

**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 **GREENWICH HOSPITAL** Employer identification number **06-0646659**

**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"/>	<input type="checkbox"/>
<b>b</b> If "Yes," was it a written policy? .....	<input checked="" type="checkbox"/>	<input 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"/>
<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 type="checkbox"/>	<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"/>	<input 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"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? .....	<input type="checkbox"/>	<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? .....	<input type="checkbox"/>	<input type="checkbox"/>
<b>6a</b> Did the organization prepare a community benefit report during the tax year? .....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>b</b> If "Yes," did the organization make it available to the public? .....	<input checked="" type="checkbox"/>	<input 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) .....		13,808	19,607,000.	1,180,000.	18,427,000.	5.69%
<b>b</b> Medicaid (from Worksheet 3, column a) .....		26,245	22,037,795.	13,111,770.	8,926,025.	2.76%
<b>c</b> Costs of other means-tested government programs (from Worksheet 3, column b) .....		0	0.	0.		
<b>d Total</b> Financial Assistance and Means-Tested Government Programs .....		40,053	41,644,795.	14,291,770.	27,353,025.	8.45%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4) .....	16	20,041	704,744.	25,000.	679,744.	.21%
<b>f</b> Health professions education (from Worksheet 5) .....	4	193	4,931,991.	1,339,709.	3,592,282.	1.11%
<b>g</b> Subsidized health services (from Worksheet 6) .....	3	9,975	8,871,416.	5,730,152.	3,141,264.	.97%
<b>h</b> Research (from Worksheet 7) .....	1	0	468,440.	0.	468,440.	.14%
<b>i</b> Cash and in-kind contributions for community benefit (from Worksheet 8) .....	6	2,387	399,958.	0.	399,958.	.12%
<b>j Total.</b> Other Benefits .....	30	32,596	15,376,549.	7,094,861.	8,281,688.	2.55%
<b>k Total.</b> Add lines 7d and 7j .....	30	72,649	57,021,344.	21,386,631.	35,634,713.	11.00%





**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 GREENWICH 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)		
<b>1</b> 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	<b>X</b>	
If "Yes," indicate what the CHNA report describes (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
<b>b</b> <input checked="" type="checkbox"/> Demographics of the community		
<b>c</b> <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		
<b>d</b> <input checked="" type="checkbox"/> How data was obtained		
<b>e</b> <input checked="" type="checkbox"/> The health needs of the community		
<b>f</b> <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
<b>g</b> <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
<b>h</b> <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
<b>i</b> <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
<b>j</b> <input type="checkbox"/> Other (describe in Section C)		
<b>2</b> Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>12</u>		
<b>3</b> 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	<b>X</b>	
<b>4</b> Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C		<b>X</b>
<b>5</b> Did the hospital facility make its CHNA report widely available to the public?	<b>X</b>	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
<b>a</b> <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>		
<b>b</b> <input checked="" type="checkbox"/> Other website (list url): <u>SEE PART V, SECTION C</u>		
<b>c</b> <input checked="" type="checkbox"/> Available upon request from the hospital facility		
<b>d</b> <input type="checkbox"/> Other (describe in Section C)		
<b>6</b> 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):		
<b>a</b> <input checked="" type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
<b>b</b> <input checked="" type="checkbox"/> Execution of the implementation strategy		
<b>c</b> <input type="checkbox"/> Participation in the development of a community-wide plan		
<b>d</b> <input type="checkbox"/> Participation in the execution of a community-wide plan		
<b>e</b> <input checked="" type="checkbox"/> Inclusion of a community benefit section in operational plans		
<b>f</b> <input checked="" type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
<b>g</b> <input checked="" type="checkbox"/> Prioritization of health needs in its community		
<b>h</b> <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
<b>i</b> <input type="checkbox"/> Other (describe in Section C)		
<b>7</b> 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		<b>X</b>
<b>8a</b> 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)?		<b>X</b>
<b>8b</b> If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?		
<b>c</b> 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) GREENWICH 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 checked="" 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			
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) **GREENWICH 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.

**GREENWICH HOSPITAL:**

PART V, SECTION B, LINE 3: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. GREENWICH HOSPITAL SOUGHT INPUT FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL THROUGH FOCUS GROUPS WITH COMMUNITY MEMBERS, KEY INFORMANT INTERVIEWS WITH COMMUNITY STAKEHOLDERS, AND INCLUSION OF COMMUNITY PARTNERS 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 GREENWICH HOSPITAL, INCLUDING MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS.

**PART V, SECTION B, LINE 5A - HOSPITAL FACILITY'S WEBSITE (LIST URL):**

GREENWICHHOSPITAL.ORG/ABOUT/COMMUNITY-HEALTH-NEEDS-ASSESSMENT

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

EXPLANATION: CT.GOV/DPH/LIB/DPH/OHCA/COMMUNITY\_NEEDS\_ASSESSMENT/CHNA/2014/G

**GREENWICH HOSPITAL:**

**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 7: BASED ON THE FEEDBACK FROM COMMUNITY PARTNERS INCLUDING HEALTH CARE PROVIDERS, PUBLIC HEALTH EXPERTS, HEALTH AND HUMAN SERVICE AGENCIES, AND OTHER COMMUNITY REPRESENTATIVES, GREENWICH HOSPITAL PLANS TO FOCUS COMMUNITY HEALTH IMPROVEMENT EFFORTS ON THE FOLLOWING HEALTH PRIORITIES OVER THE NEXT THREE-YEAR CYCLE: ACCESS TO CARE, CANCER, MENTAL HEALTH AND PROMOTING HEALTHY LIFESTYLES. AREAS IDENTIFIED AS PART OF THE COMMUNITY HEALTH NEEDS ASSESSMENT NOT BEING ADDRESSED AS A RESULT OF A PRIORITIZATION PROCESS INCLUDE DENTAL CARE, DIABETES, HEART DISEASE, RESPIRATORY DISEASE AND STROKE.

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

GREENWICH 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.

GREENWICH 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

**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.

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 GREENWICH 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 GREENWICH HOSPITAL UNDER THE GREENWICH HOSPITAL STATE HOSPITAL LICENSE.

**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? 19

Name and address	Type of Facility (describe)
1 PHYSICAL MEDICINE & REHABILITATION CEN 2015 WEST MAIN ST, SUITE 200 STAMFORD, CT 06902	HOSPITAL
2 HOSPITAL OUTPATIENT MEDICAL ONCOLOGY 15 VALLEY DRIVE GREENWICH, CT 06831	CANCER CENTER
3 BENDHEIM CANCER CENTER 77 LAFAYETTE PLACE GREENWICH, CT 06830	CANCER/CARDIAC REHAB/DI/LAB
4 GREENWICH HOSPITAL OCCUPAT. HEALTH 75 HOLLY HILL LANE GREENWICH, CT 06830	OCC. HEALTH / WOMENS HEALTH / LAB
5 AMBULATORY SURGICAL CENTER 55 HOLLY HILL LANE GREENWICH, CT 06830	HOSPITAL
6 GREENWICH HOSPITAL LAB 49 LAKE AVE; 2ND FLOOR GREENWICH, CT 06830	LAB
7 GREENWICH HOSPITAL LAB 90 MORGAN STREET; 3RD FLOOR, SUITE 30 STAMFORD, CT 06905	LAB
8 GREENWICH HOSPITAL LAB 106 NOROTON AVENUE DARIEN, CT 06820	LAB
9 GREENWICH HOSPITAL LAB 159 WEST PUTNAM AVE; 2ND FLOOR GREENWICH, CT 06830	LAB
10 GREENWICH HOSPITAL LAB 4 DEERFIELD DRIVE; 2ND FLOOR GREENWICH, CT 06830	LAB

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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 GREENWICH HOSPITAL LAB 40 CROSS ST; 3RD FLOOR, SUITE 350 NORWALK, CT 06851	LAB
12 GREENWICH HOSPITAL LAB 148 EAST AVE; SUITE 1F NORWALK, CT 06851	LAB
13 GREENWICH HOSPITAL, CNTR FOR INTEGR. M 35 RIVER ROAD COS COB, CT 06807	INTEGRATIVE MEDICINE
14 GREENWICH HOSPITAL LAB 1275 SUMMER STREET; 3RD FLOOR STAMFORD, CT 06905	LAB
15 GREENWICH HOSPITAL LAB 15 VALEY DRIVE; SUITE 200 GREENWICH, CT 06831	LAB
16 GREENWICH HOSPITAL DIAGNOSTIC CENTER 2015 WEST MAIN ST STAMFORD, CT 06902	DI / LAB
17 GREENWICH HOSPITAL LAB 31 RIVER ROAD, SUITE 102 COS COB, CT 06807	LAB
18 GREENWICH HOSPITAL HOME CARE AND HOSP 500 WEST PUTNAM AVENUE GREENWICH, CT 06830	HOME CARE
19 GREENWICH HOSPITAL LAB 90 SOUTH RIDGE STREET RYE, NY 10573	LAB

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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GREENWICH HOSPITAL IS ONE OF THE TOP FIVE EMPLOYERS IN  
GREENWICH WITH 1,813 EMPLOYEES IN 2014. THE HOSPITAL PROVIDES IN-KIND AND  
FINANCIAL SUPPORT FOR SEVERAL ECONOMIC INITIATIVES THROUGHOUT FAIRFIELD  
AND WESTCHESTER COUNTIES. MEMBERS OF THE HOSPITAL'S LEADERSHIP AND  
MANAGEMENT STAFF ALSO SUPPORT ECONOMIC AND COMMUNITY DEVELOPMENT BY  
SERVING ON THE BOARDS OF THE GREENWICH CHAMBER OF COMMERCE AND THE PORT  
CHESTER-RYE BROOK-RYE TOWN CHAMBER OF COMMERCE. THROUGH THESE

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**Part VI** Supplemental Information (Continuation)

ORGANIZATIONS, GREENWICH HOSPITAL ADVOCATES FOR AND FACILITATES INCREASED ECONOMIC DEVELOPMENT FOR THE AREA.

GREENWICH HOSPITAL ALONG WITH MANY OTHER HOSPITALS ACROSS THE COUNTRY UTILIZES THE COMMUNITY BENEFITS INVENTORY FOR SOCIAL ACCOUNTABILITY 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.

YALE NEW HAVEN HEALTH ENHANCES THE LIVES OF THOSE WE SERVE BY PROVIDING ACCESS TO INTEGRATED, HIGH-VALUE, PATIENT-CENTERED CARE IN COLLABORATION WITH OTHERS WHO SHARE OUR VALUES. AS SUCH, GREENWICH 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, GREENWICH HOSPITAL PROVIDED NEARLY \$319,410 IN FINANCIAL AND IN-KIND DONATIONS. THE HOSPITAL CONSIDERS THESE INVESTMENTS PART OF ITS OVERALL COMMITMENT OF BUILDING STRONGER NEIGHBORHOODS. EXAMPLES BELOW

**Part VI** Supplemental Information (Continuation)

FOCUS ON THE AREAS OF REVITALIZING OUR NEIGHBORHOODS AND CREATING EDUCATIONAL OPPORTUNITIES.

REVITALIZING OUR NEIGHBORHOODS

ONE OF SEVERAL COMMUNITY INITIATIVES UNDERTAKEN BY GREENWICH HOSPITAL TO ENHANCE ACCESS TO HEALTHY, AFFORDABLE FOOD IS COMMUNITY GARDENS. THIS PROGRAM IS ADMINISTERED IN COLLABORATION WITH THE COUNCIL OF COMMUNITY SERVICES, PORT CHESTER SCHOOLS AND AREA CHURCHES TO PROVIDE FRESH VEGETABLES TO PARTICIPANTS IN PORT CHESTER'S FOUR FOOD PANTRIES, SEVEN SOUP KITCHENS AND NUTRITION CENTERS. THE COUNCIL OF COMMUNITY SERVICES ORGANIZES VOLUNTEERS TO PLANT AND HARVEST THE CROPS. OVER THE PAST SEVERAL YEARS, THE PROGRAM HAS PROVIDED THOUSANDS OF LOW-INCOME PORT CHESTER FAMILIES WITH FRESH VEGETABLES. THE COMMUNITY GARDENS ENCOURAGE HEALTHY EATING HABITS, ENCOURAGES CHILDREN TO TRY NEW VEGETABLES, CONNECTS CHILDREN TO NATURE AND THE ENVIRONMENT, AIMS TO PREVENT CHILDHOOD OBESITY, AND PROMOTES PHYSICAL ACTIVITY WHILE ENCOURAGING NEW WAYS OF LEARNING AND PROMOTING HEALTH EDUCATION. THE HOSPITAL PROVIDES IN-KIND SUPPORT FOR THE INITIATIVE.

TO SUPPORT DRIVING SAFETY, GREENWICH HOSPITAL AND THE AARP CO-SPONSORED AN EDUCATIONAL DRIVING PROGRAM FOR OLDER ADULTS WITH APPROXIMATELY 370 WESTCHESTER AND FAIRFIELD COUNTY ADULTS ATTENDING THE PROGRAM. THE EDUCATIONAL DRIVING PROGRAM PROMOTES SAFETY AND IS INTENDED TO REDUCE ACCIDENT RATES AMONG DRIVERS AGE 55 AND OLDER.

GREENWICH HOSPITAL WAS ALSO THE RECIPIENT OF A DONATION OF FUNDS TO DEVELOP A COMMUNITY FLOWER GARDEN ON ITS PROPERTY TO BE OPEN TO THE PUBLIC. VARIOUS COMMUNITY CEREMONIES AND CELEBRATIONS ARE CONDUCTED IN THE GARDEN INCLUDING CANCER SURVIVOR PROGRAMS AND THE TREE OF LIGHT

**Part VI** Supplemental Information (Continuation)

PROGRAM. EACH WINTER, GREENWICH HOSPITAL PROVIDES A WARM CENTER FOR THE COMMUNITY IN ITS NOBLE CONFERENCE CENTER. THIS WARM CENTER IS AVAILABLE TO THOSE IN NEED DUE TO POWER OUTAGES, SNOW STORMS AND FREEZING TEMPERATURES. INCLUDED IN THE WARM CENTER ARE COTS, HOT BEVERAGES, HAND WARMERS AND MAGAZINES.

## CREATING EDUCATIONAL OPPORTUNITIES

HIGHER EDUCATIONAL ATTAINMENT IS ASSOCIATED WITH BETTER HEALTH STATUS AND LONGER LIFE. FOR EXAMPLE, ADULTS AGED 25-50 YEARS WHO HAVE A COLLEGE DEGREE WILL ON AVERAGE LIVE FIVE YEARS LONGER THAN THOSE WITH LESS THAN A HIGH SCHOOL EDUCATION. TO ENCOURAGE THE PURSUIT OF HIGHER EDUCATION, GREENWICH HOSPITAL SPONSORED SEVERAL PROGRAMS TO INTRODUCE MIDDLE AND HIGH SCHOOL STUDENTS TO POTENTIAL HEALTH CARE CAREERS.

GREENWICH HOSPITAL, THROUGH A JOINT EFFORT WITH HIGH SCHOOLS IN PORT CHESTER AND GREENWICH, PROVIDED AN EDUCATIONAL PROGRAM INTRODUCING STUDENTS TO HEALTH CARE CAREER OPPORTUNITIES. A TOTAL OF 22 STUDENTS PARTICIPATED IN THE PROGRAM, WHICH IS AIMED AT EDUCATING AND INSPIRING STUDENTS TO PURSUE FULFILLING HEALTH CARE CAREERS. THE AFTER-SCHOOL PROGRAM WAS HELD OVER FOUR WEEKS AND INCLUDED A TOUR OF GREENWICH HOSPITAL AND ITS JOHN AND ANDREA FRANK SYN:APSE SIMULATION CENTER. THE SIMULATION CENTER OFFERS HANDS-ON TRAINING USING A HIGH-FIDELITY MANNEQUIN THAT CAN SPEAK AND RESPOND PHYSIOLOGICALLY TO MEDICATIONS AND TREATMENT.

GREENWICH HOSPITAL ALSO PROVIDED MIDDLE AND HIGH SCHOOL STUDENTS THE OPPORTUNITY TO GET AN IN-DEPTH LOOK INTO VARIOUS HEALTH CARE CAREERS THROUGH AN AFTER-SCHOOL PROGRAM SPONSORED IN PARTNERSHIP WITH THE BOY SCOUTS OF AMERICA'S GREENWICH CHAPTER. WHILE TOURING THE HOSPITAL, PARTICIPANTS LEARNED ABOUT A VARIETY OF HOSPITAL SETTINGS AND SPOKE WITH

**Part VI** Supplemental Information (Continuation)

PROFESSIONALS IN THE MEDICAL FIELD. EDUCATIONAL PROGRAMS FOCUSED ON HEALTH, NUTRITION, FIRST AID, SAFETY, SMOKING PREVENTION AND PROPER HYGIENE.

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 HEALTHCARE BECAUSE OF INADEQUATE RESOURCES AND/OR WHO ARE UNINSURED OR UNDERINSURED.

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.

**Part VI** Supplemental Information (Continuation)

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 \$17.0 MILLION AND \$12.5 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THE ESTIMATED COST OF UNCOMPENSATED CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM. THIS ANALYSIS CALCULATES THE ACTUAL PERCENTAGE OF ACCOUNTS WRITTEN OFF OR DESIGNATED AS BAD DEBT VS. 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 \$7.5 MILLION AND \$5.8 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, RESPECTIVELY. THE ESTIMATED COST OF CHARITY CARE IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM.

FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT CHARGES, WAS APPROXIMATELY \$25.1 MILLION AND \$18.3 MILLION, RESPECTIVELY. FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, BAD DEBT EXPENSE, AT COST, WAS APPROXIMATELY \$9.5 MILLION AND \$6.7 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 CONNECTICUT DISPROPORTIONATE SHARE HOSPITAL PROGRAM (CDSHP) WAS ESTABLISHED TO PROVIDE FUNDS TO HOSPITALS FOR THE PROVISION OF

**Part VI** Supplemental Information (Continuation)

UNCOMPENSATED CARE AND IS FUNDED, IN PART, BY AN ASSESSMENT ON HOSPITAL NET PATIENT SERVICE REVENUE. DURING THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013, THE HOSPITAL RECEIVED APPROXIMATELY \$1.2 MILLION AND \$2.8 MILLION, RESPECTIVELY, IN CDSHP DISTRIBUTIONS, OF WHICH APPROXIMATELY \$0.5 MILLION AND \$1.4 MILLION WAS RELATED TO CHARITY CARE. THE HOSPITAL MADE PAYMENTS INTO THE CDSHP OF APPROXIMATELY \$12.1 MILLION FOR THE YEARS ENDED SEPTEMBER 30, 2014 AND 2013 FOR THE 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.

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 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 8:

THE ENTIRE MEDICARE LOSS PRESENTED SHOULD BE TREATED AS A COMMUNITY BENEFIT FOR THE FOLLOWING REASONS: THE IRS COMMUNITY BENEFIT

**Part VI** Supplemental Information (Continuation)

STANDARD INCLUDES THE PROVISION OF CARE TO MEDICARE BENEFICIARIES, IRS REVENUE RULING 69-545 INDICATES THAT HOSPITALS OPERATE FOR THE PROMOTION OF HEALTH IN THE COMMUNITY WHEN IT PROVIDES CARE TO PATIENTS WITH GOVERNMENTAL HEALTH BENEFITS, THE ORGANIZATION PROVIDES CARE TO MEDICARE PATIENTS REGARDLESS OF MEDICARE SHORTFALLS (REDUCING THE BURDEN ON THE GOVERNMENT), AND MANY OF THE MEDICARE PARTICIPANTS WOULD HAVE QUALIFIED FOR THE CHARITY CARE OR OTHER MEANS TESTED PROGRAMS ABSENT BEING ENROLLED IN THE MEDICARE PROGRAM. THE MEDICARE SHORTFALL REPORTED IS DETERMINED BY THE HOSPITAL'S COST ACCOUNTING SYSTEM, TSI.

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 GREENWICH HOSPITAL. THESE MULTI-DISCIPLINARY GROUPS PROVIDE ANALYSIS AND INSIGHT INTO PATIENT UTILIZATION TRENDS ACROSS THE 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,

**Part VI** Supplemental Information (Continuation)

THIS INFORMATION ASSISTS WITH THE DEVELOPMENT OF NEW INITIATIVES,  
PARTNERSHIPS, PROGRAMS AND SERVICES TO BENEFIT OUR COMMUNITY.

## PART VI, LINE 3:

GREENWICH HOSPITAL INFORMS INDIVIDUALS ABOUT ITS FINANCIAL ASSISTANCE PROGRAMS ON ITS WEBSITE, THROUGH VISIBLE POSTINGS AND 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 PROCESS. 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:

GREENWICH HOSPITAL IS A 206-BED (INCLUDING BASSINETS) REGIONAL HOSPITAL, SERVING FAIRFIELD COUNTY, CONNECTICUT AND WESTCHESTER COUNTY, NEW YORK. IT IS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MEDICINE AND A MEMBER OF THE YALE NEW HAVEN HEALTH SYSTEM. SINCE OPENING IN 1903, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY PROGRAM. THE LOCAL GEOGRAPHIC AREA SERVED BY GREENWICH HOSPITAL INCLUDES THE CONNECTICUT TOWNS OF GREENWICH, DARIEN, NEW CANAAN AND STAMFORD AS WELL AS THE NEW YORK TOWNS OF PORT CHESTER, RYE, HARRISON, LARCHMONT AND MAMARONECK. APPROXIMATELY 29% OF HOUSEHOLDS HAVE INCOMES LESS THAN \$50,000, 42% OF HOUSEHOLDS HAVE INCOMES BETWEEN \$50,000 AND \$150,000 AND

**Part VI** Supplemental Information (Continuation)

THE REMAINING 29% OF HOUSEHOLDS HAVE INCOMES GREATER THAN \$150,000. THE SECONDARY GEOGRAPHIC COVERAGE AREA OF THE HOSPITAL ENCOMPASSES A WIDE RANGE OF TOWNS INCLUDING NORWALK, WESTON, WESTPORT AND WILTON IN CONNECTICUT AND ARMONK, BEDFORD, HARTSDALE, KATONAH, MOUNT KISCO, MOUNT VERNON, NEW ROCHELLE, POUND RIDGE, PURCHASE, SCARSDALE, SOUTH SALEM, WEST HARRISON, AND WHITE PLAINS IN NEW YORK.

SEVERAL NON-PROFIT HOSPITALS ARE LOCATED IN THE AREA INCLUDING STAMFORD HOSPITAL AND NORWALK HOSPITAL IN CONNECTICUT IN ADDITION TO WHITE PLAINS HOSPITAL, WESTCHESTER MEDICAL CENTER, MONTEFIORE MOUNT VERNON AND MONTEFIORE NEW ROCHELLE IN NEW YORK.

GREENWICH HOSPITAL REPRESENTS ALL MEDICAL SPECIALTIES AND OFFERS A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS. IN FISCAL YEAR 2014, THERE WERE 40,900 VISITS TO THE HOSPITAL'S EMERGENCY DEPARTMENT OF WHICH 5,984 BECAME INPATIENTS AND 32,521 WERE OUTPATIENTS. IN THAT SAME FISCAL YEAR, THE HOSPITAL'S INPATIENT VOLUME CONSISTED OF A DIVERSE PAYER MIX WITH 6.4 PERCENT MEDICAID PATIENTS, 36.2 PERCENT MEDICARE PATIENTS, 55.7 PERCENT MANAGED CARE AND COMMERCIAL PATIENTS AND 1.7 PERCENT SELF PAY OR OTHER PATIENTS.

PART VI, LINE 6:

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** Supplemental Information (Continuation)

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

GREENWICH HOSPITAL, FOUNDED IN 1903, IS A 206-BED

COMMUNITY TEACHING HOSPITAL THAT HAS EVOLVED INTO A PROGRESSIVE

REGIONAL HEALTHCARE CENTER, WITH MORE THAN 12,500 INPATIENT DISCHARGES

AND NEARLY 290,000 OUTPATIENT ENCOUNTERS LAST YEAR. THE HOSPITAL OFFERS

A WIDE RANGE OF MEDICAL, SURGICAL, DIAGNOSTIC AND WELLNESS PROGRAMS.

SPECIALIZED SERVICES ARE OFFERED AT THE BENDHEIM CANCER CENTER, BREAST

CENTER, ENDOSCOPY CENTER, LEONA M. AND HARRY B. HELMSLEY AMBULATORY

MEDICAL CENTER, THE RICHARD R. PIVIROTTO CENTER FOR HEALTHY LIVING AND

THE GREENWICH HOSPITAL DIAGNOSTIC CENTER IN STAMFORD.

AS A COMMUNITY HEALTH CARE SERVICES PROVIDER, GREENWICH HOSPITAL

REMAINS ATTENTIVE TO HEALTH AND WELL-BEING THROUGH EDUCATION, OUTREACH

AND OTHER INNOVATIVE SERVICES. DURING FISCAL YEAR 2014, GREENWICH

HOSPITAL MANAGED \$52.8 MILLION IN FINANCIAL AND IN-KIND CONTRIBUTIONS

THROUGH FIVE WIDE-RANGING PROGRAMS-GUARANTEERING ACCESS TO CARE;

PROMOTING HEALTH AND WELLNESS; ADVANCING CAREERS IN HEALTH CARE;

RESEARCH; AND CREATING HEALTHIER COMMUNITIES. A SIXTH CATEGORY,

BUILDING STRONGER NEIGHBORHOODS, WAS DISCUSSED PREVIOUSLY IN PART II.

GUARANTEERING ACCESS TO CARE

GREENWICH 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 GUARANTEERING ACCESS TO CARE WAS \$47.7 MILLION. HONORING

ITS MISSION AND COMMITMENT TO THE COMMUNITY, THE HOSPITAL PARTICIPATES

IN GOVERNMENT-SPONSORED PROGRAMS SUCH AS MEDICARE, MEDICAID, HUSKY,

CHAMPUS AND TRICARE. DURING FISCAL YEAR 2014, GREENWICH HOSPITAL

PROVIDED SERVICES FOR 22,245 MEDICAID BENEFICIARIES AT A TOTAL EXPENSE

**Part VI** Supplemental Information (Continuation)

OF \$26.1 MILLION (AT COST). ADDITIONALLY, THE HOSPITAL ASSISTED OVER 890 CONNECTICUT AND NEW YORK PATIENTS WITH MEDICAID APPLICATIONS AND MEDICAID ELIGIBILITY QUESTIONS DURING FISCAL YEAR 2014.

GREENWICH 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 \$18.4 MILLION (AT COST). ALSO DURING FISCAL YEAR 2014, HOSPITAL STAFF DISTRIBUTED 1,055 APPLICATIONS FOR HOSPITAL FREE BED FUNDS. THE FUNDS WERE DONATED TO GREENWICH HOSPITAL BY INDIVIDUALS OR TRUSTS TO BE USED FOR FINANCIAL ASSISTANCE TO PATIENTS WHOM PAYMENT FOR THEIR HOSPITAL SERVICES WOULD BE A FINANCIAL HARDSHIP.

GREENWICH HOSPITAL ALSO GUARANTEES ACCESS TO CARE BY PROVIDING CLINICAL PROGRAMS DESPITE A FINANCIAL LOSS SO SIGNIFICANT THAT NEGATIVE MARGINS REMAIN AFTER REMOVING THE EFFECTS OF FREE CARE, BAD DEBT AND UNDER-REIMBURSED MEDICAID. SUBSIDIZED HEALTH SERVICES INCLUDE THE OUTPATIENT CENTER'S MEDICAL (INCLUDING DIABETES) AND BEHAVIORAL HEALTH CLINICS AND PEDIATRIC OUTPATIENT CENTER. EACH YEAR, MORE THAN 5,000 ADULTS AND CHILDREN VISIT THE OUTPATIENT CENTER AND PEDIATRIC OUTPATIENT CENTER FOR DIAGNOSIS, TREATMENT AND PREVENTIVE CARE.

GREENWICH HOSPITAL WAS ONCE AGAIN THE BENEFICIARY OF A GRANT FROM THE BREAST CANCER ALLIANCE TO PROVIDE FUNDING FOR FREE SCREENING AND DIAGNOSTIC MAMMOGRAM SERVICES FOR WOMEN WHO ARE UNINSURED OR UNDERINSURED. IN CALENDAR YEAR 2014, 186 UNINSURED WOMEN RECEIVED FREE SCREENING MAMMOGRAMS. AMONG THE WOMEN NEEDING FURTHER TESTING, 24 HAD FREE UNILATERAL DIAGNOSTIC MAMMOGRAMS, THREE HAD FREE BILATERAL DIAGNOSTIC MAMMOGRAMS AND 30 RECEIVED FREE ULTRASOUND EXAMINATIONS. IN ADDITION, 211 NEWLY DIAGNOSED BREAST CANCER PATIENTS RECEIVED EDUCATION RESOURCE NOTEBOOKS WITH INFORMATION ABOUT LOCAL SUPPORT AND CANCER

**Part VI** Supplemental Information (Continuation)

RESOURCES THAT CAN PROVIDE ASSISTANCE.

PROMOTING HEALTH AND WELLNESS

DURING FISCAL YEAR 2014, GREENWICH HOSPITAL PROVIDED \$679,744 IN COMMUNITY HEALTH IMPROVEMENT SERVICES, INCLUDING HEALTH EDUCATION PROGRAM, SUPPORT GROUPS AND HEALTH FAIRS. EXAMPLES OF THESE IMPORTANT SERVICES AND PROGRAMS ARE PROVIDED BELOW.

THE HOSPITAL LED THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP, WHICH MEETS MONTHLY TO IDENTIFY COMMUNITY NEEDS AND IMPLEMENT HEALTH PROGRAMS AND RESOURCES. THE PARTNERSHIP ORGANIZED A HEALTH AND WELLNESS FAIR TITLED THE TEDDY BEAR REPAIR CLINIC. THE CLINIC DREW 1,300 COMMUNITY MEMBERS FOR A DAY OF INTERACTIVE EDUCATION ON HEALTH AND WELLNESS. IN 2014, THE TEDDY BEAR CLINIC WAS HELD AT THE GREENWICH MEDICAL BUILDING PARKING LOT LOCATED BEHIND GREENWICH HOSPITAL. THE CLINIC EXPOSES CHILDREN AND THEIR FAMILIES TO HEALTHCARE PROFESSIONALS, MEDICAL PROCEDURES AND HOSPITAL DEPARTMENTS IN A FAMILY-FRIENDLY, RELAXED SETTING.

THIRTY-FIVE COMMUNITY MEMBERS PARTICIPATED IN THE MENTAL HEALTH FIRST AID PROGRAM, A TWO-DAY, 12-HOUR CERTIFICATION COURSE TO INCREASE MENTAL HEALTH LITERACY. THE PROGRAM HELPS COMMUNITY MEMBERS UNDERSTAND MENTAL ILLNESS AND PROVIDES AN OVERVIEW OF INTERVENTIONS AND TREATMENTS. PARTICIPANTS LEARNED ABOUT RISK FACTORS AND WARNING SIGNS OF DEPRESSION, ANXIETY, TRAUMA, PSYCHOSIS AND PSYCHOTIC DISORDERS, EATING DISORDERS, SUBSTANCE ABUSE, SELF-INJURY AND OTHER MENTAL HEALTH DISORDERS. THIS COURSE IS DESIGNED TO GIVE LAY PERSONS TOOLS TO RESPOND TO PSYCHIATRIC EMERGENCIES UNTIL PROFESSIONAL HELP ARRIVES. ADDITIONAL EFFORTS TO PROMOTE AWARENESS OF MENTAL HEALTH AND TO REDUCE THE STIGMA OF MENTAL ILLNESS INCLUDED VIEWINGS OF THE FILM "HAZE".

**Part VI** Supplemental Information (Continuation)

AS THE HOSPITAL'S OUTREACH DEPARTMENT, COMMUNITY HEALTH AT GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER ARE DEDICATED TO IMPROVING THE HEALTH STATUS OF COMMUNITIES IN CONNECTICUT AND NEW YORK. BOTH ENTITIES MAINTAIN A STRONG COMMUNITY PRESENCE THROUGH THEIR NUMEROUS PARTNERSHIPS WITH THE YALE NEW HAVEN HEALTH SYSTEM, LOCAL AND REGIONAL COMMUNITY ORGANIZATIONS, SCHOOLS, GOVERNMENT AGENCIES, CORPORATIONS AND OTHER GREENWICH HOSPITAL DEPARTMENTS.

COMMUNITY HEALTH @ GREENWICH HOSPITAL AND COMMUNITY HEALTH OF FAIRCHESTER SUPPORT THE HOSPITAL'S MISSION TO PROVIDE A FULL CONTINUUM OF CARE BY OFFERING INNOVATIVE HEALTH SCREENINGS, SPEAKERS, SUPPORT GROUPS, SCHOOL PROGRAMS, HEALTH EDUCATION AND WELLNESS PROGRAMS DESIGNED TO PROMOTE HEALTH AND INCREASE ACCESS TO HEALTHCARE SERVICES.

OVER THE PAST YEAR, GREENWICH HOSPITAL PARTICIPATED IN MORE THAN 33 HEALTH FAIRS REACHING AN ESTIMATED 1,300 PEOPLE AT VARIOUS COMMUNITY SITES WITH THE GOAL OF INCREASING PEOPLE'S KNOWLEDGE AND HEALTH LITERACY. THE FAIRS WERE HELD AT PARKS, SCHOOLS, MULTI-HOUSING DEVELOPMENTS, HOUSES OF WORSHIP, YOUTH AND SENIOR CENTERS IN WESTCHESTER AND FAIRFIELD COUNTIES. PARTICIPANTS RECEIVED HEALTH SCREENINGS, INFORMATION AND EDUCATION ABOUT EXERCISE, HEALTHY HABITS AND BEHAVIORS, HAND WASHING AND HYGIENE, IMMUNIZATION, SUN SAFETY, CHOLESTEROL, STROKE, WEIGHT MANAGEMENT, NUTRITION, BREAST SELF-EXAMS, SMOKING CESSATION AND MORE. GREENWICH HOSPITAL STAFF OFFERED FREE BLOOD PRESSURE AND METABOLIC SCREENINGS ALONG WITH HEALTH EDUCATION AND COUNSELING ON HEALTHY LIVING. IN ADDITION, GREENWICH HOSPITAL PROVIDED MORE THAN 100 INDIVIDUALS WITH INFORMATION FROM VENDORS SPECIALIZING IN

**Part VI** Supplemental Information (Continuation)

DIABETIC CARE AND CONDUCTED FREE DIABETES-RELATED HEALTH SCREENINGS AS PART OF A DIABETES HEALTH FAIR.

THE GREENWICH DEPARTMENT OF HEALTH, THE GREENWICH COMMISSION ON AGING AND GREENWICH HOSPITAL SPONSORED AN ANNUAL SENIOR HEALTH FAIR, WHICH OFFERED FREE HEALTH EDUCATION, SCREENINGS AND RESOURCE REFERRALS. IN ADDITION, 32 FREE CHOLESTEROL SCREENINGS WERE CONDUCTED AT THE EVENT.

GREENWICH HOSPITAL, THROUGH THE NURSE IS IN PROGRAM, PROVIDED FREE BLOOD PRESSURE SCREENINGS AND HEALTH COUNSELING TO OVER 4,000 PEOPLE AT LOCAL LIBRARIES, YMCAS AND SENIOR CENTERS IN CONNECTICUT AND NEW YORK. AN ADDITIONAL NEARLY 2,200 FREE BLOOD PRESSURE SCREENINGS WERE CONDUCTED AT OTHER COMMUNITY SITES. THE HOSPITAL'S PARISH NURSE PROGRAM, A PARTNERSHIP WITH THE FIRST CONGREGATIONAL CHURCH OF GREENWICH, PROVIDES MORE THAN 2,000 CHURCH MEMBERS WITH HEALTH EDUCATION PROGRAMS, SUPPORT GROUPS, FLU SHOTS AND SCREENINGS ALL CONDUCTED OR COORDINATED BY A REGISTERED NURSE.

DURING FISCAL YEAR 2014, A TOTAL OF 64 MEN PARTICIPATED IN FREE PROSTATE CANCER SCREENINGS THAT INCLUDED A PSA (PROSTATE-SPECIFIC ANTIGEN) TEST, CONSULTATION AND EXAMINATION WITH AN UROLOGIST. THE UNIQUE EDUCATION AND SCREENING EVENT WAS SPONSORED BY GREENWICH HOSPITAL ALONG WITH WFAN RADIO SPORTS PERSONALITY ED RANDALL'S "FANS FOR THE CURE" PROGRAM.

COMMUNITY HEALTH @ GREENWICH HOSPITAL PROVIDED OR PARTICIPATED IN ADDITIONAL YOUTH ADULT HEALTH PROGRAMS INCLUDING AN AREA PTA WELLNESS COMMITTEE, BODY GUARDS-A HAND HYGIENE PROGRAM FOR ELEMENTARY, MIDDLE

**Part VI** Supplemental Information (Continuation)

AND HIGH SCHOOL STUDENTS, INTERACTIVE HEALTH AND SAFETY PROGRAMS, SCHOOL HEALTH EDUCATION ABOUT SELF-BREAST EXAMS AND SELF-TESTICULAR EXAMS, SMOKING PREVENTION AND DRUG AND ALCOHOL PREVENTION PROGRAMS. GREENWICH HOSPITAL ALSO CONTINUED TO SUPPORT THE LIONS LOW VISION CENTER, WHICH ASSISTS PATIENTS SUFFERING FROM MODERATE VISUAL IMPAIRMENTS TO MAXIMIZE THEIR REMAINING VISION AND IMPROVE THEIR QUALITY OF LIFE. IN FISCAL YEAR 2014, 25 PEOPLE UTILIZED THIS SERVICE.

GREENWICH HOSPITAL PARTICIPATED IN SEVERAL PROGRAMS OFFERED THROUGHOUT THE YEAR FOCUSED ON PROVIDING HEALTHY LIFESTYLE EDUCATION FOR FAMILIES. THESE INCLUDED FAMILY UNIVERSITY AND FRIDAY NIGHT OUT. THE FAMILY UNIVERSITY IS DESIGNED TO EMPOWER STUDENTS IN GRADES 5-12 AND THEIR PARENTS TO MAKE SMART HEALTHY CHOICES WITHIN THEIR FAMILIES. THESE BILINGUAL WORKSHOPS HELD IN COLLABORATION WITH THE PORT CHESTER SCHOOL SYSTEM AND THE PORT CHESTER CARES COMMITTEE INCLUDED A SERIES OF TOPICS INCLUDING PREVENTION OF ALCOHOL AND SUBSTANCE ABUSE, BULLYING, HEALTHY NUTRITION AND EXERCISE. FRIDAY NIGHT OUT AT THE BOYS AND GIRLS CLUB OF GREENWICH AND SPONSORED WITH A GRANT FROM PEPSI BOTTLING GROUP PROVIDED A THREE-MONTH PROGRAM PROMOTING HEALTHY LIFESTYLES. TEN FAMILIES PARTICIPATED IN THE PROGRAM.

KIDS COOKING IN THE KITCHEN IS A WELLNESS PROGRAM THAT BROUGHT TOGETHER GREENWICH HOSPITAL AND THE BOYS & GIRLS CLUB OF GREENWICH TO TACKLE OBESITY BY EDUCATING AND EMPOWERING YOUTH TO MAKE HEALTHY FOOD AND LIFESTYLE CHOICES. TEN CHILDREN AGES 10 TO 12 YEARS ATTENDED THREE WEEKLY, 90-MINUTE SESSIONS OF KIDS COOKING IN THE KITCHEN AT THE BOYS & GIRLS CLUB OF GREENWICH IN MARCH 2014. THE GOAL WAS TO ENGAGE CHILDREN IN A SAFE, SUPERVISED CULINARY ENVIRONMENT THAT PROVIDED NUTRITION

**Part VI** Supplemental Information (Continuation)

EDUCATION AND HEALTHY COOKING THAT ULTIMATELY BENEFITTED THE ENTIRE FAMILY AS PARTICIPANTS SHARED WHAT THEY LEARNED WITH THEIR PARENTS AND SIBLINGS IN THEIR OWN LANGUAGE AND CULTURE AT HOME.

GREENWICH HOSPITAL OFFERS A VARIETY OF SUPPORT GROUPS FOR PATIENTS AND FAMILIES INCLUDING CANCER, DIABETES, LUNG DISEASE, PARKINSON'S DISEASE, HEART HEALTH, CELIAC AND FOOD ALLERGY, PAIN, BARIATRIC SURGERY, WEIGHT LOSS, STROKE, SMOKING CESSATION, LUPUS, MULTIPLE SCLEROSIS, AND CHRONIC PAIN. THE GROUPS ARE PROVIDED FREE OF CHARGE TO HELP PATIENTS AND THEIR FAMILIES COPE WITH THEIR ILLNESSES AND RELATED ISSUES. THE HOSPITAL ALSO SUPPORTED DANCE PROGRAMS FOR COMMUNITY MEMBERS AFFECTED WITH PARKINSON'S DISEASE AT RYE ARTS CENTER AND FOR CANCER PATIENTS AT THE GRAND BALLROOM OF GREENWICH.

**ADVANCING CAREERS IN HEALTH CARE**

AS A MAJOR ACADEMIC AFFILIATE OF THE YALE SCHOOL OF MEDICINE, GREENWICH HOSPITAL HAS EVOLVED INTO A PROGRESSIVE MEDICAL CENTER AND TEACHING INSTITUTION WITH AN INTERNAL MEDICINE RESIDENCY. IN ADDITION, THE HOSPITAL PROVIDES A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO STUDENTS ENROLLED IN THE AREAS OF NURSING AND RESPIRATORY CARE TECHNICIANS. IN 2014, THE COST TO GREENWICH HOSPITAL TO PROVIDE FUNDING FOR HEALTHCARE TRAINING AND EDUCATION PROGRAMS WAS NEARLY \$3.6 MILLION, AND BENEFITED 193 INDIVIDUALS.

THE HOSPITAL PROVIDES A SIGNIFICANT AMOUNT OF HEALTH PROFESSIONS EDUCATION ON AN ANNUAL BASIS FOR 22 MEDICAL PROFESSIONALS. THIS INCLUDES GRADUATE AND INDIRECT MEDICAL EDUCATION IN THE AREA OF RESIDENCY AND FELLOWSHIP EDUCATION FOR PHYSICIANS AND MEDICAL STUDENTS.

**Part VI** Supplemental Information (Continuation)

DURING 2014, THE HOSPITAL PROVIDED A CLINICAL SETTING FOR UNDERGRADUATE TRAINING TO 147 STUDENTS ENROLLED IN NURSING PROGRAMS. GREENWICH HOSPITAL HAS LONG-STANDING PARTNERSHIPS TO PROVIDE THIS TRAINING WITH AREA COLLEGES AND UNIVERSITIES INCLUDING NORWALK COMMUNITY COLLEGE AND THE COLLEGE OF NEW ROCHELLE.

IN 2014, GREENWICH HOSPITAL PILOTED A NEW ONCOLOGY NURSING FELLOWSHIP PROGRAM. THE PROGRAM WAS MADE POSSIBLE THROUGH THE SUSAN D. FLYNN ONCOLOGY NURSING TRAINING AND DEVELOPMENT FUND, ESTABLISHED BY RETIRED STAMFORD BUSINESS EXECUTIVE FREDERICK C. FLYNN JR. IN MEMORY OF HIS LATE WIFE, WHO DIED OF OVARIAN CANCER IN 2013. DURING THE EIGHT WEEK PROGRAM AT GREENWICH HOSPITAL, STUDENTS SHADOWED SEASONED NURSES, BECAME INTEGRAL HANDS-ON MEMBERS OF THE CANCER CARE TEAMS IN THE OR, RADIATION, CHEMO INFUSION, THE CANCER REGISTRY AND ONCOLOGY RESEARCH. THEY ALSO WORKED WITH NURSE NAVIGATORS AND THE QUALITY AND SAFETY TEAM AND ATTENDED SCHWARTZ CENTER ROUNDS, A MONTHLY DISCUSSION AMONG HOSPITAL STAFF ABOUT THE ETHICAL AND EMOTIONAL CHALLENGES CAREGIVERS FACE. TWO STUDENTS FROM BOSTON COLLEGE GRADUATED FROM THE PROGRAM AT GREENWICH HOSPITAL WITH NINE OTHER ONCOLOGY NURSING STUDENTS FROM EITHER BOSTON COLLEGE OR FAIRFIELD UNIVERSITY COMPLETING SIMILAR PROGRAMS AT SEVERAL LEADING HOSPITALS INCLUDING STAMFORD HOSPITAL, WENTWORTH-DOUGLAS HOSPITAL, MASSACHUSETTS GENERAL HOSPITAL, AND THE DANA-FARBER CANCER INSTITUTE.

RESEARCH

STATE CANCER REGISTRIES ENABLE PUBLIC HEALTH PROFESSIONALS TO BETTER UNDERSTAND AND ADDRESS CANCER BURDEN. REGISTRY DATA ARE CRITICAL FOR

**Part VI** Supplemental Information (Continuation)

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 GREENWICH HOSPITAL CANCER REGISTRY INCLUDING BOTH DIRECT AND INDIRECT COSTS WERE \$468,440.

GREENWICH HOSPITAL ALSO PROVIDES ANNUAL SUPPORT TO THE ONS FOUNDATION FOR CLINICAL RESEARCH AND EDUCATION. THE ONS FOUNDATION FOR CLINICAL RESEARCH AND EDUCATION, A GREENWICH HOSPITAL ALLIANCE, WORKS TO DEVELOP, VALIDATE, FORMALIZE AND DISSEMINATE THE LATEST ADVANCES IN SURGICAL TECHNIQUES, REHABILITATION PROTOCOLS AND CLINICAL OUTCOMES IN ORTHOPAEDICS AND NEUROSURGERY TO IMPROVE PATIENT CARE ON REGIONAL AND NATIONAL LEVELS. THE HOSPITAL'S SPONSORSHIP OF THIS WORK IS CAPTURED UNDER CREATING HEALTHIER COMMUNITIES.

CREATING HEALTHIER COMMUNITIES

IN FISCAL YEAR 2014, GREENWICH HOSPITAL CONTINUED TO WORK CLOSELY WITH A NUMBER OF NOT-FOR-PROFIT ORGANIZATIONS AND MUNICIPALITIES AND SUPPORTED EFFORTS TO CREATE A HEALTHIER COMMUNITY THROUGH FINANCIAL AND IN-KIND SERVICES TOTALING \$399,958. EXAMPLES INCLUDE ANNUAL PROGRAMS

**Part VI** Supplemental Information (Continuation)

SUCH AS CARDIO PULMONARY RESUSCITATION (CPR) TRAINING, RELAY FOR LIFE, SHED YOUR MEDS AND A SPEAKER'S BUREAU.

AS A COMMUNITY TRAINING CENTER FOR THE AMERICAN HEART ASSOCIATION, GREENWICH HOSPITAL PROVIDED CPR TRAINING TO 302 PROFESSIONAL AND LAY RESCUERS. IN ADDITION, FREE ADULT CPR CLASSES WERE PROVIDED TO THE COMMUNITY AND 39 PEOPLE ATTENDED. ANOTHER 30 PEOPLE ATTENDED FEW INFANT AND CHILD CPR CLASSES, WHICH WERE HELD AT OPEN DOOR.

COMMUNITY HEALTH @ GREENWICH HOSPITAL WAS A MAJOR SPONSOR OF GREENWICH'S RELAY FOR LIFE, AN AMERICAN CANCER SOCIETY EVENT THAT BRINGS CANCER SURVIVORS TOGETHER TO CELEBRATE LIFE. THE EVENT RAISED APPROXIMATELY \$77,347 FOR THE AMERICAN CANCER SOCIETY. OVER THE PAST EIGHT YEARS, REALY FOR LIFE HAS RAISED A TOTAL OF \$550,000. COMMUNITY HEALTH @ GREENWICH HOSPITAL PARTNERED WITH OTHER ORGANIZATIONS TO SPONSOR VARIOUS CANCER-AWARENESS EVENTS THAT PROVIDED EDUCATION ABOUT CANCER, AND THE IMPORTANCE OF EXAMS FOR EARLY DETECTION AND TREATMENT THERAPIES. THESE EVENTS INCLUDED CANCER CARE, CT SPORTS FOUNDATION AGAINST CANCER, AND ED RANDALL'S FANS FOR THE CURE.

SHED YOUR MEDS CONTINUES TO BE SPONSORED BY GREENWICH HOSPITAL, THE TOWN OF GREENWICH, THE GREENWICH POLICE DEPARTMENT, CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION, THE SILVER SHIELD OF GREENWICH, GREENWICH YOUTH SERVICES COUNCIL, COMMUNITY AND POLICE PARTNERSHIP AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERSHIP.

SHED YOUR MEDS IS AN ANNUAL PUBLIC SAFETY EFFORT WHICH ENCOURAGES RESIDENTS TO GET RID OF UNWANTED OR EXPIRED MEDICATIONS. THE INSTALLATION OF A PERMANENT "DROP BOX" PROVIDING RESIDENTS WITH ROUND

**Part VI** Supplemental Information (Continuation)

THE CLOCK ACCESS TO DROP OFF UNWANTED OR EXPIRED MEDICATIONS WAS COMPLETED IN 2013.

AS PART OF ITS OUTREACH MISSION, COMMUNITY HEALTH AT GREENWICH HOSPITAL OPERATES A SPEAKER'S BUREAU TO PROMOTE HEALTH EDUCATION AND AWARENESS IN THE COMMUNITY. IN 2014, GREENWICH HOSPITAL PHYSICIANS, NURSES, DIETICIANS, PHYSICAL THERAPISTS, SOCIAL WORKERS, AND PHARMACISTS CONDUCTED FREE LECTURES AT LIBRARIES, SENIOR CENTERS, SCHOOLS, CORPORATIONS, AND COMMUNITY SERVICE ORGANIZATIONS SUCH AS ROTARY CLUB, 40/40 CLUB, YWCA, AND YMCA IN CONNECTICUT AND WESTCHESTER COMMUNITIES. TOPICS INCLUDED DIABETES, STROKE, HEART ATTACK PREVENTION, BREAST, SKIN AND COLON CANCER AWARENESS, CHOLESTEROL REDUCTION, HEALTHY LIFESTYLES AND HABITS, HYGIENE, HEART HEALTH, MENTAL HEALTH, IMMUNIZATION, NUTRITION, OSTEOPOROSIS, KNOWING YOUR NUMBERS, PARKINSON'S DISEASE, PROSTATE HEALTH, SMOKING PREVENTION / CESSATION, AND WEIGHT MANAGEMENT.

## SUPPLEMENTAL INFORMATION

IN ADDITION TO THE ACTIVITIES DESCRIBED, GREENWICH 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 OF THE BOARD MEMBERS RESIDING OR WORKING IN THE TOWN OF GREENWICH AND OTHER MUNICIPALITIES SERVED BY THE HOSPITAL. THE HOSPITAL ALSO EXTENDS MEDICAL STAFF PRIVILEGES TO ALL QUALIFIED PHYSICIANS IN ITS COMMUNITY. IN FISCAL YEAR 2014 THERE WERE A TOTAL OF 548 MEMBERS OF THE GREENWICH HOSPITAL MEDICAL STAFF. UNDER THE LEADERSHIP OF ITS BOARD OF TRUSTEES AND SENIOR ADMINISTRATION, GREENWICH ACHIEVED STRONG PERFORMANCE IN 2014.

FOLLOWING ARE SOME OF THE HIGHLIGHTS OF THE YEAR:

**Part VI** Supplemental Information (Continuation)

THE GREENWICH HOSPITAL CAMPUS OF SMILOW CANCER HOSPITAL AT YALE-NEW HAVEN CONVERTED ALL OF ITS MAMMOGRAPHY EQUIPMENT TO THREE-DIMENSIONAL (3-D) UNITS THAT OFFER IMPROVED CANCER DETECTION. THIS ADVANCED TECHNOLOGY IS AVAILABLE AT THE HOSPITAL'S BREAST CENTER IN GREENWICH AND ITS DIAGNOSTIC CENTER IN STAMFORD.

GREENWICH HOSPITAL WELCOMED A RECORD 2,500 NEWBORNS INTO THE WORLD IN ITS REDESIGNED MATERNITY DEPARTMENT, WHICH INCLUDES A NURSERY, LEVEL 3 NICU, LABOR AND DELIVERY AREA, AND ACCOMMODATIONS FOR ADDITIONAL ANTENATAL AND PERINATAL PATIENTS. THE HUGS INFANT SECURITY SYSTEM ALSO WAS EXPANDED TO ENSURE THE HIGHEST PATIENT SAFETY POSSIBLE. FOUR NEW YORK OBSTETRICIANS JOINED THE MEDICAL STAFF, STRENGTHENING GREENWICH'S REPUTATION AS THE REGION'S DESTINATION HOSPITAL FOR PROSPECTIVE PARENTS.

ALWAYS STRIVING TO IMPROVE THE PATIENT EXPERIENCE, GREENWICH BECAME THE ONLY HOSPITAL IN THE NORTHEAST TO OFFER FAMILY TOUCH, A COMMUNICATION SYSTEM THAT ALLOWS AMBULATORY SURGERY PATIENTS TO KEEP LOVED ONES UPDATED ON THEIR STATUS THROUGH TEXT MESSAGES.

COMMUNITY MEMBERS UTILIZE GREENWICH HOSPITAL AS A VEHICLE TO CONNECT AND CONTRIBUTE TO INDIVIDUALS AND THE OVERALL COMMUNITY THROUGH PHILANTHROPY AND VOLUNTEERING. IN FISCAL YEAR 2014, 747 ADULT AND JUNIOR VOLUNTEERS DEDICATED A TOTAL OF 54,700 SERVICE HOURS TO THE HOSPITAL. VOLUNTEERS WERE PLACED IN MANY PATIENTS AND NON-PATIENT AREAS INCLUDING THE ED, PATIENT TRANSPORT/ESCORT, ONCOLOGY, SURGERY, PAIN MANAGEMENT, MATERNITY, NICU, HUMAN RESOURCES AND INFORMATION SERVICES.

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

**Part VI** Supplemental Information (Continuation)

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, LIST STATES RECEIVING COMMUNITY BENEFIT REPORT:

CONNECTICUT