



**Community Benefit Report  
Fiscal Year 2010**

**Elliot Health System and its Affiliates (EHS), Elliot Hospital, Elliot Physician Network, Elliot Professional Services, Mary & John Elliot Charitable Foundation and the VNA of Manchester & Southern, NH** are pleased to present the FY 2010 Community Benefit Report.

**Elliot Hospital** – As the cornerstone of EHS, Elliot Hospital (EH) is a private, not for profit hospital established in 1890, and now a 296-bed acute care facility located in Manchester on EHS's main campus. EH is a premier health care provider in many disciplines, serving as the designated trauma center for the greater Manchester area, and designated receiving facility for psychiatric patients in the region. It is also home to the New Hampshire's first Pediatric Emergency Department, the Elliot Regional Cancer Center, the Max K. Willscher Urology Center, and one of only three Level III Neonatal Intensive Care Units (NICU) in the state of New Hampshire.

**Elliot Physician Network & Elliot Professional Services** - EHS through the Elliot Physician Network (EPN), and Elliot Professional Services (EPS), both private, not for profit physician groups, provides primary care and specialty care via over 190 employed physicians as far north as Hooksett, east to Raymond, south to Windham and west to New Boston. The Elliot Physician Network has 26 physician practices in the Greater Manchester area.

**Mary & John Elliot Charitable Foundation** - The Mary & John Elliot Charitable Foundation is a not for profit, charitable organization created to provide financial support to the various needs of EHS. The Foundation is committed to building an ongoing circle of friends whose financial support will help EHS identify and meet emerging healthcare needs.

**VNA of Manchester & Southern NH** – As one of the region's oldest and most comprehensive not for profit home health providers, the VNA is dedicated to improving the health and well being of our community by providing compassionate, caring, and accessible healthcare. Since 1897, the VNA has helped individuals and their families face the challenges of recovering from surgery, physical disabilities, and short-term, chronic, and life-limiting illnesses.

**COMMUNITY BENEFITS REPORTING FORM**

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

FOR FISCAL YEAR BEGINNING 07/01/2010

*to be filed with:*

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

**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Elliot Health System

**Street Address 1** Elliot Way

**City** Manchester                      **County** 06 - Hillsborough    **State** NH    **Zip Code** 03103

**Federal ID #** 20509911

**State Registration #** 2429

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

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

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

**IF NO**, please complete and attach the Initial Filing Information Form.

**IF YES**, has any of the initial filing information changed since the date of submission?

No    **IF YES**, please attach the updated information.

**Chief Executive:**      Doug Dean                      6036632090                      [swhite@elliot-hs.org](mailto:swhite@elliot-hs.org)

**Board Chair:**              Selma Naccach-Hoff              6036632090                      [swhite@elliot-hs.org](mailto:swhite@elliot-hs.org)

**Community Benefits**

**Plan Contact:**              Jennifer Driscoll Darius      6036632958                      [jdarius@elliot-hs.org](mailto:jdarius@elliot-hs.org)

Is this report being filed on behalf of more than one health care charitable trust? Yes

**IF YES**, please complete a copy of this page for each individual organization included in this filing.

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**Street Address 1** Elliot Way

**City** Manchester

**County --**

**State** NH **Zip Code** 03103

**Federal ID #**

**State Registration #**

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**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Elliot Physician Network

**Street Address** 1070 Holt Avenue

**City** Manchester

**County** --

**State** NH **Zip Code** 03103

**Federal ID #** -20509589

**State Registration #**

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

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**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Elliot Professional Services

**Street Address** 1070 Holt Avenue

**City** Manchester                      **County** --                      **State** NH   **Zip Code** 03103

**Federal ID #** -331003630                      **State Registration #**

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

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**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Mary & John Elliot Charitable Foundation

**Street Address** 4 Elliot Way, Suite 301

**City** Manchester

**County** --

**State** NH **Zip Code** 03103

**Federal ID #** -20512229

**State Registration #**

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

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**Section 1: ORGANIZATIONAL INFORMATION**

**Organization Name** Visiting Nurse Association of Manchester & Southern NH, Inc.

**Street Address** 33 South Commercial Street

**City** Manchester

**County** --

**State** NH **Zip Code** 03103

**Federal ID #** -20395296

**State Registration #**

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

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## **Section 2: MISSION & COMMUNITY SERVED**

### **Mission Statement:**

The Elliot Health System, through its subsidiary provider and development organizations, offers cost-effective strategies and solutions for meeting the region's health care challenges

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

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

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

The Primary Service Area (PSA) & Secondary Service Area (SSA) jointly comprise twenty communities located in the Hillsborough, Merrimack and Rockingham counties. Communities in the PSA include: Auburn, Bedford, Candia, Chester, Deerfield, Deering, Derry, Frankestown Goffstown, Hooksett, Londonderry, Manchester, New Boston, and Raymond. Communities in the SSA include Allenstown, Amherst, Dunbarton, Litchfield, Merrimack, and Weare.

### **Population Projections by Town & Service Area**

According to projections obtained from the New Hampshire Office of Energy & Planning (NHOEP), the population in the State of New Hampshire is projected to grow 7.7% from 2010 to 2020 to a total population of 1,470,010. Projected growth rates for the same period for cities and towns in the Hospital's PSA & SSA are 7.0% and 9.8% respectively.

	2005 Est	2010 Proj	2015 Proj	2020 Proj	% Change 2010-2015	% Change 2015-2020	% Change 2010-2020
<b>PSA</b>							
Auburn	5,180	5,360	5,600	5,790	4.5%	3.4%	8.0%
Bedford	20,740	21,810	23,080	23,940	5.8%	3.7%	9.8%
Candia	4,110	4,250	4,430	4,570	4.2%	3.2%	7.5%
Chester	4,620	4,790	5,020	5,220	4.8%	4.0%	9.0%
Deerfield	4,270	4,420	4,620	4,780	4.5%	3.5%	8.1%
Deering	2,050	2,130	2,230	2,310	4.7%	3.6%	8.5%
Derry	34,660	36,560	37,860	38,980	3.6%	3.0%	6.6%
Francestown	1,580	1,660	1,750	1,830	5.4%	4.6%	10.2%
Goffstown	17,800	18,600	19,480	20,260	4.7%	4.0%	8.9%
Hooksett	13,240	14,330	15,330	16,360	7.0%	6.7%	14.2%
Londonderry	24,670	26,210	27,340	28,440	4.3%	4.0%	8.5%
Manchester	109,970	112,400	115,230	117,620	2.5%	2.1%	4.6%
New Boston	4,970	5,190	5,450	5,690	5.0%	4.4%	9.6%
Raymond	10,640	11,010	11,470	11,840	4.2%	3.2%	7.5%
<b>PSA Total</b>	<b>258,500</b>	<b>268,720</b>	<b>278,890</b>	<b>287,630</b>	<b>3.8%</b>	<b>3.1%</b>	<b>7.0%</b>
<b>SSA</b>							
Allenstown	5,030	5,260	5,480	5,690	4.2%	3.8%	8.2%
Amherst	11,530	12,020	12,560	13,030	4.5%	3.7%	8.4%
Dunbarton	2,520	2,640	2,760	2,900	4.5%	5.1%	9.8%
Litchfield	8,120	8,850	9,480	10,100	7.1%	6.5%	14.1%
Merrimack	26,610	27,870	29,220	30,440	4.8%	4.2%	9.2%
Weare	8,850	9,280	9,790	10,240	5.5%	4.6%	10.3%
<b>SSA Total</b>	<b>62,660</b>	<b>65,920</b>	<b>69,290</b>	<b>72,400</b>	<b>5.1%</b>	<b>4.5%</b>	<b>9.8%</b>
<b>Total PSA &amp; SSA</b>	<b>321,160</b>	<b>334,640</b>	<b>348,180</b>	<b>360,030</b>	<b>4.0%</b>	<b>3.4%</b>	<b>7.6%</b>
<b>Other NII Cities &amp; Tow</b>	<b>993,840</b>	<b>1,030,500</b>	<b>1,071,820</b>	<b>1,109,980</b>	<b>4.0%</b>	<b>3.6%</b>	<b>7.7%</b>
<b>N.H.</b>	<b>1,315,000</b>	<b>1,365,140</b>	<b>1,420,000</b>	<b>1,470,010</b>	<b>4.0%</b>	<b>3.5%</b>	<b>7.7%</b>

Source: New Hampshire Office of Energy & Planning

<http://www.nh.gov/oep/programs/DataCenter/Population/PopulationProjections.htm>

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

Services the General Population.

**Section 3: COMMUNITY NEEDS ASSESSMENT**

In what year was the last community needs assessment conducted to assist in determining the activities to be included in the community benefit plan?

· 2009 – Copy of the Community Needs Assessment is available at:  
<http://www.manchesternh.gov>

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

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

	NEED (Please enter code # from attached list of community needs)
1	100 – Access to Care
2	121 – Access to Dental
3	300 – Chronic Disease
4	330 – Diabetes
5	370 – Mental Health – General
6	501 – Aging Population
7	601 – Transportation
8	604 – Prescription Assistance
9	998 – Violence & Safety

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

	NEED (Please enter code # from attached list of community needs)
A	200 – Maternal & Child Health
B	400 – Lifestyle incl. Substance Abuse
C	999 – Other
D	
E	
F	
G	

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

**Section 4: COMMUNITY BENEFIT ACTIVITIES**

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

<i>A. Community Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Community Health Education</i>	3 A 6	\$244,355	\$251,686
<i>Community-based Clinical Services</i>	3 -- --	\$178,297	\$183,653
<i>Health Care Support Services</i>	1 6 7	\$2,977,781	\$3,067,114
<i>Other:</i>	-- -- --		

<i>B. Health Professions Education</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Provision of Clinical Settings for Undergraduate Training</i>	1 -- --	\$171,696	\$176,847
<i>Intern/Residency Education</i>	1 -- --	\$2,309,642	\$2,378,931
<i>Scholarships/Funding for Health Professions Ed</i>	-- -- --		
<i>Other:</i>	1 -- --	\$235,635	\$70,000

<i>C. Subsidized Health Services</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Type of Service: Behavioral Health Services</i>	5 -- --	\$4,383,142	\$4,514,636
<i>Type of Service: Primary Care Services</i>	1 -- --	\$1,852,641	\$1,908,220
<i>Type of Service: Pediatrics</i>	1 A --	\$1,114,415	\$2,500,000
<i>Type of Service: Center Weight &amp; Health</i>	1 B --	\$480,370	\$494,781
<i>Type of Service: Medication Clinic</i>	8 -- --	\$424,548	\$600,000
<i>Type of Service: Other</i>	2 3 4	\$1,084,628	\$1,117,167

<i>D. Research</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Clinical Research</i>	C -- --	\$75,902	\$78,179
<i>Community Health Research</i>	-- -- --		
<i>Other:</i>	-- -- --		

<i>E. Financial Contributions</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Cash Donations</i>	1 -- --	\$503,100	\$518,193
<i>Grants</i>	6 -- --	\$164,183	\$169,108
<i>In-Kind Assistance</i>	1 8 B	\$446,259	\$459,647
<i>Resource Development Assistance</i>	-- -- --		

<i>F. Community Building Activities</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Physical Infrastructure Improvement</i>	-- -- --		
<i>Economic Development</i>	1 A C	\$15,105	\$15,558
<i>Support Systems Enhancement</i>	-- -- --		
<i>Environmental Improvements</i>	-- -- --		
<i>Leadership Development; Training for Community Members</i>	-- -- --		
<i>Coalition Building</i>	-- -- --		
<i>Community Health Advocacy</i>	-- -- --		

<i>G. Community Benefit Operations</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Dedicated Staff Costs</i>	C -- --	\$129,643	\$100,000
<i>Community Needs/Asset Assessment</i>	-- -- --		
<i>Other Operations</i>	C -- --	\$115,180	\$118,635

<i>H. Charity Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Free &amp; Discounted Health Care Services</i>	1 -- --	\$8,099,705	\$8,342,696

<i>L Government-Sponsored Health Care</i>	<i>Community Need Addressed</i>	<i>Unreimbursed Costs (preceding year)</i>	<i>Unreimbursed Costs (projected)</i>
<i>Medicare Costs exceeding reimbursement</i>	1 6 --	\$25,982,893	\$26,762,380
<i>Medicaid Costs exceeding reimbursement</i>	1 -- --	\$21,022,155	\$21,652,820
<i>Other Publicly-funded health care costs exceeding reimbursement</i>	-- -- --		

**Section 5: SUMMARY FINANCIAL MEASURES**

<i>Financial Information for Most Recent Fiscal Year</i>	<i>Dollar Amount</i>
<i>Gross Receipts from Operations</i>	\$388,915,000
<i>Net Revenue from Patient Services</i>	\$371,906,000
<i>Total Operating Expenses</i>	\$383,619,000
<i>Net Medicare Revenue</i>	\$68,033,120
<i>Medicare Costs</i>	\$96,023,547
<i>Unpaid Medicare</i>	\$27,990,427
<i>Net Medicaid Revenue</i>	\$17,538,812
<i>Medicaid Costs</i>	\$38,560,967
<i>Unpaid Medicaid</i>	\$21,022,155
<i>Unreimbursed Charity Care Expenses</i>	\$8,099,705
<i>Unreimbursed Expenses of Other Community Benefits</i>	\$16,917,965
<i>Total Unreimbursed Community Benefit Expenses</i>	\$25,017,670
<i>Leveraged Revenue for Community Benefit Activities</i>	(\$0.00)
<i>Total Community Benefits including Leveraged Revenue for Community Benefit Activities</i>	(\$0.00)

All above financials based on Not-For-Profit affiliates only.

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

<i>List the Community Organizations, Local Government Officials and other Representatives of the Public consulted in the community benefits planning process. Indicate the role of each in the process.</i>	<i>Identification of Need</i>	<i>Prioritization of Need</i>	<i>Development of the Plan</i>	<i>Commented on Proposed Plan</i>
1) Manchester City Health Department	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2) City of Manchester - Mayor	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3) Office of the Superintendent of Schools - Asst Superintendent	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4) Manchester Police Department - Chief of Police	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5) Catholic Charities	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6) Families in Transition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7) Elliot Hospital	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
8) Catholic Medical Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9) Manchester Community Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10) United Way	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11) Child Health Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12) Dartmouth Hitchcock - Manchester	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13) Greater Manchester Mental Health Center	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14) Town of Bedford - High School Principle	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15) Town of Auburn - Health Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16) Town of Deerfield - Fire Chief	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17) Town of Hooksett - Health Officer	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18) Town of New Boston - Health Inspector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19) Jutras Signs - Owner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20) Manchester Monarchs - President	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21) Red Oak Property Management - Owner	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22) Sylvania - HR Manager	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23) Easter Seals	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24) NH Department of Health & Human Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
25)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

In 2009, the development of a community needs assessment called "Believe in a Healthy Community" was completed by the joint community efforts of the Data Sub-Committee of the Manchester Sustainable Access Project (MSAP). This quantitative data analysis and report design provided by the City of Manchester Health Department and the New Hampshire Department of Health and Human Services. Funding for this project was provided by Catholic Medical Center, Dartmouth-Hitchcock-Manchester, and Elliot Health System (EHS).

The process began with members from the Manchester Sustainable Access Project (MSAP) Data Sub-Committee's review the Healthy Manchester 2015 Strategic Imperatives Framework. This provided the planning and organization around those strategic imperatives.

A total of 115 individuals from thirteen communities participated in the 13 focus groups. Between March and May 2009, the Community Health Institute (CHI) staff interviewed twenty-six key leaders from the Manchester Area who had been identified by their peers as being leaders who understood current and emerging issues for the Greater Manchester Community. The key leaders represented city/town government, education, health care delivery, businesses, non-profit organizations and municipalities. A standard paper survey was completed by each key leader.

For each focus group, and key leader interviews a note taker documented the major themes and points at each group. All focus groups were recorded. Notes were inputted into NVIVO 8 statistical software and SPSS databased was used for descriptive analysis of the data collected.

Believe in a Healthy Community was completed in December 2009 and members of MSAP met to review and prioritize community needs identified therein. The final list of priority needs and health concerns of the EHS community are documented under Section 3.

**Section 7: CHARITY CARE COMPLIANCE**

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