

**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2013**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**  
▶ **Attach to Form 990. ▶ See separate instructions.**  
▶ **Information about Schedule H (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

**Open to Public  
Inspection**

Name of the organization

**BRIDGEPORT HOSPITAL**

Employer identification number

**06-0646554**

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

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input 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		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. <b>a</b> Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: .....	<input checked="" type="checkbox"/>	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %		
<b>b</b> Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: .....		<input checked="" type="checkbox"/>
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		
<b>c</b> If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"? .....	<input checked="" type="checkbox"/>	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....		<input checked="" type="checkbox"/>
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? .....		
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	

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

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheet 1) .....		<b>12,678</b>	38,999,000.	14,446,000.	24,553,000.	<b>5.71%</b>
<b>b</b> Medicaid (from Worksheet 3, column a) .....		<b>110,150</b>	118,934,000.	90,023,000.	28,911,000.	<b>6.72%</b>
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		<b>122,828</b>	157,933,000.	104,469,000.	53,464,000.	<b>12.43%</b>
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	<b>11</b>	<b>2,207</b>	1,900,879.	1,172,489.	728,390.	<b>.17%</b>
<b>f</b> Health professions education (from Worksheet 5) .....	<b>4</b>	<b>205</b>	18,609,259.	8,325,483.	10,283,776.	<b>2.39%</b>
<b>g</b> Subsidized health services (from Worksheet 6) .....	<b>2</b>	<b>7,638</b>	11,422,151.	9,813,766.	1,608,385.	<b>.37%</b>
<b>h</b> Research (from Worksheet 7) .....	<b>1</b>	<b>0</b>	190,932.		190,932.	<b>.04%</b>
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	<b>2</b>	<b>34,580</b>	112,160.	0.	112,160.	<b>.03%</b>
<b>j Total.</b> Other Benefits .....	<b>20</b>	<b>44,630</b>	32,235,381.	19,311,738.	12,923,643.	<b>3.00%</b>
<b>k Total.</b> Add lines 7d and 7j .....	<b>20</b>	<b>167,458</b>	190,168,381.	123,780,738.	66,387,643.	<b>15.43%</b>

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

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing	1	0	12,500.	0.	12,500.	.00%
2 Economic development	1	0	26,840.	0.	26,840.	.01%
3 Community support	3	377	42,039.	0.	42,039.	.01%
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building	1	0	1,012.	0.	1,012.	.00%
7 Community health improvement advocacy	1	0	4,319.	0.	4,319.	.00%
8 Workforce development	1	1	4,049.	0.	4,049.	.00%
9 Other	0	0	0.	0.		
<b>10 Total</b>	<b>8</b>	<b>378</b>	<b>90,759.</b>		<b>90,759.</b>	<b>.02%</b>

**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 X	
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 20,304,804.	
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) .....	5 159,487,014.
6 Enter Medicare allowable costs of care relating to payments on line 5 .....	6 153,608,663.
7 Subtract line 6 from line 5. This is the surplus (or shortfall) .....	7 5,878,351.
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 checked="" type="checkbox"/> Cost accounting system <input 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 X
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI .....	9b X

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

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1 NONE	NONE			

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number

1 BRIDGEPORT HOSPITAL
267 GRANT STREET
BRIDGEPORT, CT 06610
WWW.BRIDGEPORTHOSPITAL.ORG
0040

Table with columns: Licensed hospital, Gen. medical & surgical, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe), Facility reporting group. Row 1 contains 'X' marks and 'N/A'.

**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of hospital facility or facility reporting group BRIDGEPORT HOSPITAL

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	1 X	
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 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)		
2 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
3 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	3 X	
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4 X	
5 Did the hospital facility make its CHNA report widely available to the public?	5 X	
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 PART V SUPPLEMENTAL INFORMATION</u>		
b <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V SUPPLEMENTAL INFORMATION</u>		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input checked="" type="checkbox"/> Participation in the development of a community-wide plan		
d <input checked="" type="checkbox"/> Participation in the execution of a community-wide plan		
e <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input checked="" type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

**Part V Facility Information** (continued) BRIDGEPORT HOSPITAL

Financial Assistance Policy		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care? .....	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing <i>free</i> care? .....	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: <u>250</u> %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing <i>discounted</i> care? .....		X
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ %		
	If "No," explain in Section C the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients? .....	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input checked="" type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance? .....	X	
14	Included measures to publicize the policy within the community served by the hospital facility? .....	X	
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input checked="" type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input checked="" type="checkbox"/> The policy was attached to billing invoices		
c	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input checked="" type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input checked="" type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections		Yes	No
15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment? .....	X	
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP? .....		X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

**Part V Facility Information** (continued) BRIDGEPORT HOSPITAL

**18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):

- a  Notified individuals of the financial assistance policy on admission
- b  Notified individuals of the financial assistance policy prior to discharge
- c  Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- d  Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- e  Other (describe in Section C)

**Policy Relating to Emergency Medical Care**

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

	Yes	No
<b>19</b>	<input checked="" type="checkbox"/>	

If "No," indicate why:

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

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

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

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

**21** 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?

<b>21</b>		<input checked="" type="checkbox"/>
<b>22</b>		<input checked="" type="checkbox"/>

If "Yes," explain in Section C.

**22** 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?

If "Yes," explain in Section C.

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

**PART V, SECTION A:**

THIS STATE LICENSE FOR THE HOSPITAL LOCATION LISTED IN SCHEDULE H, PART V, SECTION A, ALSO COVERS VARIOUS SATELLITE LOCATIONS OPERATED UNDER AND EXPRESSLY LISTED ON THE SAME STATE HOSPITAL LICENSE.

**BRIDGEPORT HOSPITAL:**

**PART V, SECTION B, LINE 3:**

COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS. BRIDGEPORT HOSPITAL, THROUGH THE PRIMARY CARE ACTION GROUP, SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS AND KEY INFORMANT INTERVIEWS WITH COMMUNITY MEMBERS AND COMMUNITY STAKEHOLDERS, AS WELL AS INCLUSION OF AT LEAST EIGHTY COMMUNITY PARTNERS AND RESIDENTS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, WHILE LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY SERVED BY BRIDGEPORT HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

**BRIDGEPORT HOSPITAL:**

**PART V, SECTION B, LINE 4:**

ST. VINCENT'S MEDICAL CENTER, A MEMBER OF ASCENSION HEALTH SYSTEM, ALSO LOCATED IN BRIDGEPORT, IS PART OF THE PRIMARY CARE ACTION GROUP, WHICH CONDUCTED THE COMMUNITY HEALTH NEEDS ASSESSMENT.

**Part V Facility Information** (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

PART V, SECTION B, LINE 5A - HOSPITAL FACILITY'S WEBSITE

HTTP://WWW.BRIDGEPORTHOSPITAL.ORG/ABOUTUS/CHNA/DEFAULT.ASP

PART V, SECTION B, LINE 5B - OTHER WEBSITES (LIST URL):

HTTP://WWW.CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY\_NEEDS\_ASSESSMENT/CHNA/2014/GR

HTTPS://WWW.BRIDGEPORTCT.GOV/FILESTORAGE/89019/95959/GREATER\_BRIDGEPORT\_CO

HTTP://WWW.STVINCENTS.ORG/COMMUNITY-WELLNESS/COMMUNITY-BENEFIT

HTTP://WWW.TOWNOFSTRATFORD.COM/CONTENT/39832/39846/39915/40728/54513.ASPX

HTTP://WWW.FAIRFIELDCT.ORG/CONTENT/10726/11024/15879.ASPX

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 7:

BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, FOUR HEALTH ISSUES WERE PRIORITIZED:

CARDIOVASCULAR DISEASE AND DIABETES, OBESITY, MENTAL HEALTH AND SUBSTANCE ABUSE AND ACCESS TO CARE. BRIDGEPORT HOSPITAL PLANS TO FOCUS ITS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON ALL FOUR OF THESE AREAS. AREAS IDENTIFIED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INCLUDE ABILITY TO CARE FOR THE ELDERLY, ASTHMA, CANCER, DENTAL / ORAL HEALTH, ENVIRONMENTAL ISSUES / CONTAMINATED LANDS, PRENATAL CARE, SEXUAL HEALTH, TOBACCO, TRANSPORTATION AND VIOLENCE.

BRIDGEPORT HOSPITAL RECOGNIZES THAT PARTNERSHIPS WITH COMMUNITY AGENCIES HAVE THE BROADEST REACH TO IMPROVE COMMUNITY HEALTH ISSUES. AS SUCH, THE

**Part V** Facility Information (continued)

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

HOSPITAL IS PROVIDING FACILITATION SUPPORT FOR THE IMPLEMENTATION OF THE COMMUNITY-WIDE HEALTH IMPROVEMENT PLAN THAT WILL FOCUS ON ALL FOUR AREAS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 11:

THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION. THERE IS NO INCOME LIMITATION FOR ELIGIBILITY FOR DISCOUNTED CARE.

BRIDGEPORT HOSPITAL:

PART V, SECTION B, LINE 20D:

PRIOR TO BECOMING FAP-ELIGIBLE, ALL INDIVIDUALS ARE CHARGED STANDARD GROSS CHARGES. AFTER AN INDIVIDUAL IS DEEMED TO BE FAP-ELIGIBLE, ANY DISCOUNTS OR FREE CARE ASSISTANCE DISCOUNTS ARE APPLIED IN ACCORDANCE WITH THE FAP PROGRAM THE INDIVIDUAL QUALIFIES FOR. THE DISCOUNTS ARE ADJUSTED OFF THE PATIENT'S ACCOUNT WHICH IS ALSO REFLECTED IN THE INDIVIDUAL'S BILLING.

SCHEDULE H, PART V, SECTION D

THE FACILITY LOCATIONS LISTED IN SCHEDULE H, PART V, SECTION D, INCLUDE NON-HOSPITAL HEALTH CARE FACILITIES THAT BRIDGEPORT HOSPITAL OPERATED DURING THE TAX YEAR, WHETHER OR NOT REQUIRED TO BE LICENSED OR REGISTERED UNDER STATE LAW, AS REQUIRED BY THE IRS. ALL SUCH LOCATIONS ARE OPERATED BY BRIDGEPORT HOSPITAL UNDER THE BRIDGEPORT

**Part V** Facility Information *(continued)*

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

HOSPITAL STATE HOSPITAL LICENSE.

Multiple horizontal lines for providing supplemental information.

**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? 29

Name and address	Type of Facility (describe)
1 SLEEP CENTER 1070 MAIN STREET BRIDGEPORT, CT 06604	SLEEP CENTER
2 NORMA PFRIEM BREAST CARE CENTER 111 BEACH ROAD FAIRFIELD, CT 06824	CANCER CENTER
3 CARDIAC DIAGNOSTIC TESTING 1305 POST RD FAIRFIELD, CT 06824	CARDIAC SERVICES
4 CARDIAC REHABILITATION 1305 POST ROAD FAIRFIELD, CT 06824	REHABILITATION
5 DRAW STATION 15 CORPORATE DRIVE TRUMBULL, CT 06611	BLOOD DRAW
6 CARDIAC DIAGNOSTIC TESTING 2 IVY BROOK ROAD SHELTON, CT 06484	CARDIAC SERVICES
7 CARDIAC DIAGNOSTIC TESTING 20 COMMERCE PARK MILFORD, CT 06460	CARDIAC SERVICES
8 CARDIAC DIAGNOSTIC TESTING 25 GERMANTOWN ROAD DANBURY, CT 06810	CARDIAC SERVICES
9 OUTPATIENT RADIOLOGY 2595 MAIN ST STRATFORD, CT 06615	RADIOLOGY
10 DRAW STATION 2600 POST ROAD - LAB FAIRFIELD, CT 06824	BLOOD DRAW

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**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
11 REHABILITATION CENTER 2600 POST ROAD - REHAB FAIRFIELD, CT 06824	REHABILITATION
12 OUTPATIENT RADIOLOGY 2660 MAIN ST BRIDGEPORT, CT 06606	MEDICAL OFFICE
13 AHLBIN PHYSICAL THERAPY 2750 RESERVOIR AVE TRUMBULL, CT 06611	REHABILITATION
15 OUTPATIENT RADIOLOGY 2909 MAIN ST STRATFORD, CT 06614	RADIOLOGY
16 CARDIAC DIAGNOSTIC TESTING 30 PROSPECT STREET RIDGEFIELD, CT 06877	CARDIAC SERVICES
17 CARDIAC DIAGNOSTIC TESTING 300 SEYMOUR AVE DERBY, CT 06418	CARDIAC SERVICES
18 REACH AT BH 305 BOSTON AVE STRATFORD, CT 06614	VARIOUS
19 DRAW STATION 3115 MAIN ST STRATFORD, CT 06614	BLOOD DRAW
20 AHLBIN REHABILITATION CENTER 3585 MAIN ST STRATFORD, CT 06614	REHABILITATION
21 DRAW STATION 4 CORPORATE DRIVE SHELTON, CT 06484	BLOOD DRAW

Schedule H (Form 990) 2013

**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? \_\_\_\_\_

Name and address	Type of Facility (describe)
22 DRAW STATION 40 COMMERCE PARK MILFORD, CT 06460	BLOOD DRAW
23 OUTPATIENT RADIOLOGY 425 POST ROAD FAIRFIELD, CT 06824	RADIOLOGY
24 OUTPATIENT RADIOLOGY 4699 MAIN ST BRIDGEPORT, CT 06606	RADIOLOGY
25 DRAW STATION 5520 PARK AVENUE TRUMBULL, CT 06611	BLOOD DRAW
26 OUTPATIENT RADIOLOGY 5520 PARK AVENUE TRUMBULL, CT 06611	RADIOLOGY
27 PERINATAL/ATU 5520 PARK AVENUE TRUMBULL, CT 06611	VARIOUS
28 RADIATION/ONCOLOGY 5520 PARK AVENUE TRUMBULL, CT 06611	RADIOLOGY/ONCOLOGY
29 CENTER FOR GERIATRICS 95 ARMORY STRATFORD, CT 06614	ELDER CARE
30 CARDIAC DIAGNOSTIC TESTING 999 SILVER LANE TRUMBULL, CT 06611	CARDIAC SERVICES

Schedule H (Form 990) 2013

**Part VI Supplemental Information**

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and 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 CHNAs 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.

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**PART I, LINE 3C:**


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THE FINANCIAL ASSISTANCE POLICY PROVIDES THAT THE PATIENT  
 MUST SUBMIT A FINANCIAL ASSISTANCE APPLICATION. THE FINANCIAL ASSISTANCE  
 POLICY PROVIDES FOR ELIGIBILITY OF CARE REGARDLESS OF INCOME.

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**PART I, LINE 7:**


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

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**PART II, COMMUNITY BUILDING ACTIVITIES:**


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BRIDGEPORT HOSPITAL IS THE LARGEST PRIVATE EMPLOYER IN  
 BRIDGEPORT WITH 2,546 EMPLOYEES IN 2014. THE HOSPITAL HAS TAKEN A  
 LEADERSHIP ROLE IN IMPROVING THE HEALTH IN THE COMMUNITY IT SERVES BY  
 PROVIDING IN-KIND AND FINANCIAL SUPPORT FOR INITIATIVES THROUGHOUT THE  
 GREATER BRIDGEPORT AREA. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND  
 MANAGEMENT STAFF ALSO SUPPORT ECONOMIC DEVELOPMENT BY SERVING ON THE  
 BOARDS OF THE BRIDGEPORT REGIONAL BUSINESS COUNCIL, BRIDGEPORT CHAMBER OF

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**Part VI** Supplemental Information (Continuation)

COMMERCE, AREA ROTARY CLUBS AND NON-PROFIT CULTURAL VENUES. THROUGH THESE ORGANIZATIONS, BRIDGEPORT HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

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

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

BRIDGEPORT HOSPITAL IS INCREASINGLY AWARE OF HOW SOCIAL DETERMINANTS IMPACT THE HEALTH OF INDIVIDUALS AND COMMUNITIES. A PERSON'S HEALTH AND CHANCES OF BECOMING SICK AND DYING EARLY ARE GREATLY INFLUENCED BY POWERFUL SOCIAL FACTORS SUCH AS EDUCATION, INCOME, NUTRITION, HOUSING AND NEIGHBORHOODS. DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED \$90,759 IN FINANCIAL AND IN-KIND DONATIONS TO SUPPORT JOB TRAINING, ECONOMIC DEVELOPMENT AND OTHER ESSENTIAL SERVICES. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW FOCUS ON THE AREAS OF REVITALIZING OUR

**Part VI** Supplemental Information (Continuation)

NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES.

REVITALIZING OUR NEIGHBORHOODS

AS IN PREVIOUS YEARS, HOSPITAL LEADERSHIP CONTINUES TO BE ACTIVELY ENGAGED IN NRZS ORGANIZED NEAR THE HOSPITAL, THE BRIDGEPORT HOSPITAL COMMUNITY PARTNERSHIP AND THE EAST END COMMUNITY COUNCIL.

IN APRIL 2014, AS PART OF A SUSTAINABILITY PROGRAM AIMED AT ADDRESSING FOOD INSECURITY WITHIN THE CITY OF BRIDGEPORT, BRIDGEPORT HOSPITAL AND ROCK AND WRAP IT UP! TEAMED UP TO RECOVER FOOD THAT HAS BEEN PREPARED BUT NOT SERVED FROM THE HOSPITAL AND DONATE IT TO THE BRIDGEPORT RESCUE MISSION. OVER 500 POUNDS OF FOOD WAS DONATED IN 2014.

BRIDGEPORT HOSPITAL, ALONG WITH OTHER AREA BUSINESSES, IS A FOUNDING MEMBER OF THE SEAVIEW AVENUE BUSINESS ALLIANCE. THE SEAVIEW AVENUE BUSINESS ALLIANCE IS A NON-PROFIT ORGANIZATION DEDICATED TO IMPROVING STREETSAPES AND IMPROVING THE AREA ALONG THE SEAVIEW AVENUE CORRIDOR. THE ORGANIZATION ALSO PROVIDES ANNUAL SCHOLARSHIPS TO STUDENTS GRADUATING FROM HARDING HIGH SCHOOL WHO PLAN TO ATTEND COLLEGE. IN 2014, THE HOSPITAL PROVIDED FINANCIAL AND IN-KIND SUPPORT FOR THESE EFFORTS.

CREATING EDUCATIONAL OPPORTUNITIES

REFLECTING ITS STRONG COMMITMENT TO THE BRIDGEPORT COMMUNITY AND SUPPORT OF EDUCATION, BRIDGEPORT HOSPITAL CONTINUED MENTORING AND CAREER EXPLORATION OPPORTUNITIES DURING THE YEAR. EXAMPLES INCLUDE A PHARMACY INTERNSHIP WITH STRATFORD HIGH SCHOOL AND PARTICIPATION IN CAREER DAY AT COLUMBUS ELEMENTARY SCHOOL AND HARDING HIGH SCHOOL, BOTH OF WHICH ARE LOCATED IN BRIDGEPORT.

A SCHOOL SUPPLY DRIVE WAS HELD AT THE HOSPITAL FOR STUDENTS AT THE HALL ELEMENTARY SCHOOL, LOCATED IN THE MILL HILL NEIGHBORHOOD OF BRIDGEPORT. HOSPITAL EMPLOYEES CONTRIBUTED MORE THAN 800 ITEMS RANGING FROM PENS AND PENCILS TO NOTEBOOKS, BACKPACKS AND OTHER ITEMS TO HELP ASSIST THE 310

**Part VI** Supplemental Information (Continuation)

STUDENTS TO BEGIN THEIR SCHOOL YEAR. BRIDGEPORT HOSPITAL STAFF ALSO PARTNER WITH HALL ELEMENTARY SCHOOL AND OTHERS FOR THE ANNUAL "MOCK TRIAL" THROUGH THE HOSPITAL'S LEGAL & RISK MANAGEMENT DEPARTMENT, WHICH PROVIDES STUDENTS AN OPPORTUNITY TO PARTICIPATE IN AN ACTUAL TRIAL AT THE FEDERAL COURTHOUSE COMPLETE WITH A SUPERIOR COURT JUDGE.

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

PART III, LINE 2:

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

PART III, LINE 4:

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

**Part VI** Supplemental Information (Continuation)

THE HOSPITAL MAKES AVAILABLE FREE CARE PROGRAMS FOR QUALIFYING PATIENTS. IN ACCORDANCE WITH THE ESTABLISHED POLICIES OF THE HOSPITAL, DURING THE REGISTRATION, BILLING, AND COLLECTION PROCESS A PATIENT'S ELIGIBILITY FOR FREE CARE FUNDS IS DETERMINED. FOR PATIENTS WHO WERE DETERMINED BY THE HOSPITAL TO HAVE THE ABILITY TO PAY BUT DID NOT, THE UNCOLLECTED AMOUNTS ARE BAD DEBT EXPENSE. FOR PATIENTS WHO DO NOT AVAIL THEMSELVES OF ANY FREE CARE PROGRAM AND WHOSE ABILITY TO PAY CANNOT BE DETERMINED BY THE HOSPITAL, CARE GIVEN BUT NOT PAID FOR IS CLASSIFIED AS CHARITY CARE. DURING THE YEAR ENDED SEPTEMBER 30, 2014, THE HOSPITAL AMENDED ITS CHARITY CARE POLICY. BASED UPON THE POLICY CHANGE, THE HOSPITAL EXPERIENCED INCREASED CHARITY CARE WRITE OFFS DURING THE YEAR. TOGETHER, CHARITY CARE AND BAD DEBT EXPENSE REPRESENT UNCOMPENSATED CARE. THE ESTIMATED COST OF TOTAL UNCOMPENSATED CARE IS APPROXIMATELY \$31.2 MILLION AND \$27.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY CLAIMS ACTIVITY. THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES. THE ALLOCATION BETWEEN BAD DEBT AND CHARITY CARE IS DETERMINED BASED ON MANAGEMENT'S ANALYSIS ON THE PREVIOUS 12 MONTHS OF HOSPITAL DATA. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VERSUS CHARITY CARE WHILE TAKING INTO ACCOUNT THE TOTAL COSTS INCURRED BY THE HOSPITAL FOR EACH ACCOUNT ANALYZED. THE ESTIMATED COST OF CHARITY CARE PROVIDED WAS APPROXIMATELY \$22.1 MILLION AND \$16.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS BASED ON THE RATIO OF COST TO CHARGES, AS DETERMINED BY HOSPITAL-SPECIFIC DATA. FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT CHARGES, WAS APPROXIMATELY \$20.3 MILLION AND \$27.9 MILLION, RESPECTIVELY.

**Part VI** Supplemental Information (Continuation)

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT COST, WAS APPROXIMATELY \$9.1 MILLION AND \$11.1 MILLION, RESPECTIVELY. THE BAD DEBT EXPENSE IS MULTIPLIED BY THE RATIO OF COST TO CHARGES FOR PURPOSES OF INCLUSION IN THE TOTAL UNCOMPENSATED CARE AMOUNT IDENTIFIED ABOVE.

THE CDSHP WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY A 1% ASSESSMENT ON HOSPITAL NET INPATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, THE HOSPITAL RECEIVED APPROXIMATELY \$14.4 MILLION AND \$17.7 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$10.2 MILLION AND \$12.6 MILLION, RESPECTIVELY, RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO CDSHP OF APPROXIMATELY \$16.9 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY, FOR THE 1% ASSESSMENT.

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

IN ADDITION TO THE QUANTIFIABLE SERVICES DEFINED ABOVE, THE HOSPITAL PROVIDES ADDITIONAL BENEFITS TO THE COMMUNITY THROUGH ITS ADVOCACY OF COMMUNITY SERVICE BY EMPLOYEES. THE HOSPITAL'S EMPLOYEES SERVE NUMEROUS ORGANIZATIONS THROUGH BOARD REPRESENTATION, MEMBERSHIP IN ASSOCIATIONS,

**Part VI** Supplemental Information (Continuation)

AND OTHER RELATED ACTIVITIES. THE HOSPITAL ALSO SOLICITS THE ASSISTANCE OF OTHER HEALTH CARE PROFESSIONALS TO PROVIDE THEIR SERVICES AT NO CHARGE THROUGH PARTICIPATION IN VARIOUS COMMUNITY SEMINARS AND TRAINING PROGRAMS.

PART III, LINE 9B:

IT IS THE HOSPITAL'S POLICY TO TREAT ALL PATIENTS EQUITABLY WITH RESPECT AND COMPASSION, FROM THE BEDSIDE TO THE BILLING OFFICE. THE HOSPITAL WILL PURSUE PATIENT ACCOUNTS, DIRECTLY AND THROUGH ITS COLLECTION AGENTS, FAIRLY AND CONSISTENTLY TAKING INTO CONSIDERATION DEMONSTRATED FINANCIAL NEED. AS PART OF ITS COLLECTION PROCESS, THE HOSPITAL WILL MAKE REASONABLE EFFORTS TO DETERMINE IF AN INDIVIDUAL IS ELIGIBLE FOR FINANCIAL ASSISTANCE UNDER ITS FINANCIAL ASSISTANCE POLICY. IN THE EVENT A PATIENT IS ELIGIBLE FOR FINANCIAL ASSISTANCE, THE HOSPITAL WILL NOT ENGAGE IN ANY EXTRAORDINARY COLLECTION ACTION AS DEFINED BY LAW AND HOSPITAL POLICY.

PART VI, LINE 2:

COMMUNITY NEEDS ARE ROUTINELY REVIEWED AND ADDRESSED AS PART OF THE OPERATIONS AND SERVICE LINE TEAMS AT BRIDGEPORT HOSPITAL. THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS OUR DELIVERY OF CARE AND ARE REVIEWED IN TANDEM WITH CARE MANAGEMENT AND PATIENT SATISFACTION RESULTS AND OTHER COMMUNITY FEEDBACK. COUPLED WITH THE RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT, THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES, PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

PART VI, LINE 3:

BRIDGEPORT HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND

**Part VI** Supplemental Information (Continuation)

COMMUNICATIONS AT POINTS OF REGISTRATION AND FRONT LINE ACCESS. THE FINANCIAL ASSISTANCE POLICY, APPLICATION AND SUMMARY ARE AVAILABLE ON REQUEST WITHOUT CHARGE BY MAIL, INCLUDING AT ADMITTING DEPARTMENT. FURTHER, PATIENTS RECEIVE A SUMMARY OF FINANCIAL ASSISTANCE PROGRAMS, INCLUDING ELIGIBILITY REQUIREMENTS THROUGH A FIRST STATEMENT MAILER AS PART OF THE BILLING PROVES. THESE COMMUNICATIONS INCLUDE TELEPHONE NUMBERS AND POINT OF CONTACT FOR INDIVIDUALS TO VISIT OR CALL. THE HOSPITAL HAS RESOURCES TO ASSIST PATIENTS WITH STATE OF CONNECTICUT MEDICAID APPLICATIONS.

## PART VI, LINE 4:

BRIDGEPORT HOSPITAL'S LOCAL GEOGRAPHIC AREA IS COMPRISED OF EIGHT CITIES AND TOWNS ALONG THE SOUTHWEST COAST OF CT, INCLUDING BRIDGEPORT, EASTON, FAIRFIELD, MILFORD, MONROE, SHELTON, STRATFORD AND TRUMBULL. THE HOSPITAL ITSELF IS LOCATED IN BRIDGEPORT, WHICH IS THE MOST POPULOUS CITY IN CONNECTICUT, AND THE FIFTH LARGEST CITY IN NEW ENGLAND. LOCATED IN FAIRFIELD COUNTY, THE CITY HAS AN ESTIMATED POPULATION OF 144,446. THE CITY IS THE CORE OF THE GREATER BRIDGEPORT AREA, WHICH ITSELF IS CONSIDERED PART OF THE LABOR MARKET AREA FOR NEW YORK CITY. THE MEDIAN HOUSEHOLD INCOME FOR BRIDGEPORT IS \$39,822, WHICH IS \$29,697 BELOW THE STATE OF CONNECTICUT MEDIAN HOUSEHOLD INCOME OF \$69,519 AND \$42,792 BELOW THE MEDIAN HOUSEHOLD INCOME OF \$82,614 IN FAIRFIELD COUNTY. ABOUT 23.6% OF THE POPULATION OF BRIDGEPORT LIVES BELOW THE FEDERAL POVERTY LEVEL VERSUS 10% FOR THE WHOLE STATE.

BRIDGEPORT HAS A HIGH PROPORTION OF UNDERINSURED OR UNINSURED PATIENTS, WHILE THE SURROUNDING TOWNS ARE SOME OF THE MOST AFFLUENT TOWNS IN THE COUNTRY, WHICH CREATES AN URBAN/SUBURBAN DIVIDE IN THE AREA. NEARLY A THIRD OF THE INPATIENTS AT BRIDGEPORT HOSPITAL, 6,361 PATIENTS (34.9% OF

**Part VI** Supplemental Information (Continuation)

TOTAL) WERE MEDICAID OR UNINSURED IN FISCAL YEAR 2014. THE HOSPITAL IS A DISPROPORTIONATE SHARE HOSPITAL, AND ALSO QUALIFIES FOR 340B PHARMACY PRICING.

THE BRIDGEPORT HOSPITAL EMERGENCY ROOM PROVIDES A HEALTH CARE SAFETY NET FOR THOUSANDS OF PEOPLE EACH YEAR BY SERVING AS THE PRIMARY CARE PROVIDER FOR UNINSURED AND UNDERINSURED PATIENTS. IN FISCAL YEAR, THE TOTAL NUMBER OF EMERGENCY ROOM VISITS WERE 83,054 INCLUDING BOTH TREATED AND ADMITTED AND TREATED AND DISCHARGED PATIENTS. THE TREATED AND DISCHARGED PATIENTS MAKE UP 87.4 PERCENT OF THE TOTAL WITH 6,921 (9.5%) OF THOSE PATIENTS IDENTIFIED AS NOT HAVING INSURANCE AND ANOTHER 40,746 (49.1%) IDENTIFIED AS MEDICAID BENEFICIARIES.

BRIDGEPORT HOSPITAL, ST. VINCENT'S MEDICAL CENTER AND MILFORD HOSPITAL ARE THE THREE ACUTE CARE HOSPITALS LOCATED IN THE LOCAL SERVICE AREA.

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

BRIDGEPORT HOSPITAL, FOUNDED IN 1878, IS A 383-BED URBAN TEACHING HOSPITAL SERVING 18,208 INPATIENTS AND MORE THAN 277,000 OUTPATIENT ENCOUNTERS IN 2014. A MEMBER OF YALE NEW HAVEN HEALTH SYSTEM SINCE 1996, BRIDGEPORT HOSPITAL IS THE SITE OF THE CONNECTICUT BURN CENTER; THE JOEL E. SMILOW HEART INSTITUTE; THE NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CENTER, THE WOMEN'S CARE CENTER, CENTER FOR WOUND HEALING AND HYPERBARIC MEDICINE AND AHLBIN CENTERS FOR REHABILITATION MEDICINE. BRIDGEPORT HOSPITAL IS ALSO HOME TO THE SECOND INPATIENT CAMPUS OF YALE-NEW HAVEN CHILDREN'S HOSPITAL.

EVERY YEAR, AS PART OF ITS MISSION TO PROVIDE PATIENT CARE, TEACHING, RESEARCH AND COMMUNITY SERVICE, BRIDGEPORT HOSPITAL SPONSORS, DEVELOPS, PARTICIPATES IN AND FINANCIALLY SUPPORTS A WIDE VARIETY OF COMMUNITY-BASED PROGRAMS AND SERVICES. DURING FISCAL YEAR 2014,

**Part VI** Supplemental Information (Continuation)

BRIDGEPORT HOSPITAL PROVIDED \$66.4 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS THROUGH FIVE WIDE-RANGING PROGRAMS - GUARANTEEING ACCESS TO CARE; PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE; RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY, BUILDING STRONGER NEIGHBORHOODS, WAS PREVIOUSLY DISCUSSED IN PART II. GUARANTEEING ACCESS TO CARE

BRIDGEPORT HOSPITAL RECOGNIZES THAT SOME PATIENTS MAY BE UNINSURED, NOT HAVE ADEQUATE HEALTH INSURANCE OR OTHERWISE LACK THE RESOURCES TO PAY FOR HEALTH CARE. IN FISCAL YEAR 2014, THE TOTAL COMMUNITY BENEFIT ASSOCIATED WITH GUARANTEEING ACCESS TO CARE WAS \$55.1 MILLION. HONORING ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATED IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY, CHAMPUS AND TRICARE. DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED INPATIENT AND OUTPATIENT SERVICES FOR 110,150 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE OF \$28.9 MILLION (AT COST).

BRIDGEPORT HOSPITAL ALSO OFFERS A SLIDING SCALE OF DISCOUNTED FEES AND FREE CARE FOR ELIGIBLE PATIENTS. DURING FISCAL YEAR 2014, THE HOSPITAL DELIVERED SUCH FINANCIAL ASSISTANCE SERVICES FOR AT A TOTAL EXPENSE OF \$24.6 MILLION (AT COST). IN ADDITION, THE HOSPITAL EMPLOYS AN OUTPATIENT ACCOUNT ADVOCATE WHO IS BASED IN ITS PRIMARY CARE CLINIC.

THIS RESOURCE IS DEDICATED TO ASSISTING PATIENTS IN THE PRIMARY CARE CLINIC TO ENROLL IN PUBLIC ASSISTANCE PROGRAMS. LAST YEAR, NEARLY 170 INDIVIDUALS WERE ASSISTED WITH ALL ASPECTS OF THE ENROLLMENT PROCESS INCLUDING PRE-SCREENING AND APPLICATION REVIEW. THE HOSPITAL ALSO CONTINUED TO FUND AN ONSITE STATE DEPARTMENT OF SOCIAL SERVICES WORKER TO ASSIST PATIENTS TO APPLY FOR STATE HEALTH INSURANCE PROGRAMS.

BRIDGEPORT HOSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE

**Part VI** Supplemental Information (Continuation)

MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE OUTPATIENT PSYCHIATRIC PROGRAMS FOR CHILDREN AND ADOLESCENTS AND THE PRIMARY CARE CLINIC. TOTAL VISITS FOR THESE ESSENTIAL SERVICES BY INDIVIDUALS SEEKING DIAGNOSIS, TREATMENT AND PREVENTIVE CARE ARE OVER 28,200 ANNUALLY. THE NORMA F. PFRIEM BREAST CENTER'S UNDERSERVED PROGRAM PROVIDED FREE MEDICAL, SCREENING AND DIAGNOSTIC SERVICES TO OVER 1,000 UNINSURED AND UNDERINSURED WOMEN DURING THE YEAR. THE HOSPITAL'S COMMUNITY ASSISTANCE PROGRAM ASSISTS UNINSURED AND UNDERSERVED PATIENTS TO OBTAIN EXPENSIVE PRESCRIPTION MEDICATION AND THERAPIES FOR A VARIETY OF CONDITIONS THROUGH EXISTING PHARMACEUTICAL ASSISTANCE PROGRAMS. A FULL-TIME DEDICATED COORDINATOR FOR THE PROGRAM ASSISTED 150 PATIENTS IN THE COMMUNITY IN FISCAL YEAR 2014, ACHIEVING AN OUT-OF-POCKET COST SAVINGS FOR THESE PATIENTS OF \$865,181. IN FISCAL YEAR 2014 OVER 200 PATIENTS RECEIVED FREE ORAL MEDICATIONS AND SELF-INJECTIONS THROUGH THE CARE COORDINATION PROGRAM WITH BRIDGEPORT HOSPITAL AND BRIDGEPORT PHARMACY. THIS PROGRAM PROVIDED ASSISTANCE TO UNINSURED AND UNDERINSURED PATIENTS WITH PRESCRIPTIONS THROUGH BRIDGEPORT PHARMACY. THE ESTIMATED VALUE OF THE DRUGS WAS \$44,301. THROUGH THE PRIMARY CARE ACTION GROUP, BRIDGEPORT HOSPITAL ALSO CONTINUED TO REFER UNINSURED AND LOW INCOME RESIDENTS IN THE GREATER BRIDGEPORT AREA TO THE DISPENSARY OF HOPE. THE DISPENSARY, WHICH OPENED IN 2011, IS AN INITIATIVE DEVELOPED BY THE PRIMARY CARE ACTION GROUP THAT PROVIDES PRESCRIPTION MEDICATIONS AT NO COST. AS PART OF ITS ONGOING COMMITMENT AND SUPPORT, THE HOSPITAL ALSO DONATES UNUSED MEDICATIONS TO THE DISPENSARY OF HOPE.

## PROMOTING HEALTH AND WELLNESS

DURING FISCAL YEAR 2014, BRIDGEPORT HOSPITAL PROVIDED \$728,390 IN

**Part VI** Supplemental Information (Continuation)

COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

THE CHILD FIRST PROGRAM, STARTED AT BRIDGEPORT HOSPITAL, CONTINUES TO THRIVE.

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

THE ONCOLOGY SOCIAL WORKER IN THE NORMA F. PFRIEM CANCER INSTITUTE ASSISTED OVER 28 PATIENTS WITH REQUESTS FOR REFERRALS OR ASSISTANCE FROM OUTSIDE AGENCIES. THESE REQUESTS WERE FOR A VARIETY OF COMMUNITY RESOURCES INCLUDING TRANSPORTATION, FINANCIAL ASSISTANCE, SUPPORT SERVICES AND HEAD COVERINGS. THROUGH THESE REFERRALS, INDIVIDUALS RECEIVED OVER \$17,329 IN FINANCIAL GRANTS FROM ORGANIZATIONS SUCH AS THE AMERICAN CANCER SOCIETY, CANCER CARE, CONNECTICUT SPORTS FOUNDATION AGAINST CANCER, LEUKEMIA AND LYMPHOMA SOCIETY, NATIONAL BRAIN TUMOR ASSOCIATION, CHAIN FUND, BREAST CANCER EMERGENCY FUND AND TAKE A SWING AGAINST CANCER.

THE HOSPITAL SPONSORS FREE SUPPORT GROUPS FOR PATIENTS RECOVERING FROM CANCER, HEART DISEASE, LUNG DISEASE, STROKE AND OTHER CONDITIONS. OVER 140 PEOPLE ATTENDED FREE HOSPITAL-SPONSORED HEALTH LECTURES AND AWARENESS EVENTS ON TOPICS SUCH AS HIP OR KNEE PAIN, HOW TO LIVE TO 100, AND UNDERSTANDING AUTISM. THE SIXTH ANNUAL "CELEBRATE LIFE" CANCER SURVIVORS' EVENT AT THE CONNECTICUT BEARDSLEY ZOO IN JUNE ATTRACTED

**Part VI** Supplemental Information (Continuation)

MORE THAN 560 PEOPLE AND PROVIDED INFORMATION ABOUT CANCER PREVENTION AND TREATMENT.

BRIDGEPORT HOSPITAL PROVIDED FREE BLOOD PRESSURE SCREENINGS AND INFORMATION AT SENIOR CENTERS LOCATED IN BRIDGEPORT, FAIRFIELD, SHELTON AND STRATFORD TO NEARLY 600 PEOPLE.

ADVANCING CAREERS IN HEALTH CARE

AS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MEDICINE, BRIDGEPORT HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS / MEDICAL STUDENTS, THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INCLUDING A STUDENT REGISTERED NURSE ANESTHETIST PROGRAM, ALLIED HEALTH EDUCATION, RADIOLOGY RESIDENCY PROGRAM, PASTORAL CARE RESIDENCY PROGRAM AND A PHARMACY PROGRAM. IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN VARIOUS ALLIED HEALTH FIELDS INCLUDING NURSING, LABORATORY AND RADIOLOGY. IN 2014, THE COST TO BRIDGEPORT HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS MORE THAN \$10.3 MILLION, AND 205 INDIVIDUALS BENEFITED.

A TOTAL OF 83 STUDENTS GRADUATED FROM THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING (40 IN THE 15-MONTH ACCELERATED PROGRAM AND 43 IN THE TRADITIONAL TWO-YEAR PROGRAM). MANY GRADUATES ACCEPTED NURSING POSITIONS AT THE HOSPITAL. A TOTAL OF 10 NURSES GRADUATED WITH DOCTOR OF NURSING PRACTICE DEGREES FROM THE JOINT BRIDGEPORT HOSPITAL-FAIRFIELD UNIVERSITY NURSE ANESTHESIA PROGRAM. THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING SURGICAL TECHNOLOGY PROGRAM HAD 12 GRADUATES AND 29 PEOPLE COMPLETED THE SCHOOL'S STERILE PROCESSING TECHNICIAN COURSE.

**Part VI** Supplemental Information (Continuation)

DURING 2014, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 105 STUDENTS ENROLLED IN PROGRAMS FOR NURSING, LABORATORY TECHNICIANS, RADIOLOGY TECHNICIANS, PHYSICAL AND OCCUPATIONAL THERAPY, AND DIETARY PROFESSIONALS. BRIDGEPORT HOSPITAL HAS LONG STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH SEVERAL AREA COLLEGES AND UNIVERSITIES INCLUDING FAIRFIELD UNIVERSITY, UNIVERSITY OF CONNECTICUT, GATEWAY COMMUNITY COLLEGE, NORWALK COMMUNITY COLLEGE, GOODWIN COLLEGE, ST. JOSEPH COLLEGE, SACRED HEART UNIVERSITY, QUINNIPIAC UNIVERSITY AND SOUTHERN CONNECTICUT STATE UNIVERSITY.

## RESEARCH

TEACHING HOSPITALS LIKE BRIDGEPORT HOSPITAL ARE WHERE THE BEST AND BRIGHTEST MINDS IN MEDICINE COLLABORATE TO PROVIDE THE HIGHEST QUALITY, CLINICALLY PROVEN AND MOST TECHNOLOGICALLY ADVANCED CARE POSSIBLE. EXPERIENCED, PIONEERING MEDICAL PRACTITIONERS GUIDE THE NEXT GENERATION OF RESEARCHERS AND HEALTHCARE PROVIDERS IN THE DISCOVERY OF NEW CURES AND TREATMENTS, AND OFFER PATIENTS THE LATEST, MOST EFFECTIVE DIAGNOSTIC AND TREATMENT OPTIONS BEFORE THEY ARE AVAILABLE ELSEWHERE. CLINICAL TRIALS AT BRIDGEPORT HOSPITAL AND THE YALE SCHOOL OF MEDICINE INCLUDE PHASE TWO TRIALS, WHICH TESTS FOR EFFICACY AND DOSAGE IN SEVERAL HUNDRED PATIENTS, PHASE THREE TRIALS, WHICH MEASURE THE DRUG OR PROCEDURE AGAINST THE BEST STANDARD TREATMENT, AND OTHER TYPES OF TRIALS TESTING THE SAFETY OF VARIOUS TYPES OF MEDICAL EQUIPMENT. CLINICAL TRIALS ARE AVAILABLE IN CANCER, CARDIOVASCULAR, MEDICINE, AND SURGERY. THE CLINICAL TRIALS COOPERATIVE GROUP PROGRAM AT BRIDGEPORT HOSPITAL, WHICH IS SPONSORED BY THE NATIONAL CANCER INSTITUTE (NCI), IS DESIGNED TO PROMOTE AND SUPPORT CLINICAL TRIALS OF NEW CANCER TREATMENTS, EXPLORE METHODS OF CANCER PREVENTION AND EARLY DETECTION, AND STUDY

**Part VI** Supplemental Information (Continuation)

QUALITY-OF-LIFE ISSUES AND REHABILITATION DURING AND AFTER TREATMENT.

BRIDGEPORT HOSPITAL OFFERS A NUMBER OF CLINICAL TRIALS AT VARIOUS

LOCATIONS IN THE COMMUNITY. THERE ARE MANY TRIALS AVAILABLE FOR THE

FOLLOWING CANCERS: BREAST CANCER, COLORECTAL CANCER, LUNG CANCER,

PANCREATIC CANCER, KIDNEY CANCER, AND METASTATIC BREAST CANCER. THE

BRIDGEPORT HOSPITAL NORMA F. PFRIEM CANCER INSTITUTE AND BREAST CENTER

THROUGH THE BRIDGEPORT HOSPITAL FOUNDATION PROVIDES FUNDING FOR THE

RESEARCH COORDINATOR AND DATA COORDINATOR ANNUALLY. ADDITIONAL GRANT

FUNDING IS OBTAINED THROUGH THE NATIONAL INSTITUTES OF HEALTH.

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER

UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR

TARGETING PROGRAMS FOCUSED ON RISK-RELATED BEHAVIORS OR ON

ENVIRONMENTAL RISK FACTORS. SUCH INFORMATION IS ALSO ESSENTIAL FOR

IDENTIFYING WHEN AND WHERE CANCER SCREENING EFFORTS SHOULD BE ENHANCED

AND FOR MONITORING THE TREATMENT PROVIDED TO CANCER PATIENTS. IN

ADDITION, RELIABLE REGISTRY DATA ARE FUNDAMENTAL TO A VARIETY OF

RESEARCH EFFORTS, INCLUDING THOSE AIMED AT EVALUATING THE EFFECTIVENESS

OF CANCER PREVENTION, CONTROL OR TREATMENT PROGRAMS. IN THE UNITED

STATES, THESE DATA ARE REPORTED TO A CENTRAL STATEWIDE REGISTRY FROM

VARIOUS MEDICAL FACILITIES INCLUDING HOSPITALS, PHYSICIANS' OFFICES,

THERAPEUTIC RADIATION FACILITIES, FREESTANDING SURGICAL CENTERS AND

PATHOLOGY LABORATORIES. DURING FISCAL YEAR 2014, THE TOTAL COST

ASSOCIATED WITH THE BRIDGEPORT HOSPITAL CANCER REGISTRY WAS \$190,932.

CREATING HEALTHIER COMMUNITIES

IN FISCAL YEAR 2014, BRIDGEPORT HOSPITAL CONTINUED TO WORK CLOSELY WITH

A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS AND SUPPORTED EFFORTS TO

CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES

TOTALING NEARLY \$112,160. EXAMPLES OF THESE EFFORTS ARE INCLUDED BELOW.

**Part VI** Supplemental Information (Continuation)

BRIDGEPORT HOSPITAL IS ONE OF THE FOUNDING MEMBERS OF THE PRIMARY CARE ACTION GROUP. FORMED OVER TEN YEARS AGO, THE COALITION INCLUDES TWO COMMUNITY HOSPITALS, FIVE HEALTH DEPARTMENTS AND DISTRICTS, THREE COMMUNITY HEALTH CENTERS, STATE AGENCIES, PHYSICIANS AND COMMUNITY ORGANIZATIONS. IN FISCAL YEAR 2014, THE PRIMARY CARE ACTION GROUP FOCUSED ON IMPLEMENTATION OF THE GREATER BRIDGEPORT COMMUNITY HEALTH IMPLEMENTATION PLAN.

GET HEALTHY CT, WHICH WAS FORMED BY MEMBERS OF THE PRIMARY CARE ACTION GROUP, CONTINUED TO EXPAND ITS REACH AND IMPACT DURING 2014. GET HEALTHY CT IS A COALITION DEDICATED TO PREVENTING AND REDUCING OBESITY BY REMOVING THE 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. THE APPROACH OF GET HEALTHY CT IS TO IDENTIFY EXISTING RESOURCES AND PROGRAMS AND UTILIZE ITS WEBSITE AS THE CENTRAL CONNECTING POINT FOR INFORMATION AND COLLABORATION. GET HEALTHY CT EFFORTS CENTER AROUND FOUR FOCUS AREAS: EDUCATE AND RAISE AWARENESS, ENCOURAGE COMMUNITY COLLABORATION AND COMMITMENT, IDENTIFY LOCAL RESOURCES AND INFORM PUBLIC POLICY. USING A MULTI-SECTOR APPROACH TO ADDRESS OBESITY, THE GET HEALTHY CT COALITION HAS GROWN TO OVER 100 MEMBER ORGANIZATIONS INCLUDING HEALTH CARE PROVIDERS, HEALTH DEPARTMENTS AND HEALTH DISTRICTS, SOCIAL SERVICE PROVIDERS, COLLEGES AND UNIVERSITIES, BUSINESSES, TOWN AND LEGISLATIVE LEADERS, RESEARCHERS, AND FAITH-BASED ORGANIZATIONS. IN-KIND AND FINANCIAL SUPPORT FOR GET HEALTHY CT IS PROVIDED BY MEMBER ORGANIZATIONS INCLUDING YALE NEW HAVEN HEALTH SYSTEM AND BRIDGEPORT HOSPITAL.

IN 2014, OVER 15 CHILDREN PARTICIPATED IN THE BRIDGEPORT HOSPITAL HAPPY

**Part VI** Supplemental Information (Continuation)

HEALTHY KIDZ PROGRAM OFFERED AT THE AHLBIN CENTER. HAPPY HEALTHY KIDZ IS A NUTRITION AND FITNESS PROGRAM FOR CHILDREN WHO ARE OVERWEIGHT.

THE NINE WEEK PROGRAM PROMOTES HEALTHY EATING AND ACTIVITY HABITS AND IS OFFERED FREE OF CHARGE THANKS TO A GRANT FROM THE AHLBIN CENTER

AUXILIARY. THE PROGRAM PROVIDES NUTRITIONAL EDUCATION FROM REGISTERED DIETITIANS TAILORED FOR ELEMENTARY AGE CHILDREN AS WELL AS FITNESS INSTRUCTION AND EDUCATION PROVIDED BY CERTIFIED FITNESS TRAINERS.

THE HOSPITAL ALSO WORKS COLLABORATIVELY WITH MANY ORGANIZATIONS WITHIN THE GREATER BRIDGEPORT AREA AND PROVIDES EXPERTISE TO THE GOVERNING BODIES OF OTHER ORGANIZATIONS. AS A RESULT, THE HOSPITAL PROVIDED

IN-KIND SUPPORT TO ORGANIZATIONS AND COALITIONS SUCH AS THE BRIDGEPORT REGIONAL BUSINESS COUNCIL'S HEALTH CARE COUNCIL, BRIDGEPORT YMCA,

CARDINAL SHEEHAN CENTER, CENTRAL CONNECTICUT COAST YMCA, CHILD AND FAMILY GUIDANCE CENTER OF BRIDGEPORT, GET HEALTHY CT, PRIMARY CARE

ACTION GROUP, OPTIMUS HEALTHCARE, RECOVERY NETWORK OF PROGRAMS, RONALD MCDONALD HOUSE OF CT, TINY MIRACLES FOUNDATION, UNIVERSITY OF

CONNECTICUT ALLIED HEALTH ADVISORY BOARD AND VNS OF CONNECTICUT.

HOSPITAL EMPLOYEES ALSO RECRUITED VOLUNTEER WALKERS TO HELP RAISE

AWARENESS AND FUNDS FOR THE AMERICAN HEART ASSOCIATION AND AMERICAN

CANCER SOCIETY. THE EVENTS SUPPORT RESEARCH AND PATIENT EDUCATION

INITIATIVES.

## SUPPLEMENTAL INFORMATION

IN ADDITION TO THE ACTIVITIES DESCRIBED, BRIDGEPORT HOSPITAL ALSO

CONTRIBUTES TO THE COMMUNITY IN WAYS THAT ARE NOT QUANTIFIED AS PART OF

THIS REPORT AND SERVES AS AN IMPORTANT COMMUNITY RESOURCE. THIS

INCLUDES HAVING A COMMUNITY-BASED BOARD OF TRUSTEES WITH MANY MEMBERS

RESIDING OR WORKING IN THE AREA SERVED BY THE HOSPITAL. THE HOSPITAL

ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN

**Part VI** Supplemental Information (Continuation)

ITS COMMUNITY. IN FISCAL YEAR 2014 THERE WERE A TOTAL OF 887 MEMBERS OF THE BRIDGEPORT HOSPITAL MEDICAL STAFF.

BRIDGEPORT HOSPITAL'S EXCELLENT PROGRESS IN ENSURING PATIENT CARE SAFETY AND CLINICAL QUALITY, INCREASING EMPLOYEE ENGAGEMENT, STRONG INPATIENT VOLUME, ADVANCES IN OUTPATIENT STRATEGY AND INVESTMENT IN FACILITIES RESULTED IN A SUCCESSFUL YEAR. THE HOSPITAL'S OPERATIONAL AND FISCAL MANAGEMENT PRODUCED EXCELLENT FINANCIAL RESULTS. HIGHLIGHTS OF THE YEAR AT BRIDGEPORT HOSPITAL INCLUDED:

GROUNDBREAKING FOR A NEW 120,000-SQUARE-FOOT MEDICAL OFFICE BUILDING AT THE BRIDGEPORT HOSPITAL OUTPATIENT CAMPUS, 5520 PARK AVENUE, TRUMBULL, WAS HELD IN SEPTEMBER. THE CEREMONY INCLUDED THE OPENING OF A FOUR-STORY, 450-SPACE PARKING GARAGE. SERVICES IN THE NEW BUILDING WILL INCLUDE A PRIMARY CARE OFFICE, OUTPATIENT SURGERY AND GASTROENTEROLOGY SUITE, AND SMILOW CANCER HOSPITAL OUTPATIENT CARE, INCLUDING MEDICAL, SURGICAL AND RADIATION ONCOLOGY AND EXPANDED RADIOLOGY SERVICES, SUCH AS MRI, CT AND PET SCANS.

FOLLOWING EXTENSIVE RENOVATIONS TO THE FIRST FLOOR OF THE PERRY BUILDING ON THE HOSPITAL'S MAIN CAMPUS, NEW QUARTERS FOR THE MEDEASE AMBULATORY MEDICINE UNIT AND GYN-ONCOLOGY AND UROGYNECOLOGY SPECIALTY CLINICS OPENED IN MARCH. THE WORK INCLUDED A NEW ENTRANCE FROM GRANT STREET PLAZA AND NEW WAITING/RECEPTION AREA, EXAM ROOMS AND INFUSION ROOM. IN ADDITION, TWO OPERATING ROOMS AND THE WEST TOWER 10 INTERNAL MEDICINE UNIT WERE MODERNIZED.

THE UNIVERSITY OF BRIDGEPORT (UB) AND BRIDGEPORT HOSPITAL SIGNED AN AGREEMENT TO INTEGRATE THE BRIDGEPORT HOSPITAL SCHOOL OF NURSING INTO UB AND TRANSITION THE CURRENT TWO-YEAR RN DIPLOMA PROGRAM TO A FOUR-YEAR BACHELOR OF SCIENCE IN NURSING PROGRAM. MEANWHILE, AN INTERIM PLAN PROVIDES UB STUDENTS WITH A PATHWAY TO NURSING CURRICULUM.

**Part VI** Supplemental Information (Continuation)

COMMUNITY MEMBERS UTILIZE BRIDGEPORT HOSPITAL AS A VEHICLE TO CONNECT WITH AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FISCAL YEAR 2014, 343 ACTIVE VOLUNTEERS DEDICATED A TOTAL OF 29,050 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN BOTH PATIENT AND NON-PATIENT AREAS INCLUDING ED, SURGEASE, ENDOSCOPY, LABOR & DELIVERY, CANCER RESOURCE CENTER, GIFT SHOP, MAIL ROOM, AND NUTRITION SERVICES. THE HOSPITAL CONDUCTS A VARIETY OF FUNDRAISING ACTIVITIES EACH YEAR, SUCH AS A ROAD RACE, GOLF AND TENNIS TOURNAMENTS, GALAS AND PIANO RECITALS, WHICH HELP TO CONNECT THE COMMUNITY TO THE HOSPITAL TO SUPPORT GOODWILL AND REPUTATION AS WELL AS FUNDRAISING EFFORTS.

PART VI, LINE 6 - AFFILIATED HEALTH CARE INFORMATION

THE YALE NEW HAVEN HEALTH SYSTEM'S FUNDAMENTAL MISSION IS TO ENSURE THAT THE DELIVERY NETWORKS ASSOCIATED WITH THE SYSTEM PROMOTE THE HEALTH OF THE COMMUNITIES THEY SERVE AND ENSURE THAT ALL PATIENTS HAVE ACCESS TO APPROPRIATE HEALTHCARE SERVICES. THE YALE NEW HAVEN HEALTH SYSTEM REQUIRES ITS HOSPITALS TO INCORPORATE PLANS TO PROMOTE HEALTHY COMMUNITIES WITHIN THE HOSPITAL'S EXISTING BUSINESS PLANS FOR WHICH THEY ARE HELD ACCOUNTABLE. IN ADDITION, REGULAR REPORTING ON COMMUNITY BENEFITS IS REQUIRED ON A QUARTERLY BASIS.

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

CONNECTICUT