

**COMMUNITY BENEFITS PLAN – REPORTING FORM**  
*Pursuant to RSA 7:32-c – 1*

**FOR FISCAL YEAR BEGINNING: April 1, 2007**

<u>Community Health &amp; Hospice, Inc.</u>	<u>02-0324948</u>	
<b>Organization Name</b>	<b>Federal Tax Identification Number</b>	
<u>780 North Main St.</u>	<u>1572</u>	
<b>Street Address</b>	<b>State Registration Number</b>	
<u>Laconia,</u>	<u>NH</u>	<u>03246</u>
<b>City</b>	<b>State</b>	<b>Zip Code</b>

Has the organization filed its Community Benefit Plan Initial Filing Information Form?

Yes, X                      N \_\_\_\_\_

If No, please complete and attach the Initial Filing form.

If Yes, has any of the initial filing information changed since the date of submission?

Yes X                      No \_\_\_\_\_

If yes, please attach the updated information: *The agency fiscal year has changed from July 1 – June 30 to April 1- March 31 since the date of original Community Benefit filing.*

**Section 1 - Community Benefits Contact Person:**

Margaret Franckhauser, RN, MS, MPH  
Executive Director  
Community Health & Hospice, Inc.  
780 North Main St.  
Laconia, NH 03246  
(603) 524-8444

## **Section 2 - Mission Statement**

1. What is your mission statement?

*The mission of Community Health & Hospice is to strengthen the quality of life by providing a family of home and community health care services from birth to bereavement.*

2. When was it last reaffirmed?

The mission statement was reaffirmed on April 14, 2007 at the organization's strategic planning retreat.

## **Section 3 – Miscellaneous:**

Is this plan available on your web site? Yes

If yes, may we include a link to the plan on the CTU web site?

Yes Web address: [www.chhnh.org](http://www.chhnh.org)

\_\_\_\_\_ Please check here if you are an area agency that reports to the Department of Health and Human Services.

\_\_\_\_\_ Please check here if this report is filed for two or more healthcare charitable trusts.

## **Section 4 – Definition of Community and Population Served (RSA 7:32-d, III) .**

Community Health & Hospice primarily serves the residents of Belknap County; however, some services extend more broadly into the Lakes Region - depending upon the requirements of the funding source and whether or not another agency exists to provide the service. For example, homemaker and Adult In- Home Care services to the elderly extend into lower Grafton County because there are no other service providers in the area willing or able to offer this service.

When new programs are being considered, the agency conducts an assessment of Belknap County service needs and assesses the availability of service through another organization, program costs, funding and operational efficiencies, and workforce recruitment issues.

## **Section 5 -. Community Needs Assessment Information**

1. Community Health & Hospice participated with a community collaborative that included nine agencies to conduct the community needs assessment during 2003.
2. N/A

3. If you conducted a needs assessment with other healthcare charitable trusts in your community, answer the following questions: *CH&H conducted a needs assessment with 8 other agencies which was released in December 2003 and submitted with the Community Benefit Report of LRGHealthcare. The process involved a written survey mailed to 4000 randomly selected area residents, five focus groups involving community groups or organizations and community service providers, and analysis of regional health data sets.*

*a. Identify the charitable trust designated to file the community needs assessment.* Lakes Region General Healthcare was the entity identified to submit the community needs assessment.

*b. When was the needs assessment last updated?* The needs assessment was finalized December 2003 and released to the public. The group is now beginning to plan the assessment modalities for the next round in 2008.

*4. If you are the trust designated by a group to file its community needs assessment with the Charitable Trusts Unit, Please answer the following questions:* N/A the Needs Assessment was submitted by LRGHealthcare and filed with their Community Benefits report. The report can be found on the Community Health & Hospice, Inc. website at [www.chnh.org](http://www.chnh.org).

## **Section 6 - Community Benefit Plan:**

This Community Benefit Plan was developed by Community Health & Hospice, Inc. to apply solely to its own mission statement.

*1. Identify the health care needs that were considered in development of this plan.* Community Health & Hospice, Inc. addresses the health care needs of the community that can be managed in a home setting or other congregate living setting or are best addressed through other community locations that are not hospitals, medical offices or clinics. In addition, the agency conducts a number of community support groups and health screening programs that relate directly to other programs offered by our organization.

The primary health needs addressed include:

**Families with Young Children:** Many families need assistance to enhance the growth and development of their children. These needs include access to affordable primary care, immunization services, parent education and guidance, care of the newborn, developmental assessment, and managing the needs of a child with chronic illness. In the Lakes Region service area, one in four births is to a low-income mother, and one in four is to a mother with less than a high school education. These factors bode poorly for the full development of a child. Families dealing with low education and poverty have social and economic stressors that distract them from attending to their children's needs and place children at risk for illness, developmental delay and social/behavioral problems.

Assistance to parents and children is provided through our Young Family Program.

**Adults and Children Dealing with Acute or Chronic Illness:** Length of stay in hospitals is brief, and many people are discharged with nursing, therapy, personal care, or social service needs that they cannot accomplish at home without professional assistance. Complex care requirements occur in response to acute health care conditions as well as chronic conditions such as heart disease or cancer. This type of in-home professional health care is provided through our Home Care program on an intermittent care basis.

**Oversight and Assistance to the Elderly and Disabled in the Community:** The increase in number of elderly living in their own homes, particularly the frail elderly, presents safety and health risks that can be averted by the attendance of helpful supportive care providers. In addition, most people prefer to live at home as they age, and many require supportive assistance to do so safely. This assistance is provided through our Support Services program.

**Health Promotion and Disease Prevention:** The low-income level of many local area citizens prevents them from accessing health care resources for health screening, education, and preventive health measures. People seek convenient home or community locations for the delivery of certain health maintenance and monitoring services. These services are provided through our community clinics and participation in community health fairs and wellness activities.

**End of Life Care:** Increasing incidence of cancers and life threatening chronic diseases create a need for care focused on pain & symptom management, family support and bereavement support. Data has shown that 75% of Americans would prefer to experience the end of their lives at home rather than a hospital or nursing home. Therefore, end of life care is provided through our Hospice and Palliative Care Program.

2. Please identify all activities the trust expects to undertake or support during the next year which address the needs determined through the community needs assessment. Please include the cost of each activity.

**GOAL #1: Enhance the health, growth & development of children and their families in the Lakes Region - with particular attention to low income, uninsured families and other families at risk for social, health or economic hardship.**

Primary responsibility: Young Family Program

Background: The modern community provides few opportunities to support and educate families with young children. Early discharge from the hospital after delivery, homes with two working parents, single parent households, teenage parents, and families with a child with acute or chronic disease undergo many stresses which may negatively affect the growth and development of children. Health insurance and governmental entities poorly fund children and family support services. In addition, services are often highly fragmented, difficult to access and subject to complex

enrollment criteria. Data from the *Kids Count* 2004 report and the Bureau of Vital Records indicate that Belknap County has a high rate of birth to mothers with less than a 12<sup>th</sup> grade education and a high rate of unmarried mothers. Belknap County, like most NH counties, continues to see an increase in low birth weight and premature infants. Both of these phenomena increase the risk for a child's developmental delay and parental stress. Primary care providers are in short supply, and parents indicate they have difficulty identifying services to assist with medical and social needs in Belknap County because the services are highly fragmented.

**Activities related to Goal #1:**

1. Connect families to health care insurance to the statewide Healthy Kids framework through the Pediatric Care Management Program.
2. Connect families to appropriate health care providers and assist them in follow-up to be certain that health care needs are addressed through the Well Child Program.
3. Provide parenting education and support to families, and provide interested families with the opportunity to interact with other families at home and in community settings through the Pediatric Care Management Program.
4. Provide skilled nursing care to children, pregnant and post-partum women, families and newborns in the home setting through the Pediatric Home Care Program.
5. Provide childhood Immunization clinics every other month to enhance health and wellness and school attendance through the Shots for Tots program.
6. Provide child developmental assessment clinics locally to identify developmental deficits and begin activities to enhance the child's ability to function through the Child Development program.
7. Provide support groups and activities to enhance the ability of families of children with chronic disease to manage the disease in the community through the Partners in Health Program.
8. Provide short term nursing assistance to local services which complement the role of the Young Family Program in order to stabilize and assist families in becoming self functioning.

**Estimated Cost of Program Activities for the Next Fiscal Year: \$364,535**

**Charity Care anticipated for the Next Fiscal Year related to this goal: \$192,175.**

The Young Family/Pediatric Programs are highly dependent on charitable dollars for their existence. Since many of the services are supportive, preventive or educational in nature, they are not well reimbursed by third party payers. Many of the families served are covered by Medicaid, but the Medicaid program covers only about 46% of the cost of care. The agency attempts to leverage small grants to operate program functions, but requires a charitable match to keep the services in operation. Further, the population served is generally low income, and the ability to pay for services out-of-pocket is exceptionally limited.

**GOAL #2: Provide high quality, in-home, intermittent skilled nursing, medical social worker and therapy services to those who qualify and are in need, regardless of ability to pay.** Primary Program responsible: Home Care.

Background: Community Health & Hospice offers the only non-profit skilled visiting nurse agency serving all of Belknap County. Home-based health and support services are at the core of the agency's mission. Although these services are reimbursed by most major governmental and private payers, some patients do not have insurance benefits, and some do not qualify fully under their insurance plan. Further, some payers do not fully cover the cost of providing this service to the community. The agency, in concert with its mission, has agreed to make those services available to the community at large.

Within our financial means, Community Health & Hospice does not turn away individuals based on the inability to pay. The agency offers financial assessment and a sliding fee scale to those in need. In addition, the agency participates with the HealthLink program of Lakes Region General Hospital to offer pro-bono services to its members who require skilled home care service. Two years ago, the agency implemented computerization of the health care record to allow nurses, therapists and other clinicians to carry the patient's medical record on a computer and enter data during the visit. The electronic record is designed to improve the quality of medical information, enhance the quality of care and reduce opportunity for medical error. It is a costly tool that is not reimbursed by third party payers.

Finally, last year the agency launched a telehealth system of monitoring patients from their homes using telephonic technology. This system has been deployed to patients with chronic disease who are frequently hospitalized because of complications or whose condition has been worsening without frequent monitoring and intervention. The agency invested in telehealth to enhance quality of care and reduce mortality among these fragile patients. The tool is not reimbursed by any payer at this time; therefore, the agency has implemented it at our own expense.

**Activities related to Goal #2:**

1. Provide all intermittent, skilled nursing, therapy and medical social worker services - including highly technical services, such as intravenous therapy - in the home, with availability 24 hours per day, 7 days per week.
2. Provide intermittent, short visit personal care services in the home for persons who are unable to perform this service themselves and have a need for skilled care.
3. Provide physical, occupational, and speech therapy to assist patients to rehabilitate and return to maximum function.
4. Provide social worker support and service coordination to assist people in managing health related affairs given illness or disability.
5. Using the above services, work with area health care providers to reduce acute

care hospitalization for persons with chronic debilitating diseases, such as COPD, cardiovascular disease, and diabetes.

6. Employ a computerized health care record to improve the quality of information and enhance patient care services.
7. Employ 30 units of telehealth technology on select high risk patients with chronic disease to avoid hospitalization and excess morbidity and mortality.

**Estimated Cost of Program Activities: \$2,894,369**

**Charity Care anticipated for the Next Fiscal Year related to this goal: \$136,122.**

**GOAL #3: Provide high quality support, companion, and chore services to the elderly & disabled who cannot perform these functions independently.** Primary Program responsible: Home Care In-Home Support Services.

Background: Many elderly and disabled members of the Lakes Region community require support services to remain in their homes and avoid institutionalization. Such needs involve assistance with light personal care, chores, shopping, and meal preparation. The need for service may be, but is not necessarily, driven by a medical diagnosis. Community Health & Hospice has partnered with the state and region for over 15 years to offer services that enable vulnerable populations to remain as independent as possible in the home or congregate living situation. In addition, the agency is committed to exploring new service options that address issues of quality and safety while decreasing the cost of care. The agency has entered into an agreement with the state to accept partial funding for these programs. The agency must raise the remaining portion of funding from community funds. These services are in great demand, and there is currently a waiting list due to the lack of personnel to meet the need. Related goals are:

- A. Minimize the need for long term institutionalization of the elderly & disabled.
- B. Increase social supports and socialization for the elderly & disabled.

**Activities related to Goal #3:**

1. Offer homemaker and companion services in conjunction with the state office of Elderly & Adult services to low-income seniors.
2. Offer respite services to those caring for family members with Alzheimer's Disease or Related Disorders
3. Offer four monthly support groups in several communities for those caring for elderly or infirm individuals at home.

**Estimated Cost of Program Activities: \$751,829**

**Charity Care anticipated for the Next Fiscal Year related to this goal: \$58,844**

**GOAL #4: Provide health screening and preventive health measures to vulnerable populations in the Lakes Region.** Primary responsibility: Home Care program and Young Families Program.

Background: Many elderly, disabled, and low income families cannot access or afford routine health care screening or preventive health measures such as blood pressure screening, foot care, well-child and immunizations. As a community care provider, Community Health & Hospice has the opportunity to provide these needed services in a community setting to promote the wellness of these vulnerable populations. Related goals are:

**Activities Related to Goal #4**

- A. Provide community based influenza clinics to vulnerable populations at ten to fifteen community locations.
- B. Provide free blood pressure screenings and routine foot care at congregate living centers and senior centers in the Lakes Region to enhance the control of chronic disease.
- C. Provide education regarding health and wellness to multiple audiences at various locations throughout the lakes region.
- D. Provide nursing consultation and health education services on a regular basis to three senior housing sites.
- E. Provide Registered Nurse Consultation services on a part time basis with a nurse skilled in geriatric care.
- F. Participate in community wellness fairs and other community events in conjunction with other health agencies.

**Estimated Cost of Program Activities: \$127,188**

**Charity Care anticipated for the Next Fiscal Year related to this goal: \$96,594**

**Goal #5: Improve access to and delivery of end-of-life care to those affected by terminal illness.**

Background: Research has demonstrated a critical need for medical and support services at the end of life. Once curative treatment has exhausted its capacity, individuals and their families face the concerns of death and dying. These concerns include issues of pain control, psychological health, spiritual need, personal care, and quality of life issues. The Hospice and Palliative Care program provides this unique multi-disciplinary caring services for people at the end of life and works to enable individuals to make the best of the time they have left. Hospice specializes in pain control to allow persons affected by terminal disease to function as fully as possible with minimal discomfort. Although some insurers offer a hospice benefit, the benefit often falls far short of the cost of comprehensive hospice care. In addition, many who require the service lack the necessary health insurance coverage to pay for hospice services. Community Health &

Hospice provides the full range of palliative care and support. Individuals are not turned away based on inability to pay. Further, the agency has recently partnered with community nursing organizations to increase the availability of this service in remote areas. Related goals are:

1. Educate the community and local health care practitioners (particularly physicians and nurses) about the hospice program through volunteer training and community end-of-life education programs to encourage an understanding of end-of-life care.
2. Provide highly trained staff to provide care to patients and families to address their individual needs at the end of life, including spiritual care, medical care, personal care, nutrition, pain & symptom management, and psychological support.
3. Recruit and train supportive volunteers to assist families in the support needed to provide end of life care at home.
4. Continue to foster a relationship with Lakes Region General Hospital and area nursing homes to make available in-patient beds for respite care and facility based care when needed by the individual and family.
5. Continue to work to promote collaborative relationships with established nursing organizations in other communities to increase access to hospice services.
6. Utilize a computerized medical record to enhance the quality of care and improve communication among the various professionals providing services.
7. Provide bereavement support to individuals, families and organizations that have been affected by the death of a family member

**Estimated Cost of Program Activities: \$1,312,574**

**Charity Care anticipated for the Next Fiscal Year related to this need: \$68,756**

**6. Additional Community Benefit Activities planned for next fiscal year, not covered by these goals:**

1. Reduced rent for office space in the Community Health & Hospice building and discount for management services (i.e. Human Resources, Financial Management, Bookkeeping, Payroll, etc.) to Service Link and The Lakes Region Partnership for Public Health. In addition, offer public meeting space to other non-profit organizations including, but not limited to Service Link, Belknap County Senior Citizen's Council and other entities. Estimated Value: \$11,200.

2. Participation by Community Health & Hospice personnel in planning community services and programs, such as boards of non-profit organizations such as the Lakes Region Partnership for Public Health, key coordination and planning efforts for Emergency Preparedness (i.e., Medical Subcommittee of Community Planning – 12 -16 meetings/year), Statewide Public Health Planning Committee and other community and state efforts: Estimated value: \$26,000.

**7. Activities Undertaken by Community Health & Hospice during the past year, which addressed community needs with an actual valuation of the community benefit:**

**Young Family Programs** provided services to enhance the growth and development of children in the Lakes Region, connected children to health insurance and health care providers, and provided education and support to families with newborns and children with special health care needs. These programs target low income families.

**Total Program Cost: \$347,177**

Charity/Subsidized Support for Young Family:

Immunization Clinics monthly	\$ 5,720
Charity/reduced fee Sick child visits & mother & newborn visits	\$52,800
Pediatric Care Management of 531 children	\$45,235
Child Development Clinic for pediatric developmental assessment	\$38,205
Partners in Health Support for Children with Chronic Illness	\$ 7,880
Nursing services to partnering non-profits	\$ 5,743
<b>Subtotal Charity Young Family</b>	<b>\$155,483</b>

**Home Care Program** provides professional nursing, physical therapy, occupational therapy, nursing assistants and medical social worker services to those recovering from acute illness or dealing with chronic illness at home. While some services are covered by third party payers, not all payers cover the full cost of services. In addition, the agency does not turn people away based on inability to pay. Lastly, the agency incurs additional costs for some support services to enhance the health and wellness of vulnerable populations through the home care program.

**Total Program Cost: \$2,700,856**

Charity/Subsidized Support for Home Care:

Blood Pressure Clinics, four times monthly at community sites	\$14,778
Foot care clinics at senior housing, twice monthly	\$10,290
Free skilled visits (RN, HHA) to persons with no insurance and unable to pay	\$20,587
Discounted service to moderate income, sliding scale	\$9,690
Subsidy to Medicaid Clients (@48% of the cost of care)	\$65,652
Telehealth 15 units to 103 patients/year	\$55,686
<b>Subtotal Homecare Charity</b>	<b>\$176,683</b>

**Support Service Programs** are long term care services designed to allow the elderly and disabled to remain in their homes and avoid institutionalization. They are offered using the services of homemakers and companions who provide companionship, oversight,

meal preparation, grocery shopping and light household chore work. Recipients qualify through age, disability and income criteria. This program also offers flu vaccine clinics which were a particular challenge this past year due to a paucity of vaccine. Rather than hold community clinics, the agency prioritized clients based on medical risk and held ten clinics at the agency location.

**Total Program Cost: \$709,273**

Charity/Subsidized Support for Support Services:

Subsidy to Homemaker Programs (Represents payment below agency cost to provide care such as homemaker & companion)	\$68,499
Flu vaccine clinics: 12 clinics & 480 vaccines	\$1,821
Consultation to Senior Housing/Health Education	\$2,340

**Subtotal Support Service Charity \$72,660**

**Hospice** provides support and medical service to individuals at the end of life when the expectation for a cure from disease is no longer likely. These services are multidisciplinary in nature and are offered to the family as well as the client. Importantly, hospice offers the survivors and the community at large opportunities for bereavement support.

**Total Program Cost: \$1,407,127**

Charity/Subsidized Support for Hospice Services:

Bereavement Support and special community sessions	\$ 24,700
Bereavement support to area businesses, free of charge	\$ 1,265
Volunteer recruitment and training, three sessions annually	\$ 6,100
Volunteer coordination and support for hospice clients	\$14,553
Free care or discounted care to persons without insurance or funds	\$10,326

**Subtotal Hospice Charity \$56,944**

**Other, Non-Program Specific Charity** such as participation of professional staff in community emergency planning, community non-profit board memberships by professional staff, discounted service and rental for ServiceLink, meeting space for community organizations, community lectures on end of life and other topics:

**Total Value of CH&H Program Activities for Fiscal Year April 1, 2005 to March 31, 2006: \$392,933**

**Identify additional community benefits not specifically identified in the community needs assessment that the trust group undertook or supported during the past year. Include a cost of each.**

The agency provided in-kind contributions in the form of staff support to other community programs and planning initiatives to benefit the Lakes Region Community. Examples include:

1. Participation of the Executive Director in the role of board member to the new Lakes Region Partnership for Public Health: \$1500
2. Participation by the Child Development Coordinator in Upstream & Other community committee work = \$700
3. Participation of the Human Resource Director in the regional emergency planning group = \$480
4. Participation of the Executive Director in the state Public Health Advisory Committee: \$800
5. Participation by Hospice Director in board of the NH Hospice & Palliative Care Association: \$450.
6. Participation by the Executive Director and the Hospice Director on the Palliative Care Committee at LRGHealthcare: \$1,500.
7. Participation by Support Services Coordinator on ServiceLink Advisory Board and on the Belknap County Committee on Aging: \$1460.
8. Discounted office space to Service Link for 12 months: \$2,000.
9. Management services at reduced cost to ServiceLink for 10 months: \$2,000.
10. Other community services by other agency staff = (estimate) \$2,000
11. Support to *various charitable causes* for community planning: \$500

**Subtotal: Other Community Benefit, not related specifically to programs of CH&H but consistent with its mission and the community plan: \$11,390.**

**Total Value of Community Benefit activities of Community Health & Hospice, in fiscal year 2005-2006 = \$473,160**

**8. Ratio of gross receipts from operations to net operating costs for FY 05 = 1.072**

**9. Please describe the means used to solicit the views of the community on the development of this plan and an evaluation of its effectiveness.**

**Development of the Plan:** The Managers and the Board of Directors (Officers) of Community Health & Hospice discuss and develop the community benefit plan on an annual basis at a planning session scheduled during a board meeting in the spring. In order to plan goals and activities, the agency gathers information from external and internal sources. External sources include published data sets, (i.e., Kids Count NH, Vital Records disease data), information and recommendations from other health care charitable trusts (i.e., Lakes Region General Hospital, the Community Action Program), healthcare foundations (i.e., NH Endowment for Health), and Medicare & Medicaid data and employment security and economic indicator data. Internal sources include patient service surveys, patient comments

from quality improvement surveys, data gathered from community requests, referral source surveys and employee comments. The organization prioritizes the community needs and the reliable sources of revenue or funding to develop a budget to fund the services.

Fund raising is critical to the success of the mission of this organization. Without United Way support, donations, memorial offerings and town contributions, the agency would be unable to carry out the mission. Therefore, fund raising capability is among the important considerations in developing the annual plan. In the past year, the agency has noted increasing difficulty meeting the need for discretionary funding. The agency has increasingly used program surpluses to fund community benefit; however, changes in those funding sources will leave the agency with no surplus to assist in supporting other programs.

**Plan Evaluation:** On a monthly basis, agency Directors and Managers review program activity and financial reports with the Board of Directors to evaluate the effectiveness of programs and to assess their financial status. Extraordinary demand on specific programs alerts the agency of high demand for service. In addition, the agency reviews any waiting lists or delay for services. Twice yearly, the agency conducts patient surveys which query those served about the quality of service and any recommendations for new services or service improvement. This information is also brought to the Board of Directors through the quality assurance program.

The agency has developed a web site which is capable of soliciting information as well as giving information. Currently, web site viewers may query the executive director on issues; however, we do not yet have the capacity to receive referrals on the web site. This is limited by the importance of privacy and security of information.

### **Section 7 – Public Notice (RSA 7:32-g)**

*How is your plan made available to the public?*

The benefit plan of Community Health & Hospice, Inc. is made available to the public through our web site: [www.chnh.org](http://www.chnh.org). In addition, the public may request a printed copy by calling the office at (603) 524-8444. Copies are given to the Board of Directors. The Community Assessment is also available through our web site. In the months following release, copies were mailed to the participating towns, media sources and community groups.

### **Section 8 – Additional Information**

*1. Did your group hire an outside firm to prepare your needs assessment?*

No, the collaborative group conducted the entire needs assessment.

*2. Did your group hire an outside firm to prepare your plan/report?*

No, the Executive Director prepared this report.

*3. What was the cost of the needs assessment in dollars and personnel hours?*

The Executive Director of Community Health & Hospice is the chair of the Community Needs Assessment group and gave over 200 hours during the 2005-06 year to the process of Community assessment. The cost of this time, copying and clerical support is estimated to exceed \$5,500.

*4. What was the cost of the plan/report in dollars and personnel hours?*

The approximate cost was calculated by taking the number of hours devoted to research, planning, and writing the report multiplied by the cost of the Executive Director's time. The number of hours was estimated to be 10, and the cost is estimated to be \$400.

*5. Did the services you deliver change in any way as a result of this assessment and reporting process? Please describe.*

Participation in the collaborative needs assessment did result in some change in the agency's community benefit report. As a consequence of the collaboration, the agency is working with a group to organize a community information web site and is working more closely with the LR Partnership for Public Health & Safety.

# Attachment A

## Description of Services

**COMMUNITY HEALTH & HOSPICE, INC. is a licensed, certified home health agency that provides home and community based services to people and families with health related needs.**

## **HOME CARE SERVICES:**

Post acute, intermittent home-based health services are provided by licensed professionals in concert with the orders of community medical practitioners. Services are typically visit based (not time based) and are focused on recovery from illness or management of chronic illness. The goal of care is to improve/restore health & function.

**Professional Nursing:** Licensed professional nurses provide a wide range of home-based nursing care including care assessment/management, routine nursing procedures, and highly technical care such as intravenous therapy and pain control therapy. Specialties include Psychiatric Nursing and Ostomy & Wound Care Consulting.

**Licensed Nursing Assistants:** Work under the direction of a Registered Nurse to provide personal care and support service to people in their homes.

**Rehabilitation Therapies:** Licensed Physical Therapists, Speech Therapists & Occupational Therapists provide home-based rehabilitation therapy services.

**Medical Social Work:** Social Service assessment, counseling, and care management assistance.

## **HOSPICE & PALLIATIVE CARE SERVICES**

This program offers care designed to improve the quality of life for those with a life-threatening disease and for their families by minimizing suffering and supporting social and psychological needs. The goal of care is to manage symptoms and provide support for people experiencing a terminal illness. Services include:

**Comprehensive Care & Support** in the home by a team of professionals and volunteers

**In-patient care** at Lakes Region General Hospital when necessary for pain & symptom management

**Nursing Home** patient support and staff development

**Bereavement Support** – Individual & support groups, short & long term

**Community Education** - to enhance understanding of the needs related to end of life care and encourage people to plan in advance.

## **SUPPORT SERVICES**

Support Services are activities that allow people with physical limitations to remain in their home and avoid nursing home placement. Many of these services are provided under state grant funds which are restricted to income-eligible persons. Services include:

**Home Care Assistants:** Licensed, supervised nurse's aides provide personal care to people in their homes.

**Homemaker Services:** Light housekeeping, grocery shopping, laundry services, meal preparation.

**Adult In-Home Care:** Companionship to people five hours a day/seven days a week or less, typically provided by family members.

**Alzheimer's Respite:** In-home Respite, Day Care and short-term Alternative Residential Care for families living with a relative who has Alzheimer's Disease

## **COMMUNITY CLINICS & HEALTH PROMOTION**

**Dementia Support Group:** Free once a month support group for families with members who have Alzheimer's Disease and related disorders.

**Blood Pressure Clinics:** Free B.P. screenings held at different locations throughout the Laconia area.

**Foot Care Clinic:** Free clinic offered the last Wednesday of every month at the Laconia Senior Center.

**Bereavement Support Group:** Free support group for individuals who have experienced a loss.

**Caregivers Support Group:** Free support group for persons caring for a loved one

**Community Education:** Professional speakers available to organizations, professionals, and the community to address issues of health care and service needs in the area.

**Immunization Clinics** for adults provides influenza prevention at various sites throughout the broad community in advance of flu season.

## YOUNG FAMILY PROGRAMS

- Maternal-Child Health:**                      **Ages: birth to twelve**                      **Serves Belknap County\***  
**Third party reimbursement sought**                      **Physician/ARNP orders required.**
- A) Early Discharge Home Visits to assess the well being of families discharged within 24 hours of the birth of a child. Health assessment, teaching, assessment of supports and referrals are provided as needed.
  - B) Home Phototherapy Service
  - C) Pediatric Nursing Visits are available to families of children with acute or chronic illness or injuries. Visits, scheduled according to physician order and family needs, offer teaching and support to caregivers of children with acute or chronic illness. Developmental monitoring and guidance is also available. Consultations from and referrals to additional supports are provided as indicated.

**Well Child Program:**                      **Ages: birth to ten**                      **Serves Belknap County\***  
**Income qualifications are 185% of poverty (may be screened over the phone)**

We provide a medical-home based program for well child care, using a voucher system. Many of the area physicians participate. Enrollment is done at home or at our office. A nurse enrolls and recertifies families every six months, giving vouchers for appropriate well child visits. Families schedule appointments as need for well child care, then present vouchers to participating doctor's office staff. A dental program for preventive services is also available for children enrolled in the Child Health Program, ages 3 to 6 years.

**Immunizations:**                      **Serves Belknap County\***                      **No Income Requirements**

Shots for Tots immunization clinics are held at various locations including monthly clinics at Lakes Region General Hospital. Physicians are notified of child's immunizations. MMR, TD and Hepatitis B offered for eligible 11-19 year olds. The \$5.00 per family fee may be waived. Families must bring immunization records. Appointments are made by calling 524-8444 or 1-800-244-8549.

**Child Development Program:**    **Ages: birth to six**                      **Serves Region 3\* + parts of Carroll & Strafford Counties**

This service, a collaborative effort between Dartmouth-Hitchcock Medical Center and CH&H, includes a Developmental Pediatrician, Psychologist, and Occupational Therapist who provide developmental/diagnostic evaluations for children. Consultations, coordination with school districts, and technical assistance for families and service providers are available.

**Partners in Health**                      **Ages: birth to 21**                      **Serves Belknap & Parts of Merrimack/Grafton Counties**

The PIH program provides family-centered supports to families of children experiencing chronic illnesses like cancer, asthma, CP, diabetes, epilepsy, muscular dystrophy, cystic fibrosis and many others. Services are provided to families as they define their needs.

**Pediatric Care Management**    **Ages: birth to 21**                      **Serves Belknap & Parts of Merrimack & Grafton Counties**

Pediatric Care Management is designed to assist families to meet the healthcare and social service needs of children. The program is conducted by Registered Nurses who work with families to identify their needs for service and connect them to those services. Priority is given to assisting families to obtain health insurance coverage for children and connecting them to a primary care provider. There are no income restrictions to the program.

**24 Hour Coverage: Community Health & Hospice has a nurse on-call 7 days a week, 24 hours a day.**

# Attachment B

## Board Listing

COMMUNITY HEALTH & HOSPICE, INC.  
BOARD OF DIRECTORS 2005-2006

Charlotte Leavitt, President  
P. O. Box 421  
Center Harbor, NH 03226

Retired  
Community Representative

Nancy Dirubbo, ARNP, Vice President  
222 Belvidere Street  
Laconia, NH 03246

Laconia Women's Health Center

Sarah Irwin, Secretary  
45 Round Bay Road  
Laconia, NH 03246

Community Representative

Marc L. Rayburn, Treasurer  
P. O. Box 1616  
Laconia, NH 03247-1616

Bank Officer/Accountant/CPA  
Laconia Savings Bank

Rev. Dr. Warren H. Bouton  
Congregational Church of Laconia  
18 Veterans Square  
Laconia, NH 03246

Pastor

Daniel Collis  
397 Davidson Drive  
Laconia, NH 03246

Sheriff  
Belknap County Sheriff's Dept.

Gayle Green  
136 Watson Road, #23  
Gilford, NH 03249

Community Representative

Denis Hebert  
297 Holman Street  
Laconia, NH 03246

Prudential Financial

Sally Kilfoyle  
60 Highland Street  
Plymouth, NH 03264

Development Office  
Plymouth State College

Warren Lake, Attorney  
816 N. Main Street  
Laconia, NH 03246

Attorney: Haughey, Philpot & Laurent, P.A.

Judith Pilliod  
504 Province Road  
Belmont, NH 03220

Retired RN

David Russell  
P. O. Box 60  
Gilmanton Iron Works, NH 03837-0060

Glenn Fusonie, MD  
16 Leighton Ave  
Laconia, NH 03246  
W-527-2960

Representative  
NH Legislature

Physician  
LRGHealthcare  
fusdoc33@metrocast.net