY REQUIRE, SAVING EVEN MORE TIME.</p> <p>IN FY 2016, ST. VINCENT'S IMPLEMENTED MYVIRTUALCARE, IN WHICH PATIENTS CAN ACCESS CARE BY USING THEIR COMPUTER, SMARTPHONE OR TABLET. MEDICAL PROFESSIONALS REVIEW THE COMPREHENSIVE, ONLINE QUESTIONNAIRE COMPLETED BY THE PATIENT TO CHECK SYMPTOMS, DIAGNOSE AND TREAT MANY COMMON CONDITIONS AND ILLNESSES SUCH AS COLD, SINUS INFECTION, SORE THROAT, BLADDER INFECTIONS, DERMATITIS AND MORE. CLINICIANS ARE AVAILABLE SEVEN DAYS A WEEK FROM 8:30AM-10PM, WHILE OFF-HOUR VISITS ARE REVIEWED AND FOLLOWED UP ON WITHIN ONE HOUR OF OPENING THE NEXT DAY.</p> <p>THIS SERVICE ALLOWS PATIENTS TO SEEK MEDICAL CARE FOR THEIR CHILDREN AND THEMSELVES ESPECIALLY IN CASES WHERE THEY HAVE NO ADEQUATE BABYSITTING, NO ACCESS OR FUNDS FOR TRANSPORTATION, AND NO ABILITY TO MISS WORK WITHOUT LOSING SALARY. THE FEE FOR THIS CONSULTATION IS ONLY \$35, LESS EXPENSIVE THAN MANY INSURANCE CO-PAYS, SO THE AFFORDABILITY OF IT ALLOWS THOSE WITH NO INSURANCE OR FEW RESOURCES TO ACCESS GOOD HEALTHCARE. IT IS ALSO ESPECIALLY HELPFUL IN CASES WHERE PEOPLE HAVE CHRONIC OR RECURRING MEDICAL PROBLEMS WHICH THEY CAN GET EASILY DIAGNOSED AND TREATED THROUGH THIS SERVICE WITHOUT HAVING TO MISS WORK, PAY FOR BABYSITTING OR EVEN LEAVE CHILDREN IN UNSAFE SITUATIONS. THIS SERVICE WAS UTILIZED 375 TIMES IN FY 2016.</p> <p>FAMILY HEALTH CENTER</p> <p>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 CAMPUS OF THE HOSPITAL. IT PROVIDES QUALITY CARE FOR THE PATIENT AND THE 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.</p> <p>FAMILY HEALTH CENTER VISITS FOR LAST YEAR, EXCLUDING NO-CHARGE PATIENTS SUCH AS NURSE ONLY VISITS AND BLOOD DRAWS, WERE 22,408. TOTAL INDIVIDUAL PATIENTS NUMBERED 6,517. OF THESE PATIENTS, 55.35% WERE ON MEDICAID, 7.43% WERE ON MEDICARE AND 34.54% WERE PROVIDED CHARITY CARE, WHICH INCLUDES UNDOCUMENTED PATIENTS. ST. VINCENT'S FAMILY HEALTH CENTER ALSO PROVIDED CHARITY CARE FOR DISCHARGE DIALYSIS PATIENTS IN THE AMOUNT OF APPROXIMATELY \$443,000.</p> <p>HOPE DISPENSARY</p> <p>IN THE SPRING OF 2011, UNDER THE LEADERSHIP OF SVMC STAFF, THE PRIMARY CARE ACTION GROUP LAUNCHED THE HOPE DISPENSARY IN BRIDGEPORT, A PHARMACY OFFERING MEDICATION, FREE OF CHARGE, TO LOW INCOME, UNINSURED, AND UNDERINSURED PERSONS. THE DISPENSARY WAS LAUNCHED IN DIRECT RESPONSE TO THE ECONOMIC DOWNTURN. WITH MORE AND MORE RESIDENTS UNEMPLOYED OR UNDEREMPLOYED, THE DISPENSARY BECOMES EVEN MORE CRITICAL TO ENSURING A HEALTHY COMMUNITY. THE DISPENSARY RUNS ON VERY FEW RESOURCES, PROVIDING ESSENTIAL SERVICES WITH VERY LOW OVERHEAD. THIS STATE LICENSED PHARMACY IS AVAILABLE FOR ALL LOW INCOME, UNINSURED PATIENTS OF ST. VINCENT'S MEDICAL CENTER AND IS PROVING TO BE AN ENORMOUS ASSET FOR PATIENTS WITH CHRONIC ILLNESS. THE PRIMARY CARE ACTION GROUP AND THE HOPE DISPENSARY EMPHASIZE THE VALUES AND INSTITUTIONAL COMMITMENT TO SERVING THE POOR AND VULNERABLE THROUGHOUT THE BRIDGEPORT COMMUNITY.</p> <p>THE HOPE DISPENSARY IN FY 2016 PROVIDED 3,581 PATIENTS WITH MEDICATION WORTH ALMOST \$1.8 MILLION BOTH FROM THE NATIONAL DISPENSARY OF HOPE STOCK AND FROM MANUFACTURER PATIENT ASSISTANT PROGRAMS. THE DISPENSARY FILLED MORE THAN 7,500 PRESCRIPTIONS FOR PATIENTS BELOW THE 200% FEDERAL POVERTY LEVEL OR MEETING MANUFACTURER PROGRAM REQUIREMENTS.</p> <p>THE HOPE DISPENSARY PROVIDES PRESCRIPTION LABELS IN FIVE LANGUAGES AS WELL AS PICTOGRAMS AND IS PROACTIVE IN MAKING REFERRALS FOR PATIENTS TO FOOD SOURCES, SOCIAL SERVICES, AND PRIMARY CARE PROVIDERS. MANY PATIENTS ARE ABLE TO MANAGE THEIR CHRONIC CONDITIONS WITH THE HELP OF THE HOPE DISPENSARY KEEPING THEM OUT OF THE EMERGENCY ROOM AND AVOIDING INPATIENT HOSPITAL STAYS. IN ADDITION, HOPE DISPENSARY COLLABORATES WITH AREA UNIVERSITIES OFFERING EXPERIENTIAL LEARNING FOR RESIDENTS AND STUDENTS FROM MANY HEALTHCARE PROFESSIONS.</p> <p>MAMMOGRAPHY</p> <p>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 YEAR, WE HAVE BEEN ABLE TO PROVIDE SCREENING MAMMOGRAMS, DIAGNOSTIC MAMMOGRAMS, AND BREAST ULTRASOUNDS TO UNDERINSURED OR UNINSURED WOMEN. WE PROVIDED A TOTAL OF 1,042 SUCH PROCEDURES IN FISCAL YEAR 2017. ALL HAVE BEEN PAID FOR BY ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY AND VARIOUS GRANTS.</p> <p>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.</p> <p>OUR SCREENING FACILITIES INCLUDE OUR CUSTOMIZED DIGITAL MOBILE 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</p>

Return Reference - Identifier	Explanation
	<p>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.</p> <p>ONCOLOGY SURVIVORSHIP PROGRAMS</p> <p>ONCOLOGY SURVIVORSHIP PROGRAMS AT ST. VINCENT'S ELIZABETH M. PFRIEM SWIM CENTER FOR CANCER CARE INCLUDE A WIDE RANGE OF UNIQUE SERVICES AND THERAPIES TO BOTH CANCER PATIENTS AND THEIR CAREGIVERS. PROGRAMS FOCUS ON WELLNESS OF MIND, BODY, AND SPIRIT FROM DIAGNOSIS, THROUGH TREATMENT AND BEYOND. MOST SURVIVORSHIP PROGRAMS ARE FREE OF CHARGE AND CAN BE MODIFIED BASED ON THE NEEDS OF INDIVIDUAL PATIENTS AND CAREGIVERS. THERE ARE MANY PROGRAMS TO CHOOSE FROM, INCLUDING YOGA, QIGONG, MUSIC THERAPY, MASSAGE THERAPY, ACUPUNCTURE, EXERCISE CLASSES, AQUATICS CLASSES, PATIENT AND CAREGIVER SUPPORT GROUPS AND INDIVIDUAL COUNSELING, GROUP AND INDIVIDUAL NUTRITION PROGRAMS FOR CANCER PATIENTS AND SURVIVORS, THE LOOK GOOD FEEL BETTER PROGRAM, ONCOLOGY REHABILITATION SERVICES, LAY NAVIGATION, AND A COMPASSIONATE CARE PROGRAM. THE SERVICES COMPLEMENT TRADITIONAL MEDICAL PRACTICES BY INCORPORATING MULTIPLE SYSTEMS TO SUPPORT PATIENT HEALTH AND VITALITY. PATIENT OUTCOMES INCLUDE INCREASED PATIENT INVOLVEMENT IN CARE AND ENHANCED QUALITY OF LIFE.</p> <p>THESE PROGRAMS ARE AVAILABLE TO CANCER PATIENTS TREATED AT ST. VINCENT'S AND OTHERS LIVING IN SELECT TOWNS, WHETHER OR NOT THEY WERE TREATED AT ST. VINCENT'S, ALL MADE POSSIBLE THROUGH ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY. IN FY 2016, THERE WERE MORE THAN 3,500 UTILIZATIONS OF SURVIVORSHIP PROGRAMS BY CANCER PATIENTS. (THIS FIGURE INCLUDES MULTIPLE UTILIZATIONS BY THE SAME PATIENTS.)</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH - PART III</p>	<p>CARDIAC PROGRAMS FOR THE COMMUNITY</p> <p>CARDIAC SCREENINGS: ALMOST 2,900 CARDIAC SCREENINGS WERE PERFORMED DURING THE YEAR AT ST. VINCENT'S WELLNESS BOOTH LOCATED IN THE MAIN LOBBY, AT SITES INCLUDING SENIOR CENTERS IN BRIDGEPORT AND THROUGHOUT THE AREA, AND WEEKLY VISITS TO THE MERTON CENTER, A SOUP KITCHEN SERVING THE POOR AND HOMELESS IN BRIDGEPORT, WHICH ALLOWED THE CARDIAC NURSE TO FOLLOW THE PROGRESS OF GUESTS, SOME WITH CHRONIC CONDITIONS.</p> <p>LECTURES: QUARTERLY LECTURES ON CARDIAC TOPICS WERE PRESENTED DURING FY 2016 AS A JOINT PROGRAM OF ST. VINCENT'S WOMEN AT HEART PROGRAM AND ITS HEALTHY HEARTS CLUB. PHYSICIANS AND OTHER MEDICAL PROFESSIONALS DELIVERED THE PRESENTATIONS HELD AT ST. VINCENT'S. CARDIAC SCREENINGS WERE ALSO PERFORMED AT ALL EVENTS.</p> <p>WOMEN AT HEART: IN RESPONSE TO THE INCREASE OF HEART DISEASE IN WOMEN, THE ST. VINCENT'S REGINA L. COZZA WOMEN AT HEART (WAH) 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 FREE SCREENINGS AND ASSESSMENTS:</p> <ul style="list-style-type: none"> • BLOOD PRESSURE SCREENINGS • BLOOD SUGAR SCREENINGS • EDUCATIONAL LITERATURE • COUNSELING • BODY FAT TESTING • BMI (BODY MASS INDEX) • CHOLESTEROL SCREENINGS (REDUCED FEES) • EDUCATIONAL LECTURES BY NURSES AND PHYSICIANS <p>THE PROGRAM IS SUPPORTED THROUGH AN ENDOWMENT ESTABLISHED THROUGH SVMC FOUNDATION, WHICH ENABLES THE PROGRAM TO PROVIDE SCREENINGS FREE OF CHARGE TO WOMEN.</p> <p>ALL PROGRAMS ARE FREE TO THE PUBLIC AND NUMEROUS LOCATIONS INCLUDING SOUP KITCHENS HAVE BEEN UTILIZED ON AN ONGOING BASIS IN THE GREATER BRIDGEPORT AREA TO REACH WOMEN IN THE COMMUNITY.</p> <p>PRIMARY CARE ACTION GROUP (PCAG)</p> <p>TASK FORCES: IN 2013, MORE THAN 100 INDIVIDUALS FROM PCAG AND THEIR COMMUNITY PARTNERS (INCLUDING BOTH HOSPITALS IN BRIDGEPORT, LOCAL HEALTH DEPARTMENTS, COMMUNITY AGENCIES, FAITH-BASED ORGANIZATIONS, COMMUNITY HEALTH CENTERS, UNIVERSITIES, TOWN AND CITY AGENCIES AND RESIDENTS) COMPLETED A CHNA AND PRIORITIZATION PROCESS TO IDENTIFY PRIORITY HEALTH ISSUES. THE CHNA WAS UPDATED IN 2015.</p> <p>FROM THE WORK IN 2013, FOUR AREAS OF FOCUS WERE SELECTED INCLUDING: CARDIOVASCULAR DISEASE AND DIABETES, OBESITY (HEALTHY LIFESTYLES), MENTAL HEALTH AND SUBSTANCE ABUSE, AND ACCESS TO CARE. THESE SAME FOCUS AREAS WERE SELECTED IN 2015, WITH UPDATED GOALS. ACTION PLANS HAVE BEEN DEVELOPED FOR EACH OF THE TASK FORCES AND PROJECT IMPLEMENTATION HAS BEGUN.</p> <p>1. THE 2013 GOAL OF THE CARDIAC & DIABETES TASK FORCE WAS TO REDUCE THE INCIDENCE, PROGRESSION, AND BURDEN OF CARDIOVASCULAR DISEASE AND DIABETES THROUGH A STRATEGY OF PREVENTIVE SCREENINGS AND EDUCATION FOR AREA RESIDENTS. THE CARDIAC & DIABETES TASK FORCE:</p> <ul style="list-style-type: none"> • HAS DEVELOPED A CARDIAC AND DIABETES PROVIDER DIRECTORY • CONDUCTED ALMOST 800 "KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES SCREENINGS AT COMMUNITY SITES OVER THREE YEARS (AWARENESS CAMPAIGN – SEE BELOW) <p>THE UPDATED 2015 GOALS OF THIS TASK FORCE ARE TO DECREASE THE NUMBER OF REPEAT EMERGENCY ROOM VISITS WITH COMPLICATIONS OF CARDIOVASCULAR DISEASE OR DIABETES, TO INCREASE ACCESS TO HEALTHY FOOD THROUGH FOOD PANTRIES, TO INCREASE THE NUMBER OF SCREENINGS PER YEAR TO IDENTIFY THOSE AT RISK FOR THESE DISEASES, AND TO COMMUNICATE AWARENESS AND BENEFITS AVAILABLE TO THOSE WHO NEED THEM.</p> <p>2. THE GOAL OF THE 2013 OBESITY/HEALTHY LIFESTYLES TASK FORCE WAS TO REDUCE AND PREVENT OBESITY BY CREATING ENVIRONMENTS THAT PROMOTE HEALTHY EATING AND ACTIVE LIVING IN THE REGION.</p> <ul style="list-style-type: none"> • THE ACTION PLAN FOR THE OBESITY ISSUE HAS LED TO THE DEVELOPMENT OF GET HEALTHY CT (GHCT), A BROAD REACHING COALITION WITH OVER 70 MEMBER ORGANIZATIONS FROM THE COMMUNITY THAT IS DEDICATED TO ELIMINATING OBESITY BY REMOVING BARRIERS TO HEALTHY EATING AND PHYSICAL ACTIVITY THROUGH THE INCLUSIVE COLLABORATION OF KEY STAKEHOLDERS IN THE COMMUNITY. GET HEALTHY CT WAS FORMED IN GREATER BRIDGEPORT IN 2010 AND HAS EXPANDED TO INCLUDE A CHAPTER IN NEW HAVEN AND COORDINATED EFFORTS IN GREENWICH. OUR APPROACH IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND USE OUR WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. OUR COMMUNITY-WIDE COALITION AIMS TO "MAKE THE HEALTHY CHOICE THE EASY CHOICE". • GET HEALTHY CT DEDICATED WEBSITE, A CLEARINGHOUSE FOR INFORMATION AROUND HEALTHY EATING AND PHYSICAL ACTIVITY WITH MONTHLY HEALTH FEATURES • INCLUDES LOCAL RESOURCE DIRECTORIES, A MONTHLY HEALTH FEATURE, WORKPLACE WELLNESS IDEAS FOR EMPLOYERS, AND DAYCARE CENTER SURVEY AND BEST PRACTICES • PHYSICAL ACTIVITY PLEDGES • NEWSLETTER WITH MONTHLY HEALTH FEATURES • INFORMATIONAL PACKETS DISTRIBUTED THROUGHOUT THE COMMUNITY • HEALTHY LIFESTYLES EDUCATION AT COMMUNITY EVENTS

Return Reference - Identifier	Explanation
	<p>THE UPDATED GOALS FOR THE HEALTHY LIFESTYLES TASK FORCE IN 2015 INCLUDE INCREASING ACCESS TO AND AFFORDABILITY OF HEALTHY FOOD AND BEVERAGE CHOICES IN THE COMMUNITY, INCREASING ACCESS TO AND AFFORDABILITY OF PHYSICAL ACTIVITY IN THE COMMUNITY, ENHANCING WELLNESS IN THE SCHOOL ENVIRONMENT, AND SUPPORTING TOBACCO CESSATION IN THE COMMUNITY.</p> <p>3.THE 2013 GOAL OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE WAS TO INCREASE THE UNDERSTANDING OF MENTAL HEALTH AND SUBSTANCE ABUSE AS PUBLIC HEALTH ISSUES IN ORDER TO ACHIEVE EQUAL ACCESS TO PREVENTION AND TREATMENT FOR AREA RESIDENTS.</p> <ul style="list-style-type: none"> •ESTABLISHED AN EMERGENCY DEPARTMENT HIGH UTILIZER MENTAL HEALTH PATIENT COMMUNITY CARE TEAM THAT IS FULLY OPERATIONAL •SUPPORTED SEVERAL PUBLIC AWARENESS CAMPAIGNS TO DE-STIGMATIZE ISSUES AROUND MENTAL HEALTH AND PROVIDE TRAINING TO PROVIDERS AND SUPPORT TO PATIENTS AND THEIR FAMILIES •MAY MENTAL HEALTH AWARENESS MONTH RECOGNITION •NOVEMBER DEPRESSION AWARENESS MONTH RECOGNITION <p>THE 2015 GOALS OF THE MENTAL HEALTH/SUBSTANCE ABUSE TASK FORCE ARE TO INCREASE ACCESS TO MENTAL HEALTH AND SUBSTANCE ABUSE RESOURCES IN THE COMMUNITY THROUGH HEALTH EDUCATION INITIATIVES, TO INTEGRATE MENTAL HEALTH AND SUBSTANCE ABUSE SCREENINGS INTO URGENT CARE SETTINGS, TO INCREASE ACCESS TO SERVICES BY IMPROVING THE COORDINATION OF CARE FOR FREQUENT EMERGENCY DEPARTMENT PATIENTS, AND TO INCREASE ACCESS TO MENTAL HEALTH PROVIDERS.</p> <p>4.THE 2013 GOAL OF THE ACCESS TO CARE TASK FORCE WAS TO IMPROVE ACCESS TO QUALITY HEALTH CARE FOR ALL INDIVIDUALS LIVING IN THE REGION.</p> <ul style="list-style-type: none"> •INCREASED NUMBER OF PRIMARY CARE AND SPECIALTY CLINIC VISITS •REDUCED WAIT TIME FOR APPOINTMENTS •DEVELOPED AND IMPLEMENTED A PRIMARY CARE BROCHURE TO EDUCATE PATIENTS ABOUT THE NEED FOR A PRIMARY CARE PROVIDER. ALL CLINICS AND EMERGENCY DEPARTMENTS IN BRIDGEPORT ARE USING IT. •ADVOCACY FOR USE OF COMMUNITY HEALTH WORKERS •MANAGING STATEWIDE ASTHMA REDUCTION INITIATIVE <p>THE 2015 ACCESS TO CARE TASK FORCE GOALS ARE INCREASING THE NUMBER OF PEOPLE ACCESSING CARE FROM THE APPROPRIATE DELIVERY SITE, INCREASING THE PERCENTAGE OF THE GREATER BRIDGEPORT COMMUNITY ACCESSING SPECIALISTS, INCREASING THE EFFECTIVE CONTROL OF ASTHMA IN THE COMMUNITY, INCREASING THE PERCENTAGE OF THE GREATER BRIDGEPORT COMMUNITY ACCESSING DENTAL CARE, AND TO DEVELOP A NETWORK OF HEALTH AND SOCIAL SERVICE AGENCIES WHO HAVE ADOPTED OR TAKEN DOCUMENTED STEPS TO IMPLEMENT THE NATIONAL CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS STANDARDS) TO REDUCE HEALTH INEQUALITY AMONG THE AT RISK AND MINORITY POPULATIONS.</p> <p>KNOW YOUR NUMBERS</p> <p>IN FEBRUARY 2014, IN COLLABORATION WITH THE PRIMARY CARE ACTION GROUP (PCAG) CARDIOVASCULAR/DIABETES TASK FORCE, ST. VINCENT'S MEDICAL CENTER PLAYED A SIGNIFICANT ROLE IN ORGANIZING AND COORDINATING THE AREA'S FIRST "KNOW YOUR NUMBERS" HEART DISEASE AND DIABETES AWARENESS CAMPAIGN. KNOW YOUR NUMBERS SUCCEEDED IN REACHING OUT TO THE PUBLIC AND, IN PARTICULAR, THE UNDERSERVED AT SOUP KITCHENS, FOOD PANTRIES, CHURCHES AND SCHOOLS, SENIOR CENTERS, AND OTHER COMMUNITY LOCATIONS, TO HELP THEM UNDERSTAND THE IMPORTANCE OF PREVENTION AND MONITORING OF THEIR CHRONIC CONDITIONS IN ORDER TO STAY HEALTHY. OUR COMMUNICATIONS DEPARTMENT ACTIVELY SUPPORTED THE EFFORT TO ENSURE THAT THE SCREENINGS WERE WELL PUBLICIZED AND ATTENDED.</p> <p>A GRASS-ROOTS PUBLIC EDUCATION CAMPAIGN, "KNOW YOUR NUMBERS" DREW FROM THE BEST IDEAS OF POPULATION HEALTH AND BROUGHT INFORMATION ON RISK FACTORS FOR HEART DISEASE AND DIABETES AND HOW TO GET SCREENED TO THE PEOPLE IN THE COMMUNITY RATHER THAN MAKING THEM SEEK IT OUT. FREE SCREENINGS INCLUDED BODY MASS INDEX (BMI), WAIST CIRCUMFERENCE, BLOOD PRESSURE, BLOOD SUGAR, AND CHOLESTEROL.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH - PART IV</p>	<p>"KNOW YOUR NUMBERS" REACHED 403 PEOPLE ACROSS 21 DIFFERENT SITES IN BRIDGEPORT IN 2016. STAFF AND VOLUNTEERS FROM ST. VINCENT'S LED THE CAMPAIGN WHICH ALSO INCLUDED VOLUNTEERS FROM OTHER HEALTHCARE ORGANIZATIONS AND THE BOARDS OF HEALTH OF BRIDGEPORT AND SURROUNDING TOWNS. THE CAMPAIGN DID REACH ITS GOAL OF IDENTIFYING UNKNOWN CASES OF CARDIOVASCULAR DISEASE AND DIABETES, WITH 235 OF THE PEOPLE SCREENED RECEIVING A DOCTOR REFERRAL DUE TO LACK OF A PRIMARY PHYSICIAN OR BASED ON THEIR SCREENING RESULTS.</p> <p>ALTHOUGH VARIOUS SOCIOECONOMIC GROUPS WERE INCLUDED, THE CAMPAIGN'S MAIN FOCUS WAS IN EDUCATING AN IMPORTANT TARGET AUDIENCE IN THE COMMUNITY AT RISK FOR CARDIOVASCULAR DISEASE: THE LOW-INCOME AND MINORITY POPULATIONS. OVER 142 BLACK PARTICIPANTS, 106 HISPANIC PARTICIPANTS AND 7 ASIAN PARTICIPANTS WERE SCREENED THROUGH THE PROGRAM AND RESULTS BORE OUT LOCAL AND NATIONAL STUDIES SHOWING SIGNIFICANT RISK FACTOR AVERAGES AT EACH SITE FOR OBESITY, BLOOD PRESSURE, AND DIABETES.</p> <p>STAFF AND VOLUNTEERS FROM BOTH ST. VINCENT'S MEDICAL CENTER AND BRIDGEPORT HOSPITAL, OTHER SERVICE ORGANIZATIONS, AND THE BOARDS OF HEALTH OF BRIDGEPORT AND THE SURROUNDING TOWNS OF STRATFORD, FAIRFIELD, TRUMBULL, AND MONROE CAME TOGETHER TO TEACH INDIVIDUALS THE LINK BETWEEN THESE SCREENING NUMBERS AND THEIR OVERALL HEALTH. MORE THAN 99% RECEIVED HEALTH EDUCATION ON HOW TO PREVENT OR BETTER MANAGE THEIR EXISTING DISEASE WHILE 58% RECEIVED A DOCTOR REFERRAL BASED ON SCREENING RESULTS.</p> <p>THIS YEAR THE SCOPE OF THE SCREENINGS GREW AS INDIVIDUALS WHO FREQUENTED HOMELESS SHELTERS AND FOOD PANTRIES WERE FOLLOWED PERIODICALLY THROUGHOUT THE YEAR. THIS WAS MADE POSSIBLE BY NURSING STUDENTS RECRUITED FROM FAIRFIELD UNIVERSITY, SACRED HEART UNIVERSITY AND ST. VINCENT'S COLLEGE WHO ASSISTED AT THE SCREENINGS. MORE THAN 60 STUDENTS DONATED THEIR TIME WHICH BECAME PART OF A NEW COLLABORATION BETWEEN THE "KNOW YOUR NUMBERS" TEAM AND THE AREA SCHOOLS.</p> <p>FOOD & FAITH SUMMIT</p> <p>ST. VINCENT'S, AS A MEMBER OF THE GET HEALTHY CT GROUP, WAS INSTRUMENTAL IN PLANNING THE FIRST FOOD & FAITH SUMMIT, WHICH TOOK PLACE IN OCTOBER OF 2015. ITS OBJECTIVE WAS TO ASSIST THOSE OPERATING CHURCH FOOD PANTRIES AND SOUP KITCHENS IN PROVIDING HEALTHY FOODS WITHIN EXISTING BUDGETS AND LIMITATIONS THROUGH COLLABORATION, EDUCATION AND COMMUNITY ENGAGEMENT. THE MORNING PROGRAM INVOLVING THE BRIDGEPORT HEALTH DEPARTMENT, THE COUNCIL OF CHURCHES, AND EXPERTS IN THE FIELD OF FOOD ACCESS AND NUTRITION, WAS WELL ATTENDED BY MORE THAN 40 FOOD PANTRY VOLUNTEERS. THE EVENT WAS HELD AT THE UNITED CONGREGATIONAL CHURCH IN BRIDGEPORT.</p> <p>ST. VINCENT'S RESOURCE FAIR</p> <p>ST. VINCENT'S MISSION SERVICES AND PASTORAL CARE DEPARTMENTS HOSTED THEIR FIRST COMMUNITY RESOURCE FAIR ON NOVEMBER 3, 2015. THE EVENT DREW ALMOST 250 STAFF MEMBERS. THE GOAL WAS TO INFORM STAFF ABOUT SUPPORT SERVICES AVAILABLE TO PATIENTS AND AREA RESIDENTS TO KEEP THEM HEALTHY. THE EVENT INVOLVED ALMOST 50 OUTSIDE ORGANIZATIONS THAT OFFER SOCIAL SERVICES TO AREA RESIDENTS, AND ALLOWED FOR NETWORKING AMONG HOSPITAL STAFF AND THESE SOCIAL SERVICE AGENCIES.</p> <p>PARISH NURSE PROGRAM</p> <p>THE PARISH NURSE PROGRAM IS A BROAD- REACHING PARTNERSHIP WITH 76 CHURCHES OF ALL FAITHS IN THE GREATER BRIDGEPORT AREA AND ALL OF FAIRFIELD COUNTY SUPPORTING NURSES IN THEIR FAITH COMMUNITIES THROUGH COLLABORATION AND NETWORKING. CURRENTLY, THERE ARE 222 NURSES IN BOTH THE BRIDGEPORT AND STAMFORD CHAPTERS. THROUGH THE PROGRAM, OUR NURSES PROVIDE EDUCATIONAL PROGRAMS, HEALTH SCREENINGS, REFERRALS, RESOURCES AND SUPPORT TO THE PARISHIONERS OF THE CHURCHES. OUR PARISH NURSES PARTICIPATED IN A COMMUNITY WIDE HEALTH AWARENESS PROGRAM CALLED "KNOW YOUR NUMBERS."</p> <p>IN FY 2016, ST. VINCENT'S PARISH NURSES SCREENED ALMOST 3,300 INDIVIDUALS FOR CARDIAC DISEASE IN THEIR FAITH COMMUNITIES. ST. VINCENT'S PARISH NURSE OFFICE PROVIDED EDUCATION AND RESOURCES FOR MEETINGS ATTENDED BY ALMOST HALF OF THE PARISH NURSES THROUGHOUT THE YEAR.</p> <p>"YOU VISITED ME" SPIRITUAL MINISTERS TRAINING</p> <p>THE "YOU VISITED ME" PROGRAM, PILOTTED IN FALL OF 2014 WITH TEN PARTICIPANTS FROM THE COMMUNITY, ENCOMPASSES A 10-WEEK CURRICULUM TO HELP INDIVIDUALS DISCERN WHERE THEY MIGHT WANT TO SPIRITUALLY MINISTER TO PEOPLE. THIS ONGOING PROGRAM, WHICH HAS PARTICIPANTS MEETING FOR TWO HOURS WEEKLY FOR TEN WEEKS, HAS A GOAL OF HELPING DEVELOP LAY PEOPLE WHO CAN MINISTER TO PEOPLE'S SPIRITUAL NEEDS NOT ONLY WITHIN ST. VINCENT'S BUT IN THEIR OWN FAITH COMMUNITIES. HOSPITAL STAFF PERFORM PRESENTATIONS ON TOPICS RELEVANT TO SPIRITUAL MINISTRY IN A CLINICAL SETTING. A CURRICULUM BOOK HAS BEEN COORDINATED BY A PASTORAL CARE THEOLOGY STUDENT INTERN IN COLLABORATION WITH THE PROGRAM COORDINATOR AND PASTORAL CARE MANAGER. SEVEN DIOCESAN DEACONS COMPRISED THE COHORT IN SPRING OF 2016, WHILE PLANNING IS UNDERWAY FOR A NEW COHORT OF LAY PEOPLE FROM THE AREA IN APRIL OF 2017.</p> <p>UPON COMPLETION OF THE TRAINING, PARTICIPANTS WILL PERFORM A CLINICAL ROTATION AT THE HOSPITAL AND PROVIDE SPIRITUAL VISITS TO PATIENTS AND STAFF. FROM THAT POINT, THEY MAY CHOOSE TO CONTINUE TO MINISTER AT ST. VINCENT'S OR OUT IN THE COMMUNITY.</p> <p>SEVEN DEACONS COMPLETED THE PROGRAM AND WENT THROUGH THE VOLUNTEER PROCESS. OF THAT GROUP, FOUR VOLUNTEER REGULARLY AT ST. VINCENT'S. EACH HAS VOLUNTEERED A MINIMUM OF 40 HOURS.</p> <p>PARISH NURSE/PASTORAL CARE COLLABORATION</p> <p>IN 2016, THE PASTORAL CARE DEPARTMENT AND PARISH NURSE OFFICE COLLABORATED TO FOLLOW UP WITH PATIENTS DISCHARGED FROM THE HOSPITAL THROUGH THE "YOU VISITED ME" PROGRAM (SEE</p>

Return Reference - Identifier	Explanation
	<p>ABOVE). THROUGH A MASS MAILING, PARISH NURSES WERE RECRUITED AND WILL BE TRAINED TO FOLLOW UP WITH PATIENTS DISCHARGED FROM THE HOSPITAL. HOSPITAL CHAPLAINS ARE AVAILABLE TO PROVIDE PATIENTS WITH THE NAME AND PHONE NUMBER OF THEIR PARISH NURSE AND/OR A ST. VINCENT'S MINISTER FROM THEIR OWN FAITH COMMUNITY. THE INTENT IS TO OFFER A MORE HOLISTIC APPROACH AND PROVIDE PATIENTS WITH A CONNECTION THROUGH THEIR CHURCH IN CASE THEY WANT TO CONSULT WITH SOMEONE ABOUT ANY CONCERNS OR QUESTIONS FOLLOWING DISCHARGE.</p> <p>THE PATIENT WOULD CALL THE PARISH NURSE OR TRAINED ST. VINCENT'S MINISTER, WHO WOULD HELP ENSURE THAT PATIENTS ARE ABLE TO PURCHASE THEIR MEDICATIONS, UNDERSTAND THE DOSAGE REQUIREMENTS, HAVE ACCESS TO NECESSARY EQUIPMENT, ARE ABLE TO MAKE FOLLOW UP APPOINTMENTS WITH THEIR PRIMARY CARE PHYSICIAN OR SPECIALIST, AND ARE ADEQUATELY MONITORED TO BETTER MANAGE THEIR CONDITION AND KEEP THEM OUT OF THE HOSPITAL. THIS FALLS IN LINE WITH THE STRATEGIC DIRECTION OF POPULATION CARE AND SUPPORTS THE MISSION OF ST. VINCENT'S.</p> <p>PASTORAL CARE OUTREACH TO EMS PARTNERS</p> <p>ST. VINCENT'S EMERGENCY DEPARTMENT, PASTORAL CARE, AND EMS COORDINATOR COLLABORATED IN FY 15 TO DEVELOP AN OUTREACH PROGRAM FOR ALL EMS WORKERS THAT INCLUDES AN INVITATION TO FORMAL DEBRIEFINGS AND LESS FORMAL FOLLOW-UP CONVERSATIONS FOLLOWING EMOTIONALLY IMPACTFUL EVENTS, A CHAPLAIN SUPPORT E-MAIL THAT EMS PERSONNEL CAN USE TO CONTACT PASTORAL CARE, AND A 24-HOUR PHONE LINE ANSWERED BY A MEMBER OF THE HOSPITAL'S PASTORAL CARE DEPARTMENT. THE IDEA IS TO PROVIDE SPIRITUAL AND EMOTIONAL SUPPORT FOR OUR EMS PARTNERS, AS, UNLIKE POLICE AND FIRE PERSONNEL, THEY HAVE NO DESIGNATED CHAPLAIN TO ASSIST THEM AFTER DIFFICULT SITUATIONS.</p> <p>IN FY 2016, THE PROGRAM ASSISTED ABOUT SEVEN EMS WORKERS. ANOTHER SIX PARTICIPATED IN THE FIRST PUBLIC WORSHIP SERVICE TO CELEBRATE EMS WEEK IN MAY. THIS WAS COORDINATED BY BOTH THE PASTORAL CARE MANAGER AND EMERGENCY DEPARTMENT CHAIRMAN.</p> <p>MEDICAL MISSION AT HOME</p> <p>DURING FISCAL YEAR 2015, ST. VINCENT'S BEGAN PLANNING ITS FIRST EVER MEDICAL MISSION AT HOME DAY. THE COMPLETELY FREE EVENT TOOK PLACE ON OCTOBER 17, 2015 AT CESAR BATALLA SCHOOL IN AN UNDERSERVED NEIGHBORHOOD IN BRIDGEPORT. THE NUMBER OF PATIENTS FAR EXCEEDED EXPECTATIONS. THIS COMMUNITY EVENT DREW 330 OF THE AREA'S MOST VULNERABLE PEOPLE, OFFERING MULTI-DISCIPLINARY HEALTH SERVICES TO PERSONS WHO WERE UNINSURED AND UNDERINSURED, INCLUDING HOMELESS INDIVIDUALS. SERVICES PROVIDED WERE MEDICAL EXAMS; POINT OF CARE TESTING; BEHAVIORAL HEALTH CARE; SHOE, COAT, AND READER EYEGLASS DISTRIBUTION; FOOT WASHING AND PODIATRY; PHYSICAL THERAPY; FLU SHOTS AND VACCINATIONS; NUTRITION AND SMOKING CESSATION COUNSELING; MEDICATION DISPENSING; AND CHILD CARE. A FREE BAGGED LUNCH WAS GIVEN TO EVERY INDIVIDUAL.</p> <p>MANY CLINICAL AND NON-CLINICAL STAFF WORKED TO COORDINATE THE HUGE EVENT, WITH MANY STAFF MEMBERS AND AREA STUDENTS VOLUNTEERING TO SET UP THE NIGHT BEFORE AND ASSISTING IN A NUMBER OF CAPACITIES ON THE DAY OF THE EVENT. VOLUNTEERS INCLUDED 155 CLINICAL STAFF AND 193 NON-CLINICAL MOSTLY FROM ST. VINCENT'S AND AREA UNIVERSITIES.</p> <p>HEAVY PUBLICITY HELPED TO DRAW THE LARGE NUMBER OF ATTENDEES. ST. VINCENT'S MARKETING/COMMUNICATIONS DEPARTMENT COMMITTED SIGNIFICANT RESOURCES TO PRINTING, PUBLICIZING, AND DELIVERING MATERIALS TO RAISE AWARENESS OF THE EVENT.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH - PART V</p>	<p>FLYERS WERE POSTED AT HOMELESS SHELTERS, FOOD PANTRIES, CHURCHES, COMMUNITY ORGANIZATIONS, LAUNDROMATS AND CONVENIENCE STORES. STAFF DISTRIBUTED LAWN SIGNS, POSTED THEM AT THE BUS SHELTER, AND PLACED RADIO SPOTS. ADDITIONALLY, A DIRECT MAILING OF 5,000 POSTCARDS WAS SENT TO INDIVIDUALS AND AREA ORGANIZATIONS THAT SERVE THE HOMELESS OR UNINSURED. FEATURE STORIES RAN IN THE EMPLOYEE NEWSLETTER AND A MEDIA ADVISORY WENT OUT ON THE DAY OF THE EVENT FOR COVERAGE. ON SITE, ST. VINCENT'S PROVIDED SANDWICH BOARDS, BANNERS AND OTHER SIGNAGE.</p> <p>A MAIN GOAL OF THE EVENT WAS TO IMPROVE ACCESS TO CARE, TO ARRANGE FOLLOW UP WITH A MEDICAL PROVIDER FOR THOSE WITHOUT A MEDICAL HOME, AND TO IMPROVE THE NECESSARY CONNECTION TO NEEDED CONSISTENT SERVICES. LOCAL PRIMARY CARE PROVIDERS WERE ON SITE TO MAKE APPOINTMENTS. THOSE WITHOUT INSURANCE WERE REFERRED TO ACCESS HEALTH CT, WHO WAS ALSO ON SITE, FOR POSSIBLE SIGNUP. ADDITIONALLY, SOCIAL SERVICES WERE ON SITE TO CONNECT INDIVIDUALS WITH RESOURCES TO ADDRESS ADDITIONAL BASIC NEEDS.</p> <p>THE EVENT ALSO HELPED ST. VINCENT'S INCREASE COMMUNITY AWARENESS OF THE GAPS IN THE CURRENT HEALTHCARE SYSTEM, ADVOCATE FOR CHANGE, AND INCREASE INVOLVEMENT BY PROVIDERS AND COMMUNITY LEADERS. AS A MEMBER OF ASCENSION HEALTH, THE MEDICAL MISSION AT HOME EVENT IS ONE WAY ST. VINCENT'S IS WORKING TO ACHIEVE 100% ACCESS TO CARE AND COVERAGE FOR CARE.</p> <p>COMMUNITY PARTNERS FOR THE EVENT INCLUDED PROJECT HOMELESS CONNECT, ACCESS HEALTH CT, SOUTHWEST COMMUNITY HEALTH CENTER (FQHC), HOPE DISPENSARY OF GREATER BRIDGEPORT, BRIDGEPORT HEALTH DEPARTMENT, ST. VINCENT'S FAMILY HEALTH CENTER, THE GREATER BRIDGEPORT TRANSIT AUTHORITY, AND THE 2-1-1 INFORMATION LINE.</p> <p>ST. VINCENT'S COMMITTED \$50,000 FROM ITS FOUNDATION TO SPONSOR THIS EVENT TO BENEFIT THE NEEDIEST IN THE COMMUNITY. THE SUCCESS OF THIS EVENT HAS LED TO PLANNING TO MAKE IT AN ANNUAL ONE.</p> <p>AS A RESULT OF THE MEDICAL MISSION AT HOME, 48 APPOINTMENTS WERE MADE WITH PRIMARY CARE PROVIDERS, 94 FREE PRESCRIPTIONS WERE DISPENSED, AND 325 VACCINATIONS WERE ADMINISTERED. STAFF REFERRED INDIVIDUALS WITHOUT INSURANCE TO ACCESS HEALTH CT AND FOLLOW UP CALLS WERE COMPLETED WITH THOSE THAT DID NOT HAVE INSURANCE.</p> <p>PATIENT/FAMILY ADVISORY BOARD (PFAB)</p> <p>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 IMPROVE COLLABORATION BETWEEN CAREGIVERS, PATIENTS, AND FAMILIES, SUCH THAT, CONCERNS REGARDING QUALITY OF CARE ARE ADDRESSED PROMPTLY AND EFFECTIVELY; TO ENSURE THAT ST. VINCENT'S PROVIDES AN ENVIRONMENT THAT PROMOTES TRUST, RESPECT, EQUITY, AND FAIRNESS; AND TO FURTHER BUILD A POSITIVE RELATIONSHIP BETWEEN ST. VINCENT'S MEDICAL CENTER AND THE COMMUNITY.</p> <p>IN AN EFFORT TO FURTHER INTEGRATE THE PATIENT/FAMILY VOICE INSTITUTION-WIDE, A NUMBER OF PATIENT CARE COMMITTEES – INFECTION PREVENTION, BRIGHT IDEAS, RE-IGNITING THE SPIRIT OF CARING, PUBLIC SPACE, VALUES RECOGNITION– ARE POPULATED WITH MEMBERSHIP FROM PFAB. IN ADDITION, SVMC WILL BE PILOTING 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.</p> <p>ACCOMPLISHMENTS OR NEW PROGRAMS WHERE PFAB PLAYED A ROLE:</p> <ul style="list-style-type: none"> •RETAIL PHARMACY-OPENED AT RECOMMENDATION OF PFAB •HAND HYGIENE STATIONS ARE AVAILABLE IN MANY LOCATIONS •HANDICAP ACCESS ALONG MAIN ST. ENTRANCE •RELATIONSHIP-BASED CARE PARTICIPATION •INPUT ON FOOD & NUTRITION MEAL PLANNING/MENU •CARE PARTNERS •FAMILY ACTIVATED MET CALLS •WHITE BOARD IN PATIENT ROOM ENHANCEMENT •ROOM SECURITY SAFES •STAFF ID BADGE ENHANCEMENT <p>THE FOCUS OF PFAB IN 2016 WAS TO BETTER UNDERSTAND THE ISSUES RELATING TO THE PATIENT EXPERIENCE AND WHERE PFAB COULD INJECT THE VOICE OF THE PATIENT AND BE THEIR ADVOCATE FOR POSITIVE CHANGE.</p> <p>OVER THE LAST COUPLE OF YEARS, PFAB GATHERED DATA TO HELP ACHIEVE THEIR FOCUS. ONE PFAB TEAM DID A THOROUGH ANALYSIS OF PATIENT POSTINGS ON FACEBOOK, GOOGLE AND OTHER SOCIAL MEDIA POSTS. ANOTHER PFAB TEAM RAN TWO VERY SUCCESSFUL PATIENT FOCUS SESSIONS TO SOLICIT REAL TIME INTERACTIVE FEEDBACK FROM RECENT PATIENTS. A COMPLETE ANALYSIS WAS PERFORMED ON THE LAST THREE YEARS OF HCAHPS SCORES, LOOKING FOR THEMES AND OPPORTUNITIES FOR IMPROVEMENT. ALL EMPLOYEES OF SVMC WERE SENT AN INTERNAL EMPLOYEE SURVEY BY PFAB TO SOLICIT THEIR INPUT ON WHERE THE ISSUES MIGHT BE AND HOW TO EFFECT CHANGE. OVER 300 RESPONSES WERE RECEIVED AN ANALYZED. ALL OF THIS DATA (SOCIAL MEDIA, FOCUS GROUPS, INTERNAL EMPLOYEE SURVEYS, HCAHPS) WAS ANALYZED AND THE RESULTS WERE PRESENTED DIRECTLY TO THE SENIOR MANAGEMENT AT SVMC. A DETAILED REPORT WAS ALSO GENERATED AND ALL DATA WAS MADE AVAILABLE TO THE SENIOR STAFF.</p> <p>IN YEARS PAST, TO RAISE AWARENESS OF PFAB, A COMMUNITY SERVICES EVENT AND A MEDICAL CENTER LOBBY EVENT WERE HELD TO RAISE AWARENESS. AT THE LOBBY EVENT, A RAFFLE WAS HELD TO RAISE FUNDS FOR THE SVMC FOUNDATION.</p> <p>FARMERS MARKET</p> <p>SINCE 2009, ST. VINCENT'S HAS OPERATED A FARM STAND IN COLLABORATION WITH THE WHOLESOME</p>

Return Reference - Identifier	Explanation
	<p>WAVE FOUNDATION, MAKING HEALTHFUL LOCALLY GROWN FOOD AVAILABLE TO THOSE IN BRIDGEPORT WHO NEED IT MOST AND TO ST. VINCENT'S EMPLOYEES. THE COLLABORATION HAS MADE IT POSSIBLE TO DOUBLE INCENTIVE COUPONS SUCH AS SNAP AND WIC FOR PEOPLE LIVING BELOW THE INCOME THRESHOLD.</p> <p>DURING THE 2016 FARMERS MARKET SEASON, IN ADDITION TO PROVIDING A HEALTHY OPTION FOR ITS OWN EMPLOYEES, VOLUNTEERS AND VISITORS, THE ST. VINCENT'S FARM STAND HANDLED \$805 FROM 70 SNAP (SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM) INCENTIVE TRANSACTIONS. OF THESE TRANSACTIONS, 43 WERE NEW CUSTOMERS. FROM THE SNAP MATCHING PROGRAM, \$665 OF INCENTIVE MONEY CAME BACK TO BE REDEEMED AT THE MARKET. INCENTIVE CUSTOMERS ARE DRAWN DUE TO THE DOUBLING FEATURE AND DUE TO THE MARKET'S LOCATION IN FRONT OF THE HOSPITAL, WHICH MEANT IT WAS EASILY ACCESSIBLE BY PUBLIC TRANSPORTATION, A BIG PLUS FOR UNDERSERVED AREA RESIDENTS. TRANSPORTATION NORMALLY POSES A BARRIER FOR SUCH RESIDENTS TO BUY HEALTHY FRESH FOOD.</p> <p>THERE WAS ALSO \$5,484 REDEEMED IN WIC, FMNP AND \$3,084 REDEEMED IN SENIOR FMNP. ST. VINCENT'S PATIENTS AT TWO OF ITS MSG PRACTICES ALSO BENEFITED FROM THE BRIDGEPORT BUCKS PROGRAM, WHICH GAVE A \$2 COUPON TO EACH PATIENT TO BE USED AT THE FARMERS MARKET. THE GOAL IS TO ENCOURAGE FAMILIES TO PATRONIZE THE MARKET AND MAKE GOOD FOOD CHOICES IN ORDER TO STAY HEALTHY AND FIT.</p> <p>THE ST. VINCENT'S STAND IS OPEN TO THE GENERAL PUBLIC AND OPERATES ONE DAY A WEEK. THE FARM STAND IS ANOTHER WAY IN WHICH ST. VINCENT'S RESPONDED TO THE COMMUNITY HEALTH NEEDS ASSESSMENT THAT IDENTIFIED OBESITY AND THE HIGH INCIDENCE OF DIABETES AND CARDIAC DISEASE AS MAJOR CHALLENGES IN THE GREATER BRIDGEPORT AREA. THE FARM STAND EXTENDS THE SERVICES THE HOSPITAL PROVIDES BEYOND MEDICAL TREATMENT AND MEDICATIONS TO PROVIDING ACCESS TO HEALTHY FOOD AND NUTRITION EDUCATION. THIS CAN HELP FIGHT OBESITY AND CHRONIC ILLNESSES SUCH AS DIABETES AND HEART DISEASE AND PROMOTE OVERALL WELLNESS. IT TIES IN WITH THE NATIONAL HEALTHCARE SHIFT TO AN EMPHASIS ON PREVENTION VERSUS MERE TREATMENT OF DISEASE, WHICH TRANSLATES INTO BOTH IMPROVED QUALITY OF LIFE FOR RESIDENTS AND COST SAVINGS.</p> <p>A ST. VINCENT'S STAFF PERSON SERVES AS THE COORDINATOR OF THE PROGRAM, ENSURING THE MARKET OPENS ON TIME, DOING PUBLICITY, ATTENDING MONTHLY BOARD MEETINGS EVEN DURING THE OFF-SEASON, AND PARTICIPATING IN FUNDRAISING AND ACTIVITIES FOR THE BRIDGEPORT FARMERS MARKET COLLABORATIVE AS WELL.</p> <p>THE FARM STAND IS ANOTHER WAY IN WHICH ST. VINCENT'S DEMONSTRATES ITS MISSION OF CARING FOR THE COMMUNITY.</p> <p>COMFORT SHAWL PROGRAM</p> <p>COMFORT SHAWLS, LAP BLANKETS, AND POCKET SHAWLS ARE GIVEN TO PATIENTS AND FAMILY MEMBERS IN THE MEDICAL CENTER, EMPLOYEES, AND MEMBERS OF THE COMMUNITY WHO ARE EXPERIENCING A DIFFICULT TIME AND ARE IN NEED OF COMFORT AND HEALING. THEY PROVIDE EMOTIONAL AND SPIRITUAL SUPPORT TO PATIENTS. THEY MAY ALSO BE GIVEN IN CELEBRATION. THE MANTLES ARE MADE BY VOLUNTEERS FROM AREA CHURCHES AND THE COMMUNITY AS WELL AS BY ST. VINCENT'S STAFF MEMBERS. THE COLLECTION AND DISTRIBUTION OF THE SHAWLS AND THE PUBLICITY AND EDUCATION NECESSARY TO ENSURE THE SUCCESS OF THE PROGRAM REQUIRE COORDINATION ON THE PART OF THE HOSPITAL'S MISSION SERVICES AND COMMUNICATIONS DEPARTMENTS. AN ANNUAL BLESSING CEREMONY FOR ALL SHAWL MAKERS IS HELD ONCE A YEAR WITH REFRESHMENTS PROVIDED BY THE MEDICAL CENTER. IN 2016, HUNDREDS OF SHAWLS WERE DISTRIBUTED MAINLY TO PATIENTS AND FAMILIES WHILE MORE THAN 75 SHAWL MAKERS ATTENDED THE BLESSING CEREMONY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH - PART VI</p>	<p>DONATION DRIVES</p> <p>HOUSE OF HOPE: STARTING IN 2011, ST. VINCENT'S MISSION SERVICES COMMITTEE AND AQUARION WATER COMPANY, BEGAN ANNUALLY COLLABORATING ON A PROJECT CALLED THE HOUSE OF HOPE FOOD DRIVE, TO ASSIST AREA FOOD BANKS AND SHELTERS EXPERIENCING SEVERE SHORTAGES. A SHED DECORATED TO LOOK LIKE A HOUSE IS LOCATED OUTSIDE ST. VINCENT'S MEDICAL CENTER WHERE THE FOOD IS COLLECTED. IN FISCAL 2016, THE HOUSE OF HOPE PASSED ITS GOAL AND COLLECTED ALMOST 7.5 TONS OF FOOD ALONG WITH \$700 IN MONETARY DONATIONS. THE FOOD WAS DISTRIBUTED TO AREA FOOD BANKS AND SHELTERS. THE HOUSE OF HOPE ALSO DISTRIBUTED TO HOMELESS SHELTERS 125 TURKEYS FROM AN AREA SUPERMARKET CHAIN AND 125 BINS OF FOOD FROM A PHILANTHROPIC ORGANIZATION CALLED AL'S ANGELS.</p> <p>THE INITIATIVE RECEIVED HEAVY SUPPORT FROM THE STAFF AND VISITORS TO ST. VINCENT'S MEDICAL CENTER AND ITS AFFILIATES. MONETARY DONATIONS WERE TRANSLATED INTO DOUBLE THE FOOD PURCHASED THROUGH AN AGREEMENT WITH BIG Y, AN AREA SUPERMARKET CHAIN. THE DRIVE ORIGINATED AS A RESPONSE TO THE NEEDS OF THE UNDERSERVED IN THE COMMUNITY BY HELPING TO STOCK AREA FOOD BANKS AND SHELTERS WITH HEALTHY AND READILY ACCESSIBLE FOODSTUFFS.</p> <p>MARCH FOOD DRIVE: FOR AT LEAST 15 YEARS, AN ANNUAL FOOD DRIVE HAS BEEN HELD AT ST. VINCENT'S SPONSORED BY ITS MISSION COMMITTEE IN HONOR OF ST. LOUISE DE MARILLAC, CO-FOUNDER OF THE DAUGHTERS OF CHARITY. THIS DRIVE BENEFITS NEEDY AREA RESIDENTS THROUGH THE CONNECTICUT FOOD BANK AND ST. VINCENT'S FAMILY HEALTH CENTER. IN 2016, APPROXIMATELY 500 POUNDS OF FOOD WAS DONATED.</p> <p>AS A PARTNER IN THIS PROJECT, THE CONNECTICUT FOOD BANK SERVES 650 COMMUNITY-BASED PROGRAMS IN SIX COUNTIES, INCLUDING SOUP KITCHENS, FOOD PANTRIES, SHELTERS AND ADULT AND CHILDREN'S DAY CARE CENTERS. CFB PROVIDES FOOD ANNUALLY FOR AN ESTIMATED 250,000 PEOPLE IN NEED.</p> <p>HOLIDAY GIVING: AT CHRISTMAS TIME, A NUMBER OF DEPARTMENTS ALSO ADOPTED FAMILIES AT ST. VINCENT'S FAMILY HEALTH CENTER AND MET THEIR NEEDS FOR HOLIDAY MEALS AND GIFTS.</p> <p>IN ADDITION, FOR MANY YEARS, THE HOSPITAL HAS RUN A GIVING TREE WHICH PURCHASES GIFTS OF TOYS AND CLOTHING FOR PATIENTS IN NEED AND CLIENTS AT ITS FAMILY HEALTH CENTER, BEHAVIORAL HEALTH SERVICES AND ST. VINCENT'S SPECIAL NEEDS CENTER.</p> <p>TOILETRIES: IN SPRING 2015, ST. VINCENT'S UNDERTOOK A TOILETRIES DRIVE WHICH CONTINUES TO RUN ALL YEAR LONG. IN FY 2016, MORE THAN 15 BOXES OF NEW TOILETRIES WERE COLLECTED FROM STAFF MEMBERS AND DELIVERED TO THE MERTON CENTER SOUP KITCHEN, THE BRIDGEPORT RESCUE MISSION HOMELESS SHELTER, AND THE CENTER FOR FAMILY JUSTICE WHICH OFFERS SERVICES TO SURVIVORS OF DOMESTIC VIOLENCE AND ABUSE.</p> <p>THESE DONATION DRIVES ALL REQUIRE MANY RESOURCES AND HOURS OF TIME TO COORDINATE AND PUBLICIZE ON THE PART OF ST. VINCENT'S STAFF IN ORDER TO MAKE THEM SUCCESSFUL AND OF BENEFIT TO PATIENTS AND VULNERABLE MEMBERS OF THE COMMUNITY.</p> <p>EDUCATIONAL/CAREER PROGRAMS OFFERED TO AREA STUDENTS</p> <p>ST. VINCENT'S MEDICAL CENTER CONDUCTS STUDENT TOURS AND EDUCATIONAL PROGRAMS FOR ELEMENTARY, MIDDLE, HIGH SCHOOL, AND, SOMETIMES, COLLEGE STUDENTS IN AN EFFORT TO PROVIDE INFORMATION ABOUT HEALTH AND TECHNOLOGY, LESSEN ANXIETY ABOUT HOSPITAL VISITS, AND GIVE AN OVERVIEW OF MEDICAL CAREERS. THROUGH THE EXPERIENCE OF SEEING MEDICAL PROFESSIONALS AT WORK IN THE HOSPITAL, STUDENTS CAN ENVISION THEMSELVES IN THESE ROLES. THEY ALSO LEARN ABOUT NECESSARY EDUCATIONAL REQUIREMENTS, QUALIFICATIONS, AND PROFESSIONAL OPPORTUNITIES THROUGH A CLOSE-UP, HANDS-ON APPROACH. THE PERSONAL STORIES OF HOW INDIVIDUALS FOLLOWED DIFFERENT PATHS AND DISCOVERED REWARDING CAREERS IN HEALTHCARE ARE INSPIRATIONAL AND MOTIVATIONAL FOR MANY STUDENTS AS WELL. THESE PROGRAMS VARY IN LENGTH RUNNING FROM 2-6 HOURS WITH STAFF FROM MANY DEPARTMENTS TAKING TIME OUT FROM THEIR BUSY WORK DAY TO PARTICIPATE.</p> <p>THE NUMBER OF GROUPS VISITING THE MEDICAL CENTER FOR THE HEALTHCARE CAREER TOUR AVERAGES ABOUT 25-30 ANNUALLY. ST. VINCENT'S FOCUSES ON INNER CITY STUDENTS FROM BRIDGEPORT AND STUDENTS FROM STRATFORD AND ALSO HAS A WELL-DEVELOPED PROGRAM WITH TRUMBULL HIGH SCHOOL. STUDENTS FROM THROUGHOUT FAIRFIELD COUNTY ARE ALSO ACCOMMODATED. STUDENTS COME FROM PUBLIC, PRIVATE, AND RELIGIOUS SCHOOLS, AND ALSO INCLUDE THE HANDICAPPED AND MENTALLY DISABLED. ST. VINCENT'S HAS FORMED COLLABORATIONS WITH A NUMBER OF ORGANIZATIONS THAT ARE WORKING WITH BRIDGEPORT YOUTH, SUCH AS PROJECT GEARUP, OUT OF YALE UNIVERSITY, AND BASE CAMP, A PROGRAM OF THE SOUTHWESTERN AHEC (AREA HEALTH EDUCATION CENTER) FOR BRIDGEPORT HIGH SCHOOL GIRLS INTERESTED IN STEM (SCIENCE, TECHNOLOGY, ENGINEERING AND MATH). SVMC OFTEN HOSTS GROUPS OF STUDENTS FROM THESE PROGRAMS.</p> <p>DURING FY 16, MORE THAN 400 STUDENTS PARTICIPATED IN THESE PROGRAMS. STAFF MEMBERS GAVE ALMOST 128 HOURS OF THEIR TIME TO COORDINATE THE PROGRAMS AND EDUCATE STUDENTS ABOUT THE WORK THEY DO.</p> <p>VOLUNTEERS</p> <p>VOLUNTEERS ARE AN INTEGRAL COMPONENT TO FULFILLING THE MISSION OF THE ORGANIZATION. IN FY 2016, 302 VOLUNTEERS PROVIDED THE MEDICAL CENTER WITH MORE THAN 42,000 HOURS OF SERVICE. VOLUNTEERS WORK IN EVERY DEPARTMENT OF THE MEDICAL CENTER, PROVIDING NURTURING SUPPORT AND EXPERTISE TO PATIENTS AND THEIR FAMILIES. IN FISCAL YEAR 2017, VOLUNTEER SERVICES WILL FOCUS STRATEGY ON THE PATIENT EXPERIENCE AND VOLUNTEER PROGRAMS TO ENHANCE PATIENT AND FAMILY CENTERED CARE. ADDITIONALLY, WE WILL CONTINUE THE ONGOING RELATIONSHIPS WITH OUR COMMUNITY PARTNERS IN OUR INTERN AND MENTORSHIP OFFERINGS FOR STUDENTS INTERESTED IN THE</p>

Return Reference - Identifier	Explanation
	<p>MEDICAL FIELD. VOLUNTEERS ALSO PROVIDE SUPPORT TO OUR EXISTING ASSOCIATES IN VARIOUS ROLES AND DURING MULTIPLE HOSPITAL AND FOUNDATION SPONSORED EVENTS.</p> <p>HEALTH INSURANCE COUNSELING</p> <p>ST. VINCENT'S MEDICAL CENTER REINSTITUTED ITS FREE PROGRAM OF HEALTH INSURANCE AND MEDICARE INFORMATION COUNSELING TO THE PUBLIC IN OCTOBER 2016, USING A VOLUNTEER EXPERT IN THE FIELD. THE VOLUNTEER ANSWERS QUESTIONS REGARDING MEDICARE BENEFITS, MEDICARE SUPPLEMENTAL BENEFITS, MANAGED CARE AND PRESCRIPTION PLANS, APPEALS, CLAIMS, MEDICAL BILLS, COVERED VERSUS NON-COVERED EXPENSES, ADVANCED DIRECTIVES, AND ASSISTED LIVING AND LONG-TERM CARE FACILITIES. THE VOLUNTEER ALSO ASSISTS INDIVIDUALS IN FILING MEDICARE AND INSURANCE FORMS.</p> <p>THE PROGRAM IS A COMMUNITY OUTREACH EFFORT BY ST. VINCENT'S TO HELP SENIORS OBTAIN THE MEDICAL BENEFITS THEY NEED, AND TO MAKE THE BEST DECISIONS ABOUT HEALTH INSURANCE COVERAGE.</p> <p>BEHAVIORAL HEALTH</p> <p>ST. VINCENT'S SERVES THE MENTAL HEALTH NEEDS OF THE PSA THROUGH BOTH IN-PATIENT AND OUTPATIENT SERVICES, THROUGH ST. VINCENT'S BEHAVIORAL HEALTH SERVICES, A DEPARTMENT OF THE MEDICAL CENTER. ST. VINCENT'S BEHAVIORAL HEALTH SERVICES OFFERS THE COMMUNITY'S LARGEST CONTINUUM OF MENTAL HEALTH SERVICES. THE MISSION OF ST. VINCENT'S BEHAVIORAL HEALTH SERVICES IS TO PROVIDE EXCEPTIONAL CARE FOR THE MIND, BODY AND SPIRIT THROUGH AN INTEGRATED CONTINUUM OF MENTAL HEALTH, ADDICTION, DUAL-DIAGNOSIS, AND SUPPORTIVE SERVICES FOR CHILDREN, ADOLESCENTS, AND ADULTS OF ALL INCOME LEVELS AND ETHNICITIES, REGARDLESS OF THEIR ABILITY TO PAY. ST. VINCENT'S STRIVES TO FULFILL THIS MISSION BY EFFECTIVELY ADDRESSING THE MENTAL HEALTH NEEDS OF THE COMMUNITY AND ALSO STRIVES TO BE A LEADER IN PREVENTION AND EDUCATION OF MENTAL HEALTH AND SUBSTANCE ABUSE ISSUES. ST. VINCENT'S CONTINUUM OF MENTAL HEALTH SERVICES INCLUDES A DEDICATED BEHAVIORAL HEALTH EMERGENCY ROOM, 92 INPATIENT PSYCHIATRIC BEDS LOCATED IN TWO CAMPUSES (16 BEDS - MAIN CAMPUS IN BRIDGEPORT AND 76 BEDS-WESTPORT, CT CAMPUS) WHICH OPERATED AT APPROXIMATELY 90% OCCUPANCY; TWO OUTPATIENT MENTAL HEALTH CLINICS THAT PROVIDE AN INTENSIVE OUTPATIENT PROGRAM AND INDIVIDUAL AND GROUP THERAPIES; INCLUDING A DEDICATED INTENSIVE OUTPATIENT SERVICE FOR PERSONS OF LATINO DESCENT. OUTPATIENT SERVICES PROVIDED APPROXIMATELY 22,000 VISITS WITH 93% OF THOSE SERVED BEING THE UNDERSERVED AND INDIGENT.</p> <p>THESE PROGRAMS WERE FORMERLY OPERATED BY HALL-BROOKE BEHAVIORAL HEALTH SERVICES, WHICH WAS AN AFFILIATE OF ST. VINCENT'S MEDICAL CENTER. 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.</p> <p>IN FY 16, ST. VINCENT'S MEDICAL CENTER COLLABORATED WITH CATHOLIC CHARITIES OF THE DIOCESE OF BRIDGEPORT TO EXPAND OUTPATIENT MENTAL HEALTH SERVICES IN THE GREATER BRIDGEPORT AREA, PRESERVING A DESPERATELY NEEDED LEVEL OF CARE IN THE COMMUNITY.</p>
<p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH - PART VII</p>	<p>RESIDENTIAL BEHAVIORAL HEALTH SERVICES</p> <p>ST. VINCENT'S BEHAVIORAL HEALTH SERVICES ALSO OPERATES THE COMMUNITY RESIDENTIAL SERVICES PROGRAM, WHICH PROVIDES RESIDENTIAL SUPPORT AND PERMANENT SUPPORTIVE HOUSING TO PERSONS AGE 18 AND OVER WHO ARE HOMELESS WITH SIGNIFICANT MENTAL HEALTH DISORDERS AND HAVE INCOMES AT OR BELOW THE POVERTY LEVEL. 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, ACCESS TO COMMUNITY MAINSTREAM SERVICES, AND 24 HOUR EMERGENCY ON-CALL SERVICES. THE PROGRAM OPERATES 10 SHARED LIVING RESIDENTIAL SITES, 8 FAMILY UNITS, AND 61 SCATTERED SITE APARTMENTS IN THE COMMUNITIES OF NORWALK, BRIDGEPORT, AND FAIRFIELD, CONNECTICUT. BASED UPON 96% OCCUPANCY AT THESE SITES, COMMUNITY RESIDENTIAL SERVICES PROVIDED APPROXIMATELY 43,990 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.</p> <p>GOVERNING BODY</p> <p>THE MAJORITY OF ST. VINCENT'S MEDICAL CENTER'S GOVERNING BODY RESIDES IN THE AREA SERVED BY SVMC. THE BOARDS OF DIRECTORS FOR ST. VINCENT'S MEDICAL CENTER AND ITS AFFILIATES ARE PRIMARILY COMPRISED OF VOLUNTEERS WHO GENEROUSLY SHARE THEIR TIME AND EXPERTISE WITH THE MANAGEMENT OF EACH ENTITY.</p> <p>MEDICAL STAFF PRIVILEGES</p> <p>ST. VINCENT'S MEDICAL CENTER EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY FOR ITS DEPARTMENTS OR SPECIALTIES.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - AFFILIATED HEALTH CARE SYSTEM - PART I</p>	<p>ST. VINCENT'S MEDICAL CENTER (SVMC) IS A NONPROFIT HOSPITAL SYSTEM. THE SOLE MEMBER OF ST. VINCENT'S MEDICAL CENTER IS ASCENSION HEALTH, A CATHOLIC, NATIONAL HEALTH SYSTEM. ST. VINCENT'S MEDICAL CENTER CONSISTS OF AN ACUTE CARE HOSPITAL LOCATED IN BRIDGEPORT, CONNECTICUT AND A BEHAVIORAL HEALTH HOSPITAL LOCATED IN WESTPORT, CONNECTICUT.</p> <p>FOUNDED IN 1903, ST. VINCENT'S STARTED 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 HOSPITAL AND ITS COMMITMENT TO THE POOR AND UNDERSERVED REMAIN CENTRAL TO ITS MISSION. ST. VINCENT'S MEDICAL CENTER AND ITS AFFILIATED ENTITIES – ST. VINCENT'S HEALTH SERVICES, ST. VINCENT'S MULTISPECIALTY GROUP, INC., ST. VINCENT'S MEDICAL CENTER FOUNDATION, INC., ST. VINCENT'S COLLEGE, INC., ST. VINCENT'S SPECIAL NEEDS CENTER, INC., AND ST. VINCENT'S DEVELOPMENT, INC. – FORM AN INTEGRATED HEALTH DELIVERY SYSTEM MEETING THE COMPREHENSIVE NEEDS OF BRIDGEPORT AND ITS SURROUNDING COMMUNITIES. THROUGH THE WORK OF THE MEDICAL CENTER, IN PARTNERSHIP WITH OUR AFFILIATE NETWORK, THE MEDICAL CENTER AND ITS AFFILIATES ARE ABLE TO MEET THE COMPREHENSIVE NEEDS OF THEIR HOME COMMUNITY AND THE SURROUNDING COMMUNITY.</p> <p>ST. VINCENT'S HEALTH SERVICES (HEALTH SERVICES)</p> <p>ST. VINCENT'S HEALTH SERVICES (HEALTH SERVICES), FORMERLY THE PARENT COMPANY OF ST. VINCENT'S MEDICAL CENTER, IS A NONPROFIT HOLDING COMPANY. HEALTH SERVICES CONSISTS OF THE FOLLOWING ORGANIZATIONS – ST. VINCENT'S FOUNDATION, ST. VINCENT'S SPECIAL NEEDS SERVICES, ST. VINCENT'S DEVELOPMENT, INC., AND VINCENTURES, WHICH IS AN INACTIVE CORPORATION.</p> <p>ST. VINCENT'S MULTISPECIALTY GROUP (MSG)</p> <p>ST. VINCENT'S MULTISPECIALTY GROUP (MSG) IS A SUBSIDIARY OF THE MEDICAL CENTER. CURRENTLY THERE ARE 21 PRIMARY CARE DOCTORS THAT ARE EMPLOYED THROUGH THE MSG, AND THE TOTAL NUMBER OF PROVIDERS INCLUDING SPECIALTY PRACTICE PHYSICIANS, NURSE PRACTITIONERS, PHYSICIAN ASSISTANTS, BOARD CERTIFIED WITHIN THEIR RESPECTIVE SPECIALTIES, IS MORE THAN 310. 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.</p> <p>ST. VINCENT'S MEDICAL CENTER FOUNDATION</p> <p>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 CORPORATION. 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 NEARLY \$2 MILLION A YEAR FOR ITS SWIM ACROSS THE SOUND CANCER CHARITY THROUGH ALMOST 30 FUNDRAISING EVENTS ANNUALLY TO REACH PEOPLE WHO DO NOT HAVE ACCESS TO CRITICAL SCREENING SERVICES, AND TO PROVIDE FREE OR SUBSIDIZED SERVICES TO THE COMMUNITY. IT ALSO RAISES MORE THAN \$500,000 A YEAR IN SUPPORT OF THE OTHER ENTITIES.</p> <p>SWIM ACROSS THE SOUND CANCER CHARITY</p> <p>THE FOUNDATION WORKS EXTREMELY HARD YEAR-ROUND AND THE SWIM ACROSS THE SOUND HAS DEMONSTRATED COMMITMENT TO THE CAUSE OF SUPPORTING PEOPLE WITH CANCER SINCE 1987. NEIGHBORING HOSPITALS, WHICH DO NOT CONDUCT AS EXTENSIVE A FUNDRAISING EFFORT 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.</p> <p>THE SWIM OFFERS 44 UNIQUE PROGRAMS AND SERVICES RANGING FROM CANCER EDUCATION, SUPPORT, AND SCREENING – FROM PREVENTION TO SURVIVORSHIP. 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. 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.</p> <p>ASSISTANCE IS THERE AS A SAFETY NET FOR THOSE WHO HAVE NOWHERE ELSE TO TURN. THE SWIM'S ONE-ON-ONE FINANCIAL ASSISTANCE HELPS 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 ST. VINCENT'S MEDICAL CENTER FOUNDATION PROVIDES ONE OF THE LARGEST FINANCIAL ASSISTANCE PROGRAMS FOR CANCER PATIENTS IN THE COUNTRY.</p> <p>FINANCIAL SITUATIONS OF APPLICANTS ARE REVIEWED ON A CASE BY CASE BASIS TO PROVIDE AN EQUITABLE AMOUNT OF ASSISTANCE. IN FY 16, ALMOST 1,000 PEOPLE RECEIVED FINANCIAL ASSISTANCE THROUGH ST. VINCENT'S SWIM ACROSS THE SOUND CANCER CHARITY, THROUGH A COMMITMENT OF ALMOST \$600,000 FROM THE FOUNDATION. AS STATED ELSEWHERE, THIS AMOUNT DOES NOT INCLUDE THE VALUE OF THE SURVIVORSHIP PROGRAMS OFFERED THROUGH THE SWIM.</p> <p>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 MOTHERLESS AND THEY NEED EXTRA ASSISTANCE IN PICKING UP THE PIECES AND MOVING FORWARD WITH THEIR OWN LIVES. THE SWIM IS THERE TO PAY TRANSPORTATION COSTS TO GET TO APPOINTMENTS AND TO SUPPORT A PATIENT WITH NUTRITIONAL AND EXERCISE COUNSELING. THE SWIM ALSO FUNDS SUPPORT GROUPS AND SURVIVORSHIP PROGRAMS THAT HELP PATIENTS AND FAMILY MEMBERS DEAL</p>

Return Reference - Identifier	Explanation
	<p>WITH A DIAGNOSIS OF CANCER, OFFERING HOPE, INFORMATION, FINANCIAL SUPPORT, AND PSYCHOSOCIAL SERVICES. AS NOTED ELSEWHERE, THERE WERE 3,250 UTILIZATIONS OF ONCOLOGY SURVIVORSHIP PROGRAMS BY CANCER PATIENTS THROUGH THE SWIM LAST YEAR.</p> <p>WITH EVER GROWING NEEDS BECAUSE OF THE ECONOMIC DOWNTURN AND LACK OF HEALTH CARE ACCESS, THERE ARE MORE AND MORE WOMEN IN NEED OF CANCER 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.</p> <p>SMOKESTOPPERS</p> <p>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.</p> <p>THE PROGRAM HAS A PROVEN RECORD OF HELPING THOUSANDS OF YOUNG PEOPLE, AND IS CONSISTENTLY INVITED BACK TO SCHOOLS YEAR AFTER YEAR. IN THE 20 YEARS SINCE ITS INCEPTION, OUR SMOKESTOPPERS PROGRAM HAS REACHED OVER 225,000 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. LAST YEAR, ALMOST 22,000 STUDENTS RECEIVED THIS PREVENTION EDUCATION THROUGH THE SMOKESTOPPERS PROGRAM.</p> <p>MEMORIAL SERVICE</p> <p>THE SWIM ACROSS THE SOUND HOSTS AN ANNUAL MEMORIAL SERVICE FOR THOSE LOST TO CANCER IN THE COMMUNITY. FAMILY MEMBERS AND FRIENDS MAY ATTEND EVEN IF THE PERSON WAS NOT TREATED AT ST. VINCENT'S. THE COST IS PICKED UP BY THE SWIM. THE FREE EVENT PROVIDES HEALING TO THOSE WHO HAVE LOST LOVED ONES TO CANCER, AND DRAWS BETWEEN 250-350 PEOPLE EACH YEAR, WITH EACH PERSON RECEIVING A SMALL REMEMBRANCE OF THE DAY.</p>

Return Reference - Identifier	Explanation
<p>SCHEDULE H, PART VI, LINE 6 - DESCRIPTION OF AFFILIATED GROUP - PART II</p>	<p>ST. VINCENT'S COLLEGE</p> <p>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. AS A SINGLE PURPOSE INSTITUTION, THE COLLEGE FOCUSES SOLELY ON EDUCATING STUDENTS FOR THE HEALTHCARE MINISTRY AT THE CERTIFICATE, ASSOCIATE, AND BACHELOR DEGREE LEVELS.</p> <p>ST. VINCENT'S COLLEGE OFFERS ASSOCIATE DEGREES IN NURSING, RADIOGRAPHY SCIENCES, MEDICAL ASSISTING, AND GENERAL STUDIES. IN ADDITION, TWO ONLINE BACCALAUREATE COMPLETION PROGRAMS IN NURSING (RN-BSN) AND RADIOLOGIC SCIENCES (BSRS) ARE THE COLLEGE'S NEWEST AND FASTEST GROWING PROGRAMS. 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. MANY WHO ENROLL AT ST. VINCENT'S COLLEGE ARE RETURNING TO COLLEGE TO SEEK SECOND CAREERS OR HAVE HAD A LIFE CHANGING EXPERIENCE WHICH HAS LED THEM TO PURSUE A HEALTHCARE CAREER.</p> <p>FOR MORE THAN 100 YEARS, ST. VINCENT'S COLLEGE HAS PLAYED A SIGNIFICANT ROLE IN SERVING THE HEALTHCARE NEEDS OF THE GREATER BRIDGEPORT AREA AND SURROUNDING COMMUNITIES. THE COLLEGE IS FOCUSED ON EDUCATING HEALTHCARE PROFESSIONALS FOR CURRENT AND EMERGING ROLES IN RESPONSE TO THE CHANGING HEALTHCARE LANDSCAPE. AN IMMEDIATE NEED IS BEING ADDRESSED THROUGH THE ONLINE RN-BSN COMPLETION PROGRAM. THIS PROGRAM PROVIDES A PATHWAY FOR REGISTERED NURSES TO EARN A BACCALAUREATE DEGREE. THE KNOWLEDGE AND SKILLS GAINED IN THIS PROGRAM PREPARE NURSES TO RENDER AN EVEN HIGHER LEVEL OF CARE AND GIVES THEM GREATER ROLE FLEXIBILITY WITHIN THEIR CHOSEN PROFESSION OF NURSING. INCREASING NUMBERS OF BSN PREPARED NURSES ALSO SUPPORT HOSPITALS IN THE ATTAINMENT AND MAINTENANCE OF NURSING MAGNET RECOGNITION, THE HIGHEST NATIONAL HONOR FOR NURSING EXCELLENCE. ST. VINCENT'S MEDICAL CENTER IS A DESIGNATED MAGNET HOSPITAL.</p> <p>ANOTHER BACHELOR DEGREE COMPLETION PROGRAM OFFERED BY ST. VINCENT'S COLLEGE IS THE BACHELOR OF SCIENCE IN RADIOLOGIC SCIENCES (BSRS). THIS PROGRAM IS ALSO DESIGNED TO SUPPORT THE NEEDS OF THE HEALTHCARE COMMUNITY FOR RADIOGRAPHERS WITH SPECIALIZED CERTIFICATIONS IN A NUMBER OF IMAGING MODALITIES I.E. DIAGNOSTIC MEDICAL SONOGRAPHY, MRI IMAGING, CT SCANNING, WOMEN'S IMAGING (MAMMOGRAPHY AND BONE DENSITOMETRY) AND MANAGEMENT.</p> <p>THE COLLEGE HAS TRADITIONALLY SERVED STUDENTS FROM FAIRFIELD AND NEW HAVEN COUNTIES AND ATTRACTS STUDENTS FROM 81 CITIES AND TOWNS ACROSS CONNECTICUT, REPRESENTING SEVEN OF THE EIGHT COUNTIES IN CONNECTICUT:</p> <ul style="list-style-type: none"> - 36% OF THE STUDENTS COME FROM THE GREATER BRIDGEPORT AREA - 94% FROM FAIRFIELD AND NEW HAVEN COUNTIES - 99% OF THE CURRENT STUDENTS (AVERAGE AGE 30) ARE CONNECTICUT RESIDENTS PREPARING TO ENTER THE WORKFORCE OR ADVANCE THEIR CAREERS IN HEALTHCARE FIELDS THAT ARE SEEING CONTINUED GROWTH IN OUR STATE. - MORE THAN 75% OF ST. VINCENT'S STUDENTS APPLY FOR AID AND THE MAJORITY OF THOSE WHO DO NOT APPLY FOR AID RECEIVE TUITION REIMBURSEMENT FROM THEIR EMPLOYER - 63% OF STUDENTS WHO COMPLETE THE AID APPLICATION HAVE A FAMILY INCOME OF LESS THAN \$50K PER YEAR – MANY ARE ALSO SUPPORTING FAMILIES - 42% OF THE STUDENT POPULATION IS ETHNIC MINORITIES <p>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 GRADUATES ARE EXPECTED TO DO THE SAME.</p> <p>ST. VINCENT'S SPECIAL NEEDS</p> <p>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.</p> <p>A PRIVATE SPECIAL EDUCATION SCHOOL, THE FEROLETO CHILDREN'S DEVELOPMENT CENTER BASED IN TRUMBULL, CT, IS AN ALTERNATIVE PLACEMENT OPTION FOR CHILDREN, AGES 3-21, WITH MULTIPLE DEVELOPMENTAL DISABILITIES, SPECIAL HEALTH CARE NEEDS AND STUDENTS WITH AUTISM SPECTRUM DISORDERS. PHYSICAL, OCCUPATIONAL, SPEECH/LANGUAGE AND AQUATIC THERAPY ARE ALL OFFERED AS PART OF EACH STUDENT'S INDIVIDUALIZED EDUCATION PLAN. DURING THEIR FISCAL YEAR 2016, THIS SPECIAL NEEDS SCHOOL PROVIDED EDUCATIONAL AND HEALTH SERVICES TO APPROXIMATELY 84 STUDENTS FROM 33 TOWNS THROUGHOUT THE STATE.</p> <p>DAYTIME RECREATIONAL PROGRAMS, SUPPORTED EMPLOYMENT AND WORK SERVICES PROGRAMS FOR ADULTS WITH DISABILITIES AND COMPLEX MEDICAL NEEDS ARE OFFERED FROM TWO LOCATIONS IN STRATFORD AND NORWALK. IN 2016, THE ORGANIZATION PROVIDED DAYTIME PROGRAMS FOR 150 ADULTS FROM BOTH LOCATIONS. IN ADDITION, SVSNS OPERATES 11 GROUP HOMES FOR CHILDREN AND ADULTS IN TRUMBULL, STRATFORD, MONROE, BRIDGEPORT, NEWTOWN, SHELTON AND STAMFORD. PARENT EDUCATION AND TRANSITION SUPPORT SERVICES ARE ALSO AVAILABLE. THE STAFF INCLUDES SPECIAL EDUCATION TEACHERS AND ASSISTANTS, PHYSICAL THERAPISTS, OCCUPATIONAL THERAPISTS, SPEECH LANGUAGE PATHOLOGISTS, REGISTERED NURSES, LICENSED PRACTICAL NURSES, DIRECT CARE COUNSELORS, JOB COACHES, AND COMMUNITY RECREATION AND FAMILY SUPPORT FACILITATORS.</p> <p>ST. VINCENT'S DEVELOPMENT CORPORATION</p> <p>ST. VINCENT'S DEVELOPMENT CORPORATION IS A NONPROFIT CORPORATION MANAGING VARIOUS REAL ESTATE HOLDINGS WITHIN THE GREATER BRIDGEPORT AREA.</p>

Return Reference - Identifier	Explanation
SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT	CT