

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.**

▶ **Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.**

Department of the Treasury
Internal Revenue Service

| | |
|---|---|
| Name of the organization BRISTOL HOSPITAL, INC. | Employer identification number 06 0646559 |
|---|---|

Part I Financial Assistance and Certain Other Community Benefits at Cost

| | Yes | No |
|--|-----|----|
| 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a | ✓ | |
| 1b If "Yes," was it a written policy? | ✓ | |
| 2 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 | | |
| 3 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. | | |
| a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free care</i> ? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> % | ✓ | |
| b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted care</i> ? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input checked="" type="checkbox"/> Other <u>800</u> % | ✓ | |
| c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used 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. | | |
| 4 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"? | ✓ | |
| 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? | ✓ | |
| b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? | ✓ | |
| c 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? | | ✓ |
| 6a Did the organization prepare a community benefit report during the tax year? | | ✓ |
| b If "Yes," did the organization make it available to the public? | | |

7 Financial Assistance and Certain Other Community Benefits at Cost

| Financial Assistance and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|--|--------------------------------------|--|--------------------------------------|--|-------------------------------------|
| a Financial Assistance at cost (from Worksheet 1) | | | 9,638,656 | 3,120,430 | 6,518,226 | 4.65 |
| b Medicaid (from Worksheet 3, column a) | | | 29,840,488 | 22,436,045 | 7,404,443 | 5.28 |
| c Costs of other means-tested government programs (from Worksheet 3, column b) | | | | | 0 | 0.00 |
| d Total Financial Assistance and Means-Tested Government Programs | 0 | 0 | 39,479,144 | 25,556,475 | 13,922,669 | 9.93 |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | | | 651,422 | | 651,422 | 0.46 |
| f Health professions education (from Worksheet 5) | | | | | 0 | 0.00 |
| g Subsidized health services (from Worksheet 6) | | | 9,955,402 | | 9,955,402 | 7.10 |
| h Research (from Worksheet 7) | | | | | 0 | 0.00 |
| i Cash and in-kind contributions for community benefit (from Worksheet 8) | | | | | 0 | 0.00 |
| j Total. Other Benefits | 0 | 0 | 10,606,824 | 0 | 10,606,824 | 7.57 |
| k Total. Add lines 7d and 7j | 0 | 0 | 50,085,968 | 25,556,475 | 24,529,493 | 17.50 |

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

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|--|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | 0 | 0.00 |
| 2 Economic development | | | | | 0 | 0.00 |
| 3 Community support | | | | | 0 | 0.00 |
| 4 Environmental improvements | | | | | 0 | 0.00 |
| 5 Leadership development and training for community members | | | | | 0 | 0.00 |
| 6 Coalition building | | | | | 0 | 0.00 |
| 7 Community health improvement advocacy | | | | | 0 | 0.00 |
| 8 Workforce development | | | | | 0 | 0.00 |
| 9 Other | | | | | 0 | 0.00 |
| 10 Total | 0 | 0 | 0 | 0 | 0 | 0.00 |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

| | | Yes | No |
|--|--------------------|-----|----|
| 1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? | 1 | ✓ | |
| 2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount | 2 2,209,664 | | |
| 3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit. | 3 552,416 | | |
| 4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements. | | | |

Section B. Medicare

| | |
|--|-----------------------|
| 5 Enter total revenue received from Medicare (including DSH and IME) | 5 50,309,344 |
| 6 Enter Medicare allowable costs of care relating to payments on line 5 | 6 64,926,031 |
| 7 Subtract line 6 from line 5. This is the surplus (or shortfall) | 7 (14,616,687) |
| 8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used: <input type="checkbox"/> Cost accounting system <input checked="" type="checkbox"/> Cost to charge ratio <input type="checkbox"/> Other | |

Section C. Collection Practices

| | | | |
|--|-----------|---|--|
| 9a Did the organization have a written debt collection policy during the tax year? | 9a | ✓ | |
| b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI | 9b | ✓ | |

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

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
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Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

1 BRISTOL HOSPITAL, INC.
 BREWSTER ROAD, BRISTOL, CT 06010
 WWW.BRISTOLHOSPITAL.ORG STATE LICENSE NO. : 41

2

3

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| Licensed hospital | General medical & surgical | Children's hospital | Teaching hospital | Critical access hospital | Research facility | ER-24 hours | ER-other | Other (describe) | Facility reporting group |
|-------------------|----------------------------|---------------------|-------------------|--------------------------|-------------------|-------------|----------|------------------|--------------------------|
| ✓ | ✓ | | | | | ✓ | ✓ | | |
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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 letter of facility reporting group BRISTOL HOSPITAL, INC.

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

Community Health Needs Assessment

| | | Yes | No |
|------------|--|-----|----|
| 1 | Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the current tax year or the immediately preceding tax year? | | ✓ |
| 2 | Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C | | ✓ |
| 3 | 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 12 If "Yes," indicate what the CHNA report describes (check all that apply): | ✓ | |
| a | <input checked="" type="checkbox"/> A definition of the community served by the hospital facility | | |
| b | <input checked="" type="checkbox"/> Demographics of the community | | |
| c | <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community | | |
| d | <input checked="" type="checkbox"/> How data was obtained | | |
| e | <input checked="" type="checkbox"/> The significant health needs of the community | | |
| f | <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups | | |
| g | <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs | | |
| h | <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests | | |
| i | <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs | | |
| j | <input type="checkbox"/> Other (describe in Section C) | | |
| 4 | Indicate the tax year the hospital facility last conducted a CHNA: <u>20 15</u> | | |
| 5 | 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 | ✓ | |
| 6a | Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C | | ✓ |
| 6b | Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C | | ✓ |
| 7 | Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply): | ✓ | |
| a | <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>WWW.BRISTOLHOSPITAL.ORG</u> | | |
| b | <input type="checkbox"/> Other website (list url): _____ | | |
| c | <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | |
| 8 | Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11 | ✓ | |
| 9 | Indicate the tax year the hospital facility last adopted an implementation strategy: <u>20 12</u> | | |
| 10 | Is the hospital facility's most recently adopted implementation strategy posted on a website? | ✓ | |
| a | If "Yes," (list url): <u>WWW.BRISTOLHOSPITAL.ORG</u> | | |
| b | If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? | | |
| 11 | Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed. | | |
| 12a | 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)? | | ✓ |
| 12b | If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? | | |
| c | If "Yes" to line 12b, 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)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group BRISTOL HOSPITAL, INC.

| | | Yes | No |
|---|--|-----|----|
| Did the hospital facility have in place during the tax year a written financial assistance policy that: | | | |
| 13 | Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP: | ✓ | |
| a | <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>2 5 0</u> % and FPG family income limit for eligibility for discounted care of <u>9 9 9</u> % | | |
| b | <input checked="" type="checkbox"/> Income level other than FPG (describe in Section C) | | |
| c | <input type="checkbox"/> Asset level | | |
| d | <input type="checkbox"/> Medical indigency | | |
| e | <input checked="" type="checkbox"/> Insurance status | | |
| f | <input type="checkbox"/> Underinsurance status | | |
| g | <input type="checkbox"/> Residency | | |
| h | <input type="checkbox"/> Other (describe in Section C) | | |
| 14 | Explained the basis for calculating amounts charged to patients? | ✓ | |
| 15 | Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply): | ✓ | |
| a | <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application | | |
| b | <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application | | |
| c | <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process | | |
| d | <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| 16 | Included measures to publicize the policy within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply): | ✓ | |
| a | <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u> | | |
| b | <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>(SEE STATEMENT)</u> | | |
| c | <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>(SEE STATEMENT)</u> | | |
| d | <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| e | <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| f | <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail) | | |
| g | <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility | | |
| h | <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP | | |
| i | <input type="checkbox"/> Other (describe in Section C) | | |

Billing and Collections

| | | | |
|-----------|--|---|--|
| 17 | 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 all of the actions the hospital facility or other authorized party may take upon non-payment? | ✓ | |
| 18 | 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(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| e | <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted | | |

Part V Facility Information *(continued)*

Name of hospital facility or letter of facility reporting group BRISTOL HOSPITAL, INC.

| | | Yes | No |
|--|---|-----|----|
| 19 | Did the hospital facility or other authorized 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? | | ✓ |
| If "Yes," check all actions in which the hospital facility or a third party engaged: | | | |
| a | <input type="checkbox"/> Reporting to credit agency(ies) | | |
| b | <input type="checkbox"/> Selling an individual's debt to another party | | |
| c | <input type="checkbox"/> Actions that require a legal or judicial process | | |
| d | <input type="checkbox"/> Other similar actions (describe in Section C) | | |
| 20 | Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply): | | |
| a | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission | | |
| b | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge | | |
| c | <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills | | |
| d | <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy | | |
| e | <input type="checkbox"/> Other (describe in Section C) | | |
| f | <input type="checkbox"/> None of these efforts were made | | |

Policy Relating to Emergency Medical Care

| | | | | |
|------------------------|---|----|---|--|
| 21 | Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required 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? | 21 | ✓ | |
| If "No," indicate why: | | | | |
| a | <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions | | | |
| b | <input type="checkbox"/> The hospital facility's policy was not in writing | | | |
| c | <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) | | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | | |

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

| | | | | |
|---------------------------------|--|----|--|---|
| 22 | 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 | <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged | | | |
| b | <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged | | | |
| c | <input checked="" type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged | | | |
| d | <input type="checkbox"/> Other (describe in Section C) | | | |
| 23 | 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? | 23 | | ✓ |
| If "Yes," explain in Section C. | | | | |
| 24 | 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? | 24 | | ✓ |
| If "Yes," explain in Section C. | | | | |

Part V, Section C

Supplemental Information. Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ('A, 1,' 'A, 4,' 'B, 2,' 'B, 3,' etc.) and name of hospital facility.

| Return Reference - Identifier | Explanation |
|---|---|
| <p>SCHEDULE H, PART V, SECTION B, LINE 5 - INPUT FROM PERSONS WHO REPRESENT BROAD INTERESTS OF COMMUNITY SERVED</p> | <p>FACILITY NAME: BRISTOL HOSPITAL</p> <p>DESCRIPTION: COMMUNITY ENGAGEMENT AND FEEDBACK WERE AN INTEGRAL PART OF THE CHNA PROCESS. BRISTOL HOSPITAL SOUGHT COMMUNITY INPUT THROUGH THE INCLUSION OF COMMUNITY LEADERS IN THE PRIORITIZATION AND IMPLEMENTATION PLANNING PROCESS. PUBLIC HEALTH AND HEALTH CARE PROFESSIONALS SHARED KNOWLEDGE AND EXPERTISE ABOUT HEALTH ISSUES, AND LEADERS AND REPRESENTATIVES OF NON-PROFIT AND COMMUNITY-BASED ORGANIZATIONS PROVIDED INSIGHT ON THE COMMUNITY, INCLUDING THE MEDICALLY UNDERSERVED, LOW INCOME, AND MINORITY POPULATIONS. FOR A COMPLETE LIST OF PARTICIPANTS, PLEASE SEE THE COMMUNITY HEALTH NEEDS ASSESSMENT - FINAL SUMMARY REPORT, AVAILABLE ON THE BRISTOL HOSPITAL WEBSITE.</p> |
| <p>SCHEDULE H, PART V, SECTION B, LINE 11 - HOW HOSPITAL FACILITY IS ADDRESSING NEEDS IDENTIFIED IN CHNA</p> | <p>FACILITY NAME: BRISTOL HOSPITAL, INC.</p> <p>DESCRIPTION: THE HOSPITAL FACILITY IS ADDRESSING THE SIGNIFICANT NEEDS IDENTIFIED IN ITS MOST RECENTLY CONDUCTED CHNA AS FOLLOWS:</p> <p>1.MENTAL HEALTH AND SUBSTANCE/ALCOHOL ABUSE</p> <p>THE BEHAVIORAL HEALTH TEAM AT BRISTOL HOSPITAL HOSTED A ROUNDTABLE DISCUSSION IN JANUARY 2014 WITH APPROXIMATELY 30 COMMUNITY LEADERS AND STAKEHOLDERS TO DISCUSS THE ISSUE OF MENTAL HEALTH AND SUBSTANCE/ALCOHOL ABUSE AND HOW BRISTOL HOSPITAL CAN BETTER SERVE THE COMMUNITY. ALSO IN 2014, BRISTOL HOSPITAL HOSTED ANOTHER MEETING WITH NUMEROUS STAKEHOLDERS TO ADDRESS THE GROWING CONCERN OF THE LACK OF RESPONSE, CARE AND RESOURCES, AND THE DIFFICULTIES ASSOCIATED WITH GETTING HOSPITAL PATIENTS TO THE LEAD MENTAL HEALTH AUTHORITY IN THE AREA WHICH IS LOCATED IN NEW BRITAIN, CONN.</p> <p>IN 2015, BRISTOL HOSPITAL AND WHEELER CLINIC REACHED AN AGREEMENT TO FURTHER IMPROVE BEHAVIORAL HEALTH CRISIS SERVICES FOR CHILDREN, ADULTS AND FAMILIES IN THE GREATER BRISTOL REGION. UNDER THE AGREEMENT, WHEELER WILL ASSUME RESPONSIBILITY FOR BRISTOL HOSPITAL'S EMERGENCY DEPARTMENT CRISIS SERVICE FROM 8 AM TO MIDNIGHT, SEVEN DAYS A WEEK, AND PROVIDE IMMEDIATE INTERVENTION AND FACILITATED CONNECTIONS TO COMMUNITY SERVICES AND RESOURCES, INCLUDING PRIMARY AND BEHAVIORAL HEALTH CARE. THE BRISTOL HOSPITAL/WHEELER CLINIC PARTNERSHIP CONTINUED IN 2016 WITH A COMMUNITY FORUM ON THE OPIOID EPIDEMIC IN WHICH APPROXIMATELY 75 MEMBERS OF THE COMMUNITY ATTENDED. BRISTOL HOSPITAL AND WHEELER CLINIC ALSO HOSTED TWO SUCCESSFUL MENTAL HEALTH FIRST AID PRESENTATIONS. THE EIGHT-HOUR CERTIFICATION COURSE IS DESIGNED TO HELP INDIVIDUALS BETTER UNDERSTAND MENTAL HEALTH CHALLENGES AND RECOVERY, AND TO HELP RESPOND IN APPROPRIATE WAYS TO PROVIDE HELP AND SUPPORT. BRISTOL HOSPITAL ALSO HOSTED A COMMUNITY EVENT WITH THE CONNECTICUT DEPARTMENT OF MENTAL HEALTH AND ADDICTION SERVICES ON THE SUBJECT OF NALOXONE.</p> <p>2.ACCESS TO CARE</p> <p>SINCE 2013, BRISTOL HOSPITAL AND THE BRISTOL HOSPITAL MULTI-SPECIALTY GROUP HAVE ADDED 74 NEW MEDICAL STAFF AND ADDED 16 NEW MEDICAL OFFICES THROUGHOUT THE COMMUNITY. NEW SERVICE LINES HAVE BEEN CULTIVATED TO ADDRESS MEDICAL NEED WITHIN THE COMMUNITY, INCLUDING VASCULAR SURGERY, WOUND CARE, RHEUMATOLOGY, CARDIOLOGY, ORTHOPEDICS, SPINE SURGERY AND SPORTS MEDICINE, AND NEUROLOGY.</p> <p>3.SENIOR SUPPORT</p> <p>BRISTOL HOSPITAL HAS INCREASED THE AMOUNT OF FREE SCREENINGS OFFERED THROUGHOUT THE COMMUNITY (INCLUDING THE SENIOR CENTER). FREE SCREENINGS INCLUDE: BLOOD PRESSURE CLINICS, BALANCE SCREENINGS, BLOOD SUGAR SCREENING, FOOT SCREENING AND NAIL CLINICS. THE HOSPITAL ALSO PROVIDES FREE EDUCATIONAL SEMINARS AT SENIOR CENTERS ON TOPICS SUCH AS DEMENTIA, LIVING WITH DIABETES, AND NUTRITION AND WELLNESS.</p> <p>4.OBESITY</p> <p>THE BRISTOL HOSPITAL WEIGHT LOSS SURGERY PROGRAM OFFERS NUMEROUS SUPPORT GROUPS FOR ITS PATIENTS ON SUCH SUBJECTS AS PORTION CONTROL, GETTING THROUGH THE HOLIDAYS AND MAKING GOOD EATING CHOICES. IN 2014, THE WEIGHT LOSS SURGERY PROGRAM LAUNCHED ITS OWN FACEBOOK PAGE WITHIN THE BRISTOL HOSPITAL MAIN FACEBOOK PAGE. THIS IS A MEMBERS-ONLY PAGE FOR PATIENTS WHO CAN SHARE STORIES, RECIPES AND ADVICE TO THEIR FELLOW PATIENTS BUT IN A PRIVATE SETTING.</p> <p>THE BRISTOL HOSPITAL PARENT AND CHILD CENTER HAS HAD GREAT SUCCESS SINCE 2013 IN ITS OBESITY PREVENTION EFFORTS THROUGH ITS SET OF FAMILY WELLNESS PROGRAMS. THE FAMILY WELLNESS PROGRAM'S GOAL IS TO PREVENT CHILDHOOD OBESITY BY PROMOTING FAMILY NUTRITION AND HEALTHY PHYSICAL ACTIVITY FOR LOW-INCOME FAMILIES WITH SUCH PROGRAMS AS GARDENING FOR HEALTH," AND "COOKING MATTERS IN THE STORE." THE PARENT AND CHILD CENTER ALSO OFFERS FREE ZUMBA AND EXERCISE PROGRAMS FOR PARENTS AND CHILDREN. SINCE 2015, APPROXIMATELY 330 LOW-INCOME FAMILIES HAVE PARTICIPATED IN THESE PROGRAMS.</p> <p>THERE ARE NO SIGNIFICANT NEEDS THAT ARE NOT BEING ADDRESSED BY THE ORGANIZATION.</p> |

| Return Reference - Identifier | Explanation |
|---|-------------------------|
| SCHEDULE H, PART V, SECTION B, LINE 16A - FAP AVAILABLE WEBSITE | WWW.BRISTOLHOSPITAL.ORG |
| SCHEDULE H, PART V, SECTION B, LINE 16B - FAP APPLICATION FORM WEBSITE | WWW.BRISTOLHOSPITAL.ORG |
| SCHEDULE H, PART V, SECTION B, LINE 16C - PLAIN LANGUAGE FAP SUMMARY WEBSITE | WWW.BRISTOLHOSPITAL.ORG |

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? 12

| Name and address | Type of Facility (describe) |
|--|--------------------------------------|
| 1 BRISTOL BEHAVIORAL HEALTH SERVICES 10 N. MAIN STREET, SUITE 210 BRISTOL, CT 06010 | BEHAVIORAL HEALTH |
| 2 BRISTOL HOSPITAL CENTER FOR DIABETES 102 NORTH STREET BRISTOL, CT 06010 | DIABETES MEDICAL CARE AND EDUCATION |
| 3 BRISTOL HOSPITAL COUNSELING CENTER 440-C NORTH MAIN STREET BRISTOL, CT 06010 | THERAPY AND COUNSELING |
| 4 BRISTOL HOSPITAL WELLNESS CENTER 842 CLARK AVENUE BRISTOL, CT 06010 | MEDICAL AND FITNESS SERVICES |
| 5 BRISTOL RADIOLOGY CENTER 25 COLLINS ROAD BRISTOL, CT 06010 | MAMMOGRAPHY AND MRI |
| 6 MED HELP 539 FARMINGTON AVENUE BRISTOL, CT 06010 | URGENT CARE |
| 7 MEDWORKS, LLC 375 CEDAR STREET NEWINGTON, CT 06111 | MEDWORKS, LLC |
| 8 PARENT & CHILD CENTER - BRISTOL HOSPITAL 9 PROSPECT ST BRISTOL, CT 06010 | CHILDREN AND FAMILY SERVICES |
| 9 REHAB DYNAMICS 975 FARMINGTON AVENUE BRISTOL, CT 06010 | PHYSICAL THERAPY AND SPORTS MEDICINE |
| 10 BRISTOL HOSPITAL LABORATORY 641 FARMINGTON AVENUE BRISTOL, CT 06010 | LABORATORY SERVICES |

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? 12

| Name and address | Type of Facility (describe) |
|---|----------------------------------|
| 1 BRISTOL HOSPITAL LABORATORY 27 MAIN STREET TERRYVILLE, CT 06786 | LABORATORY SERVICES |
| 2 BRISTOL HOSPITAL WIC PROGRAM 450 MAIN STREET NEW BRITAIN, CT 06051 | NUTRITION FOR WOMEN AND CHILDREN |
| 3 | |
| 4 | |
| 5 | |
| 6 | |
| 7 | |
| 8 | |
| 9 | |
| 10 | |

Provide the following information.

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

| Return Reference - Identifier | Explanation |
|---|--|
| SCHEDULE H, PART III, LINE 2 - METHODOLOGY USED TO ESTIMATE BAD DEBT | THE HOSPITAL HAS A PROCESS IN PLACE WHICH RECORDS BAD DEBT EXPENSE AFTER 90 DAYS UNCOLLECTIBLE. ADDITIONALLY, ON A PERIODIC BASIS, ADDITIONAL BAD DEBT EXPENSE IS ACCRUED BASED ON A REVIEW OF ACCOUNTS RECEIVABLE BALANCES AND HISTORICAL TRENDS. |
| SCHEDULE H, PART III, LINE 3 - FAP ELIGIBLE PATIENT BAD DEBT CALCULATION METHODOLOGY | THE HOSPITAL ESTIMATES THAT 25% OF BAD DEBT EXPENSE IS COMMUNITY BENEFIT EXPENSE. THIS IS BASED ON HISTORICAL TRENDS, NOTING THAT IF THE PATIENTS HAD APPLIED FOR FINANCIAL ASSISTANCE, THEY WOULD HAVE QUALIFIED FOR FREE OR DISCOUNTED CARE. |
| SCHEDULE H, PART III, LINE 4 - FOOTNOTE IN ORGANIZATION'S FINANCIAL STATEMENTS DESCRIBING BAD DEBT | USE OF ESTIMATES - THE PREPARATION OF FINANCIAL STATEMENTS IN CONFORMITY WITH GAAP REQUIRES MANAGEMENT TO MAKE ESTIMATES AND ASSUMPTIONS THAT IMPACT THE REPORTED AMOUNTS OF ASSETS AND LIABILITIES AND DISCLOSURE OF CONTINGENT ASSETS AND LIABILITIES AT THE DATE OF THE FINANCIAL STATEMENTS. ESTIMATES ALSO IMPACT THE REPORTED AMOUNTS OF REVENUES AND EXPENSES DURING THE REPORTING PERIOD. ACTUAL RESULTS COULD DIFFER FROM THOSE ESTIMATES. THE HOSPITAL'S SIGNIFICANT ESTIMATES RELATE TO THE ALLOWANCE FOR DOUBTFUL ACCOUNTS AND CONTRACTUAL ALLOWANCES ON PATIENT ACCOUNTS RECEIVABLE, VALUATION OF INVESTMENTS, ESTIMATED SETTLEMENTS DUE TO THIRD-PARTY PAYERS, RESERVES FOR SELF-INSURANCE LIABILITIES AND THE PENSION AND OTHER POSTRETIREMENT EMPLOYEE BENEFIT PLAN LIABILITY ASSUMPTIONS. |
| SCHEDULE H, PART III, LINE 8 - DESCRIBE EXTENT ANY SHORTFALL FROM LINE 7 TREATED AS COMMUNITY BENEFIT AND COSTING METHOD USED | THE CALCULATED MEDICARE SHORTFALL SHOULD BE CONSIDERED COMMUNITY BENEFIT BECAUSE IT REPRESENTS UNREIMBURSED COSTS FOR PATIENT SERVICES. THESE UNREIMBURSED COSTS ARE BRISTOL HOSPITAL EXPENSES THAT ULTIMATELY BENEFIT THE COMMUNITY BRISTOL HOSPITAL SERVICES. |
| SCHEDULE H, PART III, LINE 9B - DID COLLECTION POLICY CONTAIN PROVISIONS ON COLLECTION PRACTICES FOR PATIENTS WHO ARE KNOWN TO QUALIFY FOR ASSISTANCE | IT IS THE POLICY OF BRISTOL HOSPITAL TO PROVIDE EVERY PATIENT FROM THE COMMUNITY WE SERVE WITH MEDICALLY NECESSARY HEALTH SERVICES REGARDLESS OF THEIR ABILITY TO PAY. THE POLICY SETS SPECIFIC GUIDELINES FOR THE COLLECTION OF PATIENT PAYMENTS AND ESTABLISHES A HIERARCHY FOR PAYMENT METHODS THAT ARE BOTH FRIENDLY TO THE PATIENT AND BENEFICIAL TO THE HOSPITAL. PATIENTS WHO ARE UNABLE TO PAY THEIR LIABILITY ARE REFERRED TO A FINANCIAL COUNSELOR WHO WILL ASSESS THE PATIENT'S ELIGIBILITY FOR CHARITY CARE OR ALTERNATIVE FUNDING SOURCES. FUNDING SOURCES INCLUDE CHARITY CARE, OUTSIDE FINANCING, HOSPITAL PAYMENT PLANS, FEDERAL, STATE AND LOCAL PROGRAMS AND THE HOSPITAL FINANCIAL ASSISTANCE PROGRAM. |
| SCHEDULE H, PART VI, LINE 2 - NEEDS ASSESSMENT | HOSPITAL ASSESSMENT OF THE HEALTH CARE NEEDS OF THE COMMUNITY IT SERVES IS A DYNAMIC PROCESS THAT INVOLVES ALL LEVELS OF HOSPITAL ADMINISTRATION, STAFF, THE BOARD OF DIRECTORS (BOD), AND MEDICAL STAFF. VARIOUS COMMITTEES AND GROUPS AT THE HOSPITAL MEET PERIODICALLY TO DISCUSS THE NEEDS OF THE COMMUNITY WE SERVE AS WELL AS THE RESOURCES AND SERVICES AVAILABLE AT THE HOSPITAL AND OTHER AGENCIES IN THE AREA. THE HOSPITAL IS REPRESENTED AT COMMUNITY LEVEL ORGANIZATIONS AND GROUPS THAT ARE ALSO INVOLVED WITH ASSESSMENT OF THE COMMUNITY NEEDS. HOSPITAL RESOURCES ARE FREQUENTLY CALLED UPON TO PARTICIPATE IN PROGRAMS AND PROJECTS PUT TOGETHER TO ADDRESS THOSE NEEDS. |
| SCHEDULE H, PART VI, LINE 3 - PATIENT EDUCATION | AT BRISTOL HOSPITAL, PATIENTS ARE NOTIFIED OF THEIR ABILITY TO DISCUSS FINANCIAL ASSISTANCE OPTIONS INCLUDING CHARITY CARE IN ALL OF THEIR BILLING STATEMENTS. THE HOSPITAL ENCOURAGES PATIENTS TO FIND OUT THEIR ELIGIBILITY FOR ASSISTANCE AND PROVIDES FINANCIAL COUNSELORS TO ASSIST PATIENTS IN APPLYING FOR CHARITY CARE. PATIENTS CAN CONTACT THE FINANCIAL ASSISTANCE DEPARTMENT WITHIN THE HOSPITAL AT 860-585-3878. THIS SUPPORT ALSO INCLUDES A REPRESENTATIVE THROUGH THE STATE OF CONNECTICUT (REPRESENTATIVE PAID BY BRISTOL HOSPITAL) SO WE ENSURE THAT ALL ASPECTS OF ASSISTANCE ARE PROVIDED FOR EACH PATIENT. THE FINANCIAL ASSISTANCE DEPARTMENT ALSO DISCUSSES GOVERNMENT BENEFITS WITH PATIENTS THAT THEY MAY BE ELIGIBLE FOR. CONTACT INFORMATION FOR OUR FINANCIAL COUNSELOR IS ALSO INCLUDED ON THE HOSPITAL WEBSITE FOR PATIENTS TO REFERENCE. THE HOSPITAL ALSO OFFERS MANY FREE PROGRAMS FOR UNINSURED INCLUDING FREE BLOOD PRESSURE CLINICS, SKIN CANCER SCREENING CLINICS AND SEMINARS TO PROVIDE PATIENTS ACCESS TO AS MUCH FREE HEALTH INFORMATION AS POSSIBLE. |

| Return Reference - Identifier | Explanation |
|---|---|
| <p>SCHEDULE H, PART VI, LINE 4 - COMMUNITY INFORMATION</p> | <p>BRISTOL IS A SUBURBAN CITY LOCATED IN HARTFORD COUNTY, CONNECTICUT, UNITED STATES 20 MILES SOUTHWEST OF HARTFORD. BRISTOL HAS A TOTAL AREA OF 26.8 SQUARE MILES AND A POPULATION OF APPROX. 62,000. IN BRISTOL, 83.1% OF THE PEOPLE SPEAK ENGLISH AND 4.8% OF PEOPLE SPEAK SPANISH. IN BRISTOL, 54.6% OF PEOPLE ARE MARRIED AND 92.2% OF RESIDENTS WERE BORN IN THE U.S. COMMUNITY INFORMATION: THE PRIMARY SERVICE AREA (PSA) FOR OUR HOSPITAL INCLUDES: BRISTOL (ZIP CODE 06010,06011)- 2011 CENSUS 62,078 BURLINGTON (ZIP CODE 06013)- 2011 CENSUS- 10,011 PLAINVILLE (ZIP CODE 06062)- 2011 CENSUS 17,767 PLYMOUTH (ZIP CODE 06781,06782,06786)- 2011 CENSUS 12,605 THE TOTAL POPULATION FROM THE 2011 CENSUS FOR OUR PSA IS- 102,461 IN 2009, THE LATEST DATE DATA BECAME AVAILABLE THE FOLLOWING DATA POINTS WERE PROVIDED: BRISTOL: MEDIAN HOUSEHOLD INCOME: \$57,781 FAMILIES BELOW POVERTY LEVEL- 5.6% INDIVIDUALS BELOW POVERTY LEVEL- 7.7% RACE: WHITE- 87.6%, BLACK OR AFRICAN AMERICAN- 3.6%, AMERICAN INDIAN OR ALASKA NATIVE- 0.3%, ASIAN- 1.8%, OTHER RACE- 3.9% BURLINGTON: MEDIAN HOUSEHOLD INCOME: \$116,419 FAMILIES BELOW POVERTY LEVEL- 1.2% INDIVIDUALS BELOW POVERTY LEVEL- 1.9% RACE: WHITE- 98%, BLACK OR AFRICAN AMERICAN- 0.2%, AMERICAN INDIAN OR ALASKA NATIVE- 0.1%, ASIAN- 1.2% PLAINVILLE: MEDIAN HOUSEHOLD INCOME: \$62,440 FAMILIES BELOW POVERTY LEVEL- 4.1% INDIVIDUALS BELOW POVERTY LEVEL- 5.0% RACE: WHITE- 93.1%, BLACK OR AFRICAN AMERICAN- 2.5%, AMERICAN INDIAN OR ALASKA NATIVE- 0.3%, ASIAN- 1.3%, OTHER RACE- 0.6% PLYMOUTH: MEDIAN HOUSEHOLD INCOME: \$70,132 FAMILIES BELOW POVERTY LEVEL- 2.9% INDIVIDUALS BELOW POVERTY LEVEL- 5.6% RACE: WHITE- 96.7%, BLACK OR AFRICAN AMERICAN- 0.5%, AMERICAN INDIAN OR ALASKA NATIVE- 0.3%, ASIAN- 0.6%, OTHER RACE- 0.7% THE SECONDARY SERVICE AREA (SSA) FOR OUR HOSPITAL INCLUDES: FARMINGTON (ZIP CODE 06085,06087)- 2011 CENSUS 6,058 SOUTHINGTON (ZIP CODE 06489)- 2011 CENSUS 33,560 WOLCOTT (ZIP CODE 06716)- 2011 CENSUS 17,458 THOMASTON (ZIP CODE 06787)- 2011 CENSUS 8,512 HARWINTON (ZIP CODE 06791)- 2011 CENSUS 5,938 THE TOTAL POPULATION FROM THE 2011 CENSUS FOR OUR SSA IS- 71,526 BOTH THE PSA (PRIMARY SERVICE AREA) AND SSA (SECONDARY SERVICE AREA) ARE PRIMARILY SUBURBAN AND RURAL AREAS BUT ALSO INCLUDE SOME URBAN AREAS AS WELL. SOME OF THE MAJOR HEALTH PROBLEMS PREVALENT IN OUR PSA ARE ASSOCIATED WITH BEHAVIORAL HEALTH, CHEMICAL DEPENDENCY, OBESITY, AND PULMONARY DISEASE.</p> |
| <p>SCHEDULE H, PART VI, LINE 5 - PROMOTION OF COMMUNITY HEALTH</p> | <p>BRISTOL HOSPITAL TAKES GREAT PRIDE IN SERVING THE COMMUNITY. AS PART OF ITS MISSION, BRISTOL HOSPITAL INCORPORATES A BROAD ARRAY OF COMMUNITY OUTREACH AND WELLNESS ACTIVITIES, DELIVERING EDUCATIONAL MATERIAL AND COUNSELING, OFFERING FREE OR LOW COST HEALTH SCREENINGS AND HOSTING PATIENT AND FAMILY SUPPORT GROUPS. WE UNDERSTAND THE IMPORTANCE AND VALUE OF EMPHASIZING GOOD HEALTH, FITNESS, SAFETY AND THE PROMOTION OF EARLY DETECTION OF ILLNESS OR DISEASE. THEREFORE, ALL OF OUR OUTREACH EFFORTS REFLECT OUR STRONG DESIRE TO IMPROVE THE QUALITY OF LIFE FOR ALL WHO LIVE AND WORK IN THE COMMUNITIES WE SERVE.</p> <p>BRISTOL HOSPITAL PROVIDES FINANCIAL SUPPORT AND ACCESS TO APPROPRIATE CLINICAL CARE FOR SEVERAL LIFE-SAVING INITIATIVES, INCLUDING THE BRISTOL COMMUNITY BREAST HEALTH PROJECT AND THE COLON CANCER AWARENESS PROJECT OF GREATER BRISTOL, WHICH ALLOW US TO OFFER FREE BREAST, AND COLORECTAL CANCER SCREENINGS TO THOSE WHO, DUE TO INSURANCE OR INCOME FACTORS, MIGHT NOT OTHERWISE HAVE ACCESS TO THESE VALUABLE DIAGNOSTIC SCREENING SERVICES. THE EYE CARE PROJECT OF GREATER BRISTOL PROVIDES VITAL ACCESS TO SERVICES FOR THOSE SUFFERING FROM VISION IMPAIRMENT.</p> <p>AT BRISTOL HOSPITAL WE UNDERSTAND THE IMPORTANCE OF OUR ROLE AS A EXEMPT HEALTHCARE PROVIDER TO THE COMMUNITY WE SERVICE. OUR LEADERSHIP TEAM IS COMMITTED TO PROVIDING OUTSTANDING PATIENT CARE AND PROMOTING THE HEALTH OF THE COMMUNITY. BH ATTEMPTS TO PROMOTE OUR FREE AND NON-REVENUE GENERATING PROGRAMS IN A VARIETY OF WAYS. THREE TIMES A YEAR, THE HOSPITAL MAELS A "PATHWAYS- TO YOUR HEALTH" CATALOG. THE CATALOG CONTAINS A LISTING OF PROGRAMS TO THE GREATER BRISTOL COMMUNITY. THIS CATALOG IS MAILED TO OVER 60,000 RESIDENCES AND PROVIDES INFORMATION ON FREE HEALTH SCREENINGS, SUPPORT GROUPS, HEALTH EDUCATION, WELLNESS PROGRAMS, ETC. THE CATALOG IS ALSO INCLUDED ON OUR HOSPITAL WEBSITE TO PROVIDE INCREASED ACCESS TO PATIENTS. THE PATHWAYS CATALOG IS DELIVERED AND DISPLAYED IN EACH DEPARTMENT WITHIN THE HOSPITAL AND IS FREE FOR ALL PATIENTS TO TAKE. PROGRAMS ARE ALSO LISTED ON OUR WEBSITE UNDER AN "EVENTS" SECTION WHERE PATIENTS CAN REGISTER FOR FREE, DIRECTLY ONLINE. WE ALSO PROMOTE OUR PROGRAMS MONTHLY IN THE BRISTOL PRESS, BRISTOL OBSERVER, HARTFORD COURANT AND PLYMOUTH CONNECTION. WE SUBSCRIBE TO AN "ON-HOLD" SYSTEM FOR OUR PHONES WHICH ALLOWS US TO RECORD MESSAGES FOR PATIENTS WHEN THEY CALL THE HOSPITAL. MANY OF THESE MESSAGES ARE ABOUT FREE PROGRAMS AND SERVICES, HEALTH EDUCATION FACTS AND SERVICES TO THE COMMUNITY.</p> |
| <p>SCHEDULE H, PART VI, LINE 7 - STATE FILING OF COMMUNITY BENEFIT REPORT</p> | <p>CT</p> |