

# Nashoba Valley Medical Center

A STEWARD FAMILY HOSPITAL



Nashoba Valley Medical Center  
Community Benefits Plan  
FY 2014

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# Mission and Values



## Mission Statement

**Steward Health Care is committed to providing the highest quality care with compassion and respect.**

We dedicate ourselves to:

- *Delivering affordable health care to all in the communities we serve*
- *Being responsible partners in the communities we serve*
- *Serving as advocates for the poor and underserved in the communities we serve*

## Values

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### Compassion:

Providing care with empathy in such a way that the person experiences acceptance, concern, hopefulness and sensitivity

### Accountability:

Accepting responsibility for continuous performance improvement, embracing change and seeking new opportunities to serve

### Respect:

Honoring the dignity of each person

### Excellence:

Exceeding expectations through teamwork and innovation

### Stewardship:

Managing our financial and human resources responsibly in caring for those entrusted to us.



## About Us

Nashoba Valley Medical Center is a community hospital serving eleven towns in North Central Massachusetts, and is part of the Steward Health Care System, a community-based accountable care organization and community hospital network with more than 18,000 employees serving more than one million patients

annually in more than 150 communities in Massachusetts, New Hampshire, and Rhode Island.



Nashoba Valley Medical Center (NVMC) maintains fifty-seven acute care beds and a sixteen bed Geriatric Psychiatric Unit. The major clinical strengths of NVMC include emergency medicine, fully digital, state-of-the-art diagnostic imaging, laboratory services, cardiology, gastroenterology, oncology, orthopedics, general surgery, psychiatric care and comprehensive rehabilitation including physical and occupational therapy.

The Garvin Center for Geriatric Psychiatry is designed to offer psychiatric care for adults ages fifty-five years or older who are experiencing emotional or behavioral challenges. The services include: Inpatient Psychiatric Hospitalization, Diagnostic Assessment, Psychopharmacological Consultation, Behavior Management Consultations, Family Consultation/Therapy, Dementia Evaluation, Depression Screening and Neuropsychological Testing.

Further information is available at <http://www.steward.org/Nashoba-Valley>.

## **Our Community Benefits Mission Statement**

Nashoba Valley Medical Center is committed to collaborating with community partners to improve the health status of community residents. We accomplish this by:

- Focusing on the many health conditions that affect our population in the areas we service through offering inpatient and outpatient diagnostic treatment/healthcare.
- Providing comprehensive patient healthcare services utilizing all available resources.
- Educating community members around prevention and self care, particularly for chronic diseases such as diabetes, cancer and psychiatric issues related to older adults, ages fifty-five and over.
- Addressing the social determinants of health including education and access to health-related resources.
- Primary Care Services
- Emergency Services

## **Community Benefits Statement of Purpose**

Nashoba Valley Medical Center acts in compliance with the Massachusetts Attorney General's Guidelines for Non-Profit Hospitals as promised to our community and government at the time of our transition to Steward Health Care System, LLC in May 2011.

Our community benefits purpose is to:

- Improve the overall health status of people in our community
- Provide accessible, high quality care and services to all those in our community, regardless of their ability to pay
- Collaborate with staff, providers and community representatives to deliver meaningful programs that address statewide health priorities and local health issues
- Identify and prioritize unmet needs and select those that can most effectively be addressed with available resources
- Contribute to the well-being of our community through outreach efforts including, but not limited to, reducing barriers to accessing health care, preventative health education, screening, wellness programs, and community-building
- Regularly evaluate our community benefits program

## Needs Assessment

Nashoba Valley Medical Center conducted a community health needs assessment in 2012-2013 with the goal of identifying the most imminent concerns in the hospital primary service area and the areas where the hospital could have the greatest impact in improving population health. The assessment is available to the public at [www.steward.org/community-health](http://www.steward.org/community-health).

The population health improvement report is based on data from primary and secondary sources, including:

- Survey of community health and human services providers, including hospital staff
- Local resident focus groups
- Publicly available databases, including the U.S. Census Bureau and the Massachusetts Community Health Information Profile (MassCHIP)
- Internal health system informatics
- Meetings with hospital leadership to assess the needs of the hospital in terms of quality, patient experience, and costs
- Meeting with our established Patient and Family Advisory Council.

Areas of concern were identified by two or more of the following criteria:

- Rate higher than the state average
- Rate increasing over time
- Identified as concerns by focus group participants, community provider survey respondents or NVMC Community Benefits Council

## **Targeted Underserved Populations**

We will focus our Community Benefits efforts toward individuals and families who are most vulnerable due to unemployment, poverty, substance abuse, mental health illness, chronic disease, and issues related to accessing primary health care or health insurance for manageable conditions. Our data indicate disparities in health access for the Latino populations in the primary service area, and we plan to address the barriers facing these groups through targeted, culturally competent resources.

# Community Benefits Plan

## Priority 1

### Access to health services information and health education

The NVMC Community Benefits Advisory Council and participants in the needs assessment focus group expressed concern that the community at large is unaware of the types of services offered at NVMC, such as advanced technology mammograms, cardiac rehabilitation, and physical therapy. Lack of this information leads to residents traveling unnecessary distances to access the same services at other hospitals. Limited distribution of information about the health education opportunities offered by the hospital impedes people from accessing these events and services. Also, focus group participants expressed concern that many residents experience social isolation due to lack of public transportation.

**Target Population:** All residents, with a specific focus on those who may experience social isolation

**Regions served:** All

**Health indicator:** Qualitative data from residents about availability of resources

**Sex:** All

**Age Group:** All

**Ethnic Group:** All

**Language:** English

**Statewide Priority:** N/A

#### Tactics / Short Term Goals:

- Initiate discussions with local Councils on Aging and community based organizations to ascertain what health topics are of greatest concern.
- Coordinate community events at local senior centers, neighborhood councils and other community groups, to address these concerns, offering informal discussions with primary care providers and printed information about available health services.
- Assess available information channels to determine which are the most feasible and far-reaching for the hospital to utilize to disseminate information.

- Local Access TV Stations
- Provide *Continue* Wellness Tour events that provide health education and opportunities for social support
- Continue to welcome seniors into the hospital volunteer program, providing opportunities for meaningful work and socialization

**Tactics / Long Term Goals:**

- Investigate the most effective means of communication within the rural hospital service towns and utilize these avenues to provide information about health services and local health education events.
- Collaborate with local resources to address rural communication challenges at the community level.

## Priority 2

### Mental health access and support

Emergency room visits where mental disorders were the primary cause or related cause were statistically higher for both Ayer and Littleton than state average in 2009. The rate mental-disorder related emergency room visits rose for all of service area towns except Ashby, which saw a slight drop from 2008 to 2009. The rate of mental-disorder related hospitalizations was higher than state average for Ayer and Littleton in 2009 and increasing in rate for residents of Dunstable, Lunenburg and Townsend from 2007-2009. Focus group participants and survey respondents expressed that mental health is a concern in their communities for both young people and for the elderly.

**Target Population:** Older Adults, age 55 and over, who may suffer with depression, anxiety, and dementia-related problems, or have difficulty coping with the everyday stresses

**Regions served:** All

**Health indicator:** Mental disorders – related emergency room visits  
Mental disorders – related hospitalizations  
Cause of death – suicide

**Sex:** All

**Age Group:** Older Adults, age 55 and over.

**Ethnic Group:** All

**Language:** English

**Statewide Priority:** Chronic Disease Management in Disadvantaged Populations  
Promoting Wellness in Vulnerable Populations

#### Tactics / Short Term Goals:

- Promote referral resources for outpatient mental health services
- Open Geriatric Psychiatric Unit

#### Tactics / Long Term Goals:

- Support efforts to equip community members to recognize the signs of mental illness and to know where to go for help

## Priority 3 Diabetes Management and Care

Several indicators pointed to diabetes management as a concern in the hospital service towns, especially in Ayer. High rates of diabetes-related emergency department visits and hospitalizations can indicate poor disease management or insufficient primary care, or both. In Ayer, rates of diabetes-related emergency visits continue to rise. Diabetes-related visits include all visits where diabetes mellitus is the primary cause or an associated cause of hospitalization.

**Target Population:** Residents with diabetes mellitus or at risk for the disease, particularly those who are low-income or at risk for food insecurity

**Regions served:** All

**Health indicator:** Diabetes-related emergency room visits  
Diabetes-related hospitalizations

**Sex:** All

**Age Group:** Adult

**Ethnic Group:** All

**Language:** English

**Statewide Priority:** Chronic Disease Management in Disadvantaged Populations  
Promoting Wellness in Vulnerable Populations

### Tactics/Short Term Goals:

- Increase access to healthy foods for patients with food insecurity through partnership with Loaves & Fishes Food Pantry
- Raise awareness of diabetes education and support services offered at NVMC
- Provide community education on diabetes self- management and prevention
- Provide *Rev it Up*, an eight week comprehensive diabetes self-management program
- Provide screenings for diabetes to the community and hospital employees

### Tactics/Long Term Goals:

- Investigate the root causes of diabetes-related emergency room visits and hospitalizations for residents of Ayer and address these driving factors

## Priority 4

### Chronic disease: awareness and access to care

Rates of deaths due to cancer (all types) and circulatory system diseases were higher than the state average for many of the NVMC service towns in 2009. Early recognition of signs of stroke and heart attack, along with early detection of cancer, can improve survival rates.

**Target Population:** All residents, particularly seniors

**Regions served:** All

**Health indicator:** Rate of death – circulatory system disease  
Rate of death – cancer

**Sex:** All

**Age Group:** Adult

**Ethnic Group:** All

**Language:** English

**Statewide Priority:** Chronic Disease Management in Disadvantaged Populations

#### Tactics/Short Term Goals:

- Support the American Cancer Society in promoting community access for cancer care and raising awareness about the significance of early detection
- Provide the *Look Good, Feel Better* program to support patients undergoing cancer treatment through increasing social and emotional supports
- Provide education on stroke recognition and early access to care to seniors in alignment with Department of Public Health stroke certification
- Lab Testing (Lipid Profiles, BMI Screening, Nutrition Counseling).

#### Tactics/Long Term Goals:

- Collaborate with community partners to ensure that all seniors are educated on the signs of stroke
- Partner with primary care physicians to ensure that patients are following recommendations for cancer screening

## Community Benefits Council

We use our expertise and resources, and leverage the expertise of our community partners, to target the particular needs of underserved and at-risk populations.

- Sal Perla, President
- Kathy Benson, Social Worker, Nashoba Valley Medical Center
- Karen Bernhardt, Nashoba Nursing and Hospice
- Karin Swanfelt, COA Board of Health
- Korry Dow, Finance, Nashoba Valley Medical Center
- Mary Neal, Assistant Director Montachusett Home Care
- Marcia Zaniboni, Director of Pepperell COA
- Joanne McCole, Life Care of Nashoba Valley
- Wanda Edwards, Director, Human Resources, Nashoba Valley Medical Center
- Stacey Jones, Outreach Coordinator, Nashoba Valley Medical Center
- Pam Massucco, Manager, Diabetes Center, Nashoba Valley Medical Center
- Barbara Neeland, CHNA9
- Andrea Boisvert, Manager, Pharmacy , Nashoba Valley Medical Center
- Cindy Thomas, Representative, Loaves and Fishes
- Doreen Thomas, CNO, Nashoba Valley Medical Center
- Kim Young, Administrator, Human Resources, Nashoba Valley Medical Center