



NEW JERSEY HOSPITALS  
**COMMUNITY  
 BENEFIT  
 REPORT**  
 2013

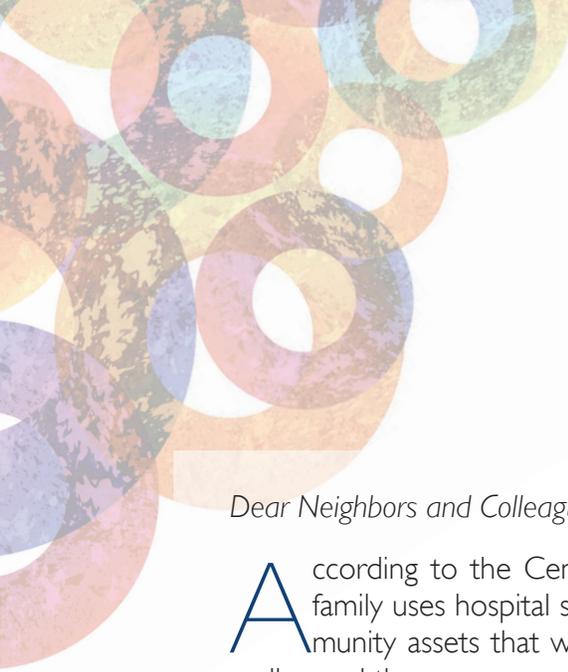




# NEW JERSEY HOSPITALS COMMUNITY BENEFIT REPORT 2013

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# Letter from the President

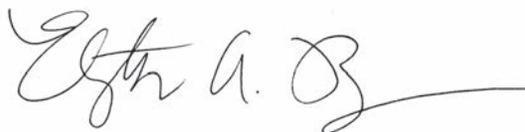
*Dear Neighbors and Colleagues,*

According to the Centers for Disease Control and Prevention, the average American family uses hospital services around four times a year. Hospitals are one of those community assets that we never want to visit but sure are glad to have nearby when we really need them.

That community role is one we gladly accept. The fact is, hospitals are much, much more than medical care. It's hard to truly quantify the important place hospitals hold in their communities, but this report tries. It shows that New Jersey hospitals provided nearly \$2.6 billion in services to their communities above and beyond the healthcare services they deliver 24/7/365. Those contributions include free and discounted care to the poor, uninsured and senior citizens; exercise, nutrition and other wellness programs; health screenings, immunization clinics and other health-focused programs; education and scholarships for aspiring healthcare professionals; and partnerships and contributions to local municipalities and community groups. (And that total doesn't even include the 144,000 jobs and billions in economic benefits that hospitals provide in New Jersey.)

Hospitals are complex organizations, and healthcare is certainly an important industry for New Jersey. But at their heart, hospitals belong to their communities. Their commitment cannot be adequately measured by the numbers in a report, but by the public trust bestowed by their communities.

To our neighbors in the community, thank you for that trust. And to New Jersey's healthcare providers, thank you for being an invaluable part of our beautiful Garden State.



Sincerely,

**Elizabeth "Betsy" Ryan, President and CEO**  
**New Jersey Hospital Association**

# Executive Summary

A hospital's contributions to its community extend far beyond medical care and jobs (although both are certainly substantial.) Hospitals also provide reassurance, peace of mind, a sense of community and myriad programs to address their communities' overall well-being. While an inexact science, this report aims to measure the value of New Jersey hospitals' community benefit programming. The grand total, based on 2012 data, reaches nearly \$2.6 billion.

New Jersey's hospitals have demonstrated their commitment to caring in numerous ways: free and discounted healthcare services to the poor and uninsured; community health improvement programs like immunization clinics and screenings; partnerships with schools, faith-based groups and other community institutions; education and scholarships for the next generation of physicians and nurses; and many, many more.

This report quantifies the dollar equivalent of those many community programs and services. In 2012, the most recent data available, New Jersey hospitals provided more than \$2.58 billion in so-called "community benefit" activities. These activities touched lives through more than 17 million individual "encounters" between hospitals and members of their communities.

## The community benefit total includes:

- Free and discounted care for the needy, uninsured, senior citizens and others who cannot pay their medical bills. Total value: \$2 billion.
- 6,105 community health improvement programs and activities that served more than 14 million individuals. Total value: \$65.8 million.
- Education, training and scholarships for 124,243 aspiring physicians, nurses and other healthcare professionals. Total value: \$123.9 million.
- Other community programs including medical research, cash contributions to municipalities and in-kind services to community groups and municipalities. Total value: \$366.2 million.

Beyond those community benefits, New Jersey hospitals also provide billions in economic benefits to state and local economies. Data from NJHA's 2103 New Jersey Hospitals Economic Impact Report shows that Garden State hospitals delivered:

- 144,000 jobs
- \$8 billion in employee salaries
- \$2.6 billion in goods and services purchased from other companies
- \$450 million in state income taxes paid by hospital employees.

All told, New Jersey hospitals pumped \$20.4 billion into the state economy in 2012.

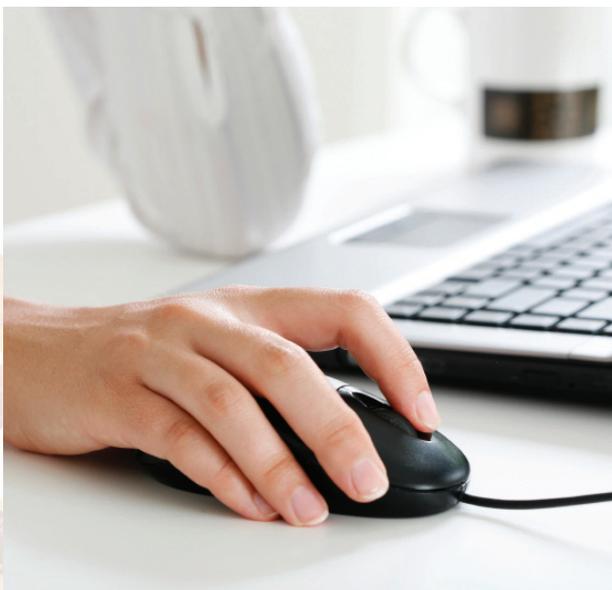
Hospitals' contributions – in both economic and community benefits – make them an essential part of the Garden State's well-being. It is a responsibility and commitment that they proudly embrace.

# About this Report

Hospital community benefit is a planned, managed, organized and measured approach to a hospital's participation and contribution toward meeting identified community health needs. It includes collaboration with a community to benefit its residents – particularly the poor, minorities, disenfranchised and underserved groups – by improving their health status and quality of life and enhancing the overall health and well-being of local communities. Most people often are not aware of the multitude and variety of programs hospitals offer as part of their overall mission.

Hospitals develop community benefit programs to promote well-being and to respond to identified community needs. These programs meet at least one (or often more than one) of the following objectives:

- Improve access to healthcare services
- Enhance the health of the community
- Advance medical or healthcare knowledge
- Relieve or reduce the burden of government or other community efforts.



To the extent possible, the programs and services reported here follow the standard reporting categories recommended by the Catholic Healthcare Association and the Veterans Health Administration. These categories are: Unpaid Costs of Patient Care; Community Health Improvement Services; Health Professions Education; Subsidized Health Services; Research – Clinical and Community Health; Cash and In-Kind Contributions; Community-Building Activities; and Community Benefit Operations. These categories and definitions are becoming increasingly standardized across the nation as more hospitals and healthcare organizations quantify the value of community benefit programs. For ease of reporting, this report combines these categories into four main groupings: 1) Unpaid Costs of Patient Care 2) Community Health Improvement Services 3) Health Professions Education and 4) Other Community Benefit Services and Programs.

Unpaid costs of patient care include charity care services for the uninsured, the unpaid costs of treating Medicare and Medicaid patients and bad debts hospitals absorb through uncollectable patient care costs. Community health improvement services include the range of healthcare services hospitals provide to their communities, including clinics, screenings and health education programming. Health professions education includes scholarships and on-site clinical training and residency programs for future physicians, nurses and other healthcare professionals. Other community benefit programs include initiatives that identify a unique community need – such as

local safety partnerships, literacy programs and contributions toward municipal services.

This report provides a synopsis of activities in all four groupings provided by New Jersey hospitals in 2012. The information was gathered through a rigorous data collection process. It represents information collected from 57 hospitals including 53 acute care hospitals. Most of the information was collected electronically from New Jersey hospitals using Lyon Software's Community Benefits Inventory for Social Accountability (CBISA). Additional hospital information was gathered manually through a survey conducted by the Health Research and Educational Trust of New Jersey, a nonprofit affiliate of the New Jersey Hospital Association.

The values for charity care and government program shortfalls were gathered from publicly available data and extrapolated to represent the breadth of services provided by New Jersey acute care hospitals. Charges from the state Department of Health's charity care and Uniform Bill databases were converted to costs using hospital-specific, department-level ratios of cost to charges. Estimated payments from the Medicare, Medicaid and New Jersey charity care programs were netted against these costs to determine the shortfall amounts. The values for community benefit programs/activities were extrapolated based on the number of licensed beds, calculated by dividing the number for each data element by the total number of licensed beds in 53 participating acute care hospitals (17,438 beds) and mul-

tiplying by the total number of beds statewide (23,471 beds.) Estimation for one data element – government-sponsored means-tested programs – is based on data from only 41 hospitals (submitted electronically through Lyon's CBISA Software) with a total of 12,953 beds. Extrapolations were based on data from acute care hospitals only.

This report reflects only a fraction of the considerable commitment New Jersey hospitals make to their communities to improve health and make this state a better place to live, work, grow and play. There are many more programs offered by hospitals that we have not been able to profile. To learn more about the details of community benefits your local New Jersey hospital offers, you should directly contact that hospital.

New Jersey hospitals provide compassionate, quality care for all, regardless of their ability to pay. With each health service, screening, educational program and dollar invested to help people in need, hospitals advance the physical well-being and economic health of their communities. Their contributions reflect hospitals' unflagging belief that it takes more than medical care to make a community healthy. It takes education, prevention, investment, advocacy and a sincere sense of community responsibility and involvement. New Jersey hospitals are proud to embrace that community commitment.

# Survey of N.J. Hospitals' Community Benefits Offered in 2012 Report of Findings

Total Responses – 57 Hospitals (53 acute care hospitals – 39 hospitals submitting data electronically through Lyons CBISA software, 14 hospitals submitting data manually), HRET Research Department December 2013

## New Jersey Hospitals' Community Benefits Provided in 2012

Unpaid Costs of Patient Care <sup>1</sup>	Net Benefit (Loss)
Unpaid Cost of Charity Care	\$ 623,299,408
Unpaid Cost of Medicaid	\$ 111,153,981
Unpaid Cost of Medicare	\$ 289,980,352
Bad Debt at Cost	\$1,000,000,000
<b>TOTAL UNPAID COSTS OF PATIENT CARE (STATEWIDE ESTIMATE)</b>	<b>\$2,024,433,741</b>

Community Benefit Services & Programs <sup>2</sup>	# of Programs/Activities	Persons Served	Net Benefit (Loss)
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### Community Health Improvement Services

Community Health Education	3,938	10,116,281	\$25,221,833
Community-based Clinical Services	1,215	3,211,027	\$22,857,382
Healthcare Support Services	878	756,333	\$10,558,025
Other	74	46,249	\$7,248,076
<b>Total Community Health Improvement Services</b>	<b>6,105</b>	<b>14,129,890</b>	<b>\$65,885,316</b>

### Health Professions Education

Physicians/Medical Students	74	67,333	\$92,626,385
Nurses/Nursing Students	432	14,815	\$9,946,409
Other Health Professional Education	183	24,756	\$10,780,043
Scholarships/Funding for Professional Education	51	152	\$348,555
Other	101	17,187	\$10,190,142
<b>Total Health Professions Education</b>	<b>841</b>	<b>124,243</b>	<b>\$123,891,534</b>

### Other Community Benefit Programs<sup>3</sup>

Subsidized Health Services	194	530,400	\$167,369,990
Research – Clinical and Community Health	63	1,397	\$8,418,620
Cash and In-Kind Contributions	600	1,602,272	\$7,505,535
Community-Building Activities	451	153,498	\$9,396,161
Community Benefit Operations	54	106,108	\$5,452,112
Government Sponsored Means-Tested Programs	N/A	444,204	\$168,144,961
<b>Total of Other Community Benefit Programs</b>	<b>1,362</b>	<b>2,837,879</b>	<b>\$366,287,379</b>

<b>Total Programs/Activities (Reflecting extrapolated data from 53 participating acute care hospitals)</b>	<b>8,308</b>	<b>17,092,012</b>	<b>\$556,064,229</b>
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**TOTAL COMMUNITY BENEFITS** **\$2,580,497,970**

1. Data reflects the unpaid costs incurred by acute care non-profit hospitals statewide in fiscal year 2012 (July 2011 to June 2012) or calendar year 2012 (January 2012 to December 2012). Charity care shortfall reflects SFY 2012 subsidy data, with costs based on CY 2010 documented charity care. Unpaid cost of Medicaid/Medicare is based on CY 2011 Uniform Bill discharge data and represents only the inpatient fee-for-service population. The estimated bad debt is slightly over \$1 billion; however due to variations in how hospitals report this data, it is rounded to \$1 billion.
2. Data represents statewide estimates extrapolated from data submitted to NJHA/HRET by 53 acute care hospitals (14 manually through NJHA/HRET's Community Benefit Survey and 39 electronically through Lyon's CBISA Software). The extrapolation procedure was based on the number of licensed beds, calculated by dividing the number for each data element by the total number of licensed beds in 53 participating hospitals (17,438 beds) and multiplying by the total number of beds statewide (23,471 beds). Estimation for government sponsored means-tested programs is based on data from only 39 acute care hospitals (submitted electronically through CBISA) with a total of 12,953 beds. Please note, the reported data might not reflect the entire number of programs/activities offered by participating hospitals.
3. "Other Community Benefit Programs" reflects totals by major CHA categories, including: subsidized health services (emergency trauma, neonatal intensive unit care, hospital outpatient, burn units, women's/children's services, renal dialysis, subsidized continuing care, behavioral health services, etc.); community-building activities (physical improvements/housing, economic development, community support, environmental improvements, leadership development/training for community members, coalition building, advocacy for community health improvement, workforce enhancement, etc.) and community benefit operation (assigned staff, community health needs, health assets assessment or other resources).

# 1. Overview of Findings

New Jersey hospitals provided nearly \$2.6 billion in community benefits in 2012, according to standardized community benefit reporting definitions by the Catholic Healthcare Association. That grand total reflects programs and services in four main groups:

Unpaid costs of patient care (\$2 billion)

Community health improvement services (\$65.8 million)

Health professionals education (\$124 million)

Other community benefit services and programs (\$366 million)

The total represents 8,308 individual programs and more than 17 million distinct “service encounters” with community members. This table (left) shows the number of programs and activities in each category, the number of individuals served and the net benefit of the community programs (determined by the total program value less any offsetting revenue.)

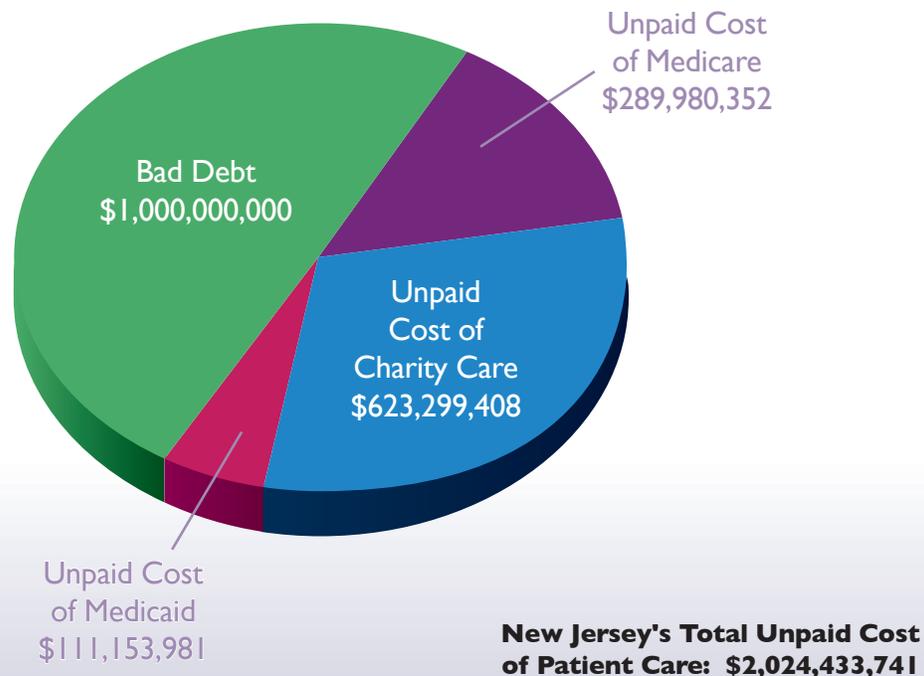


## 2. Unpaid Costs of Patient Care

New Jersey hospitals treat all patients who enter their doors, regardless of their ability to pay. It's a mandate written in the state's charity care law, as well as part of hospitals' caring mission. In addition, hospitals care for millions of patients each year on government health programs such as Medicare and Medicaid. All three programs – charity care, Medicare and Medicaid – pay hospitals for that care at rates that are below the actual costs of delivering the services. Hospitals absorb those losses as part of their community commitment.

All told, New Jersey hospitals absorbed more than \$2 billion in losses in 2012 caring for the state's poor, uninsured and senior citizen populations. The state's charity care program reimbursed hospitals an average of 50 percent of the costs of care, Medicaid reimbursed hospitals an average of 70 percent and Medicare reimbursed hospitals an average of 94 percent. The total includes \$623 million in unreimbursed charity care services; \$1 billion in uncollectable costs for treatment (also known as bad debt); and \$290 million in unpaid care for Medicare patients and \$111 million in unpaid care for Medicaid patients.

### New Jersey Unpaid Costs of Patient Care



### 3. Community Health Improvement Services

The category “community health improvement services” encompasses community programs that focus on health education, treatment and prevention. They include traditional health fairs, screening programs and immunization clinics, along with an array of innovative new approaches and partnerships that target unique community health needs.

In 2012, nearly 6,105 such programs served New Jersey residents in more than 14 million individual encounters at a value of more than \$65 million. These programs were offered in a variety of settings – inpatient, outpatient, in the home and in the workplace. They served all ages, from infants through senior citizens, and a number of special needs populations including persons with disabilities; racial and ethnic minorities; the uninsured; and the poor.



## 4. Health Professions Education

Hospitals are a vital setting for graduate medical education, providing clinical education and residency programs for physicians, nurses and other healthcare professionals such as technicians. Education is an essential part of ensuring a well-trained healthcare workforce for the future – especially with projections of future shortages of primary care physicians and other healthcare professionals.

New Jersey is home to 39 teaching hospitals that provide graduate medical education to prepare the next generation of healthcare professionals. All told, the value of that education reaches almost \$124 million. In addition, hospitals provided 841 scholarships to 124,243 aspiring healthcare professionals.



## 5. Other Community Programs

New Jersey hospitals know that it takes more than healthcare services to ensure a community's well-being. Emotional health, education, safety and other social services are part of hospitals' broad commitment to the people they serve. These services cover a wide array of community benefits – from medical research to financial donations to local partnerships that address a unique community need.

In 2012, New Jersey hospitals served more than 2.8 million individuals with other community programs valued at \$366 million. The breakdown

includes \$167 million in subsidized health services (defined as programs that hospitals provide to respond to a community need, despite financial losses associated with the program), \$168 million in other means-tested government programs (including costs associated with NJ FamilyCare and visits or services not covered by government programs), \$9.3 million in community-building activities, \$7.5 million in donations and \$8.4 million in health research. The total also includes \$5.4 million in support to hospitals' community benefit operations.



## 6. Additional Economic Contributions

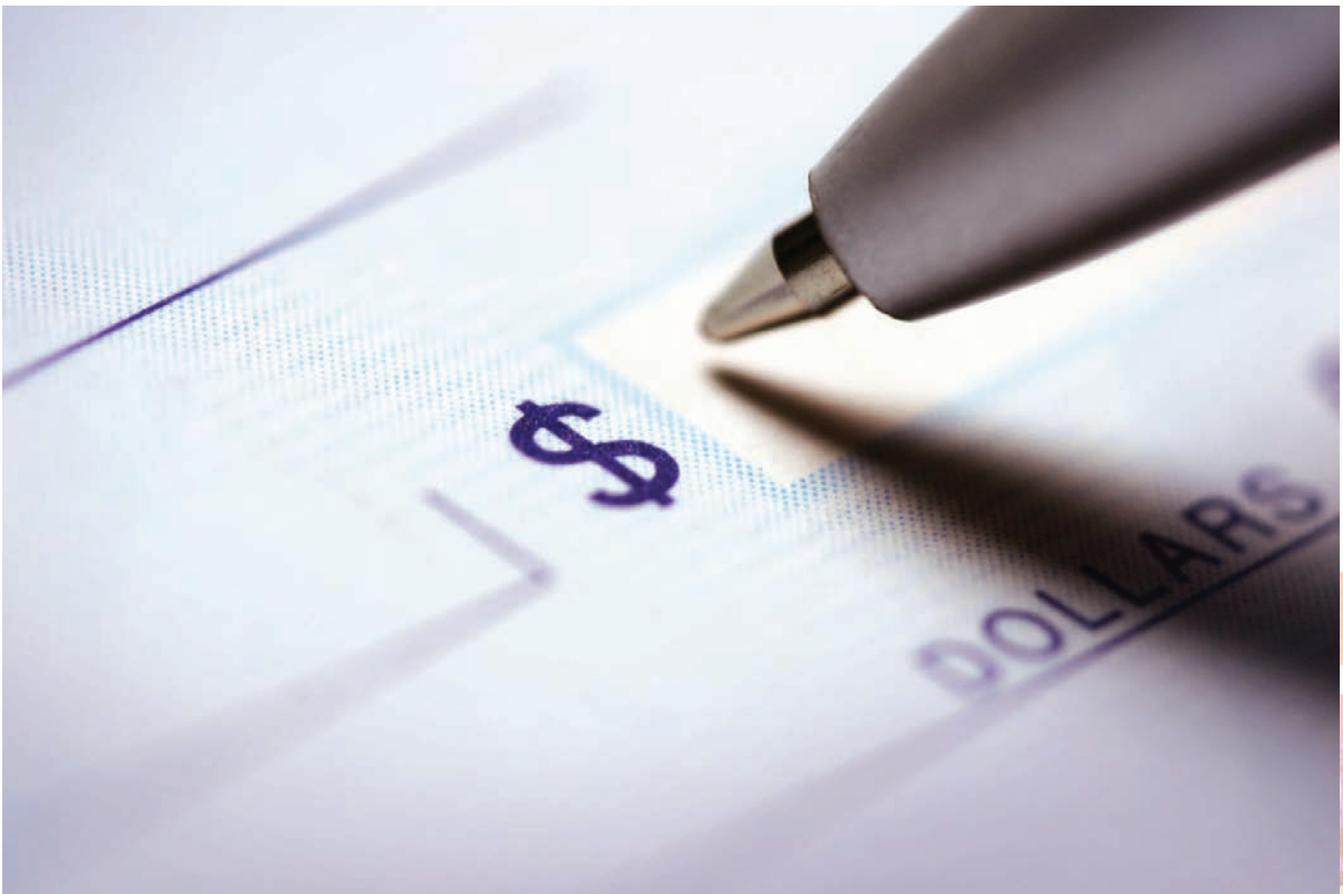
Community benefit reporting does not include an accounting of hospitals' economic contributions, but no report on hospitals' community contributions is complete without the extensive economic benefits that hospitals bring to their communities. In October 2012, the New Jersey Hospital Association published the New Jersey Hospitals 2012: Economic Impact Report, which measures the full impact of hospitals on the local and state economy.

The report, using 2012 data from hospitals' cost reports filed with the state Department of Health, showed that New Jersey hospitals delivered \$20.4 billion in total expenditures that invig-

orated both state and local economies. In another vital indicator, New Jersey hospitals provided 144,000 jobs. Collectively, healthcare ranks as the state's second largest employer, and hospitals often are the single largest employer in their host community.

Other statewide economic benefits cited in the report include:

- Statewide employee payroll of \$8 billion
- \$2.6 billion in purchased services that supported other businesses throughout the state
- \$450 million in state income taxes paid by hospital employees.





## Community Benefit in Action

*Winner: HRET Community Outreach Awards*

### Neighborhood Health Center *Bayonne Medical Center*

In 2012, Bayonne Medical Center established New Jersey Health and Medical Associates, a private practice that provides follow-up care to patients discharged from the hospital that were on Medicaid or had no insurance.

After one year, the practice was renamed the Neighborhood Health Center to better reflect its role as the community's healthcare provider. Patients receive comprehensive physical examinations, blood work, vaccinations, immunizations and age-appropriate screenings including mammograms and colonoscopies, at no cost to them.

Patients also receive routine follow-up care for chronic disease management including heart disease, diabetes and respiratory diseases. Patients that are unable to pay for their medications receive 100 percent cost-coverage from the center. In addition, the Neighborhood Health Center provides coverage for patients that require educational consultations such as diabetes education or nutrition counseling.

The Neighborhood Health Center is available to walk-ins, regardless of geography, that have no medical insurance and to those on Medicaid.

The center is staffed by a nurse practitioner and a bilingual, Spanish-speaking medical assistant. The program's medical director is available for collaboration and assistance with patient care during all clinic hours. In addition, the center has hired a social worker, dedicated to both the cen-



ter and the Readmission Reduction Program, to assist low income, insured, uninsured and under-insured community members that face many barriers to quality care and access to care. The center is open two days a week but the ultimate goal is to increase the availability to five days a week, with eight-hour shifts.

The center is designed to provide patient-centered care, with respect to the individual's beliefs, effective patient-provider communication, timely efficient access to care and a reduction in the duplication in care. That's good for the health-care delivery system and – most importantly – good for the patients who have come to rely on this important neighborhood service.



## Community Benefit in Action

*Winner: HRET Community Outreach Awards*

### Stroke Education and Screening Program *Overlook Medical Center*

For every minute a patient goes without treatment for a stroke, 2 million brain cells die and the chance of serious consequences – including paralysis and even death – increase.

Overlook Medical Center wanted to play a dominant role in addressing stroke awareness with the high risk populations in its community. As part of this effort, Overlook's Community Health Department developed a Comprehensive Stroke Education and Screening Program, which includes three primary activities:

- Free screenings
- Brain Power – an interactive inflatable brain and educational program about brain health
- Lectures by a stroke survivor.

The stroke education and screening program is designed to reach out to high risk populations – individuals over 65 years, African-Americans, Hispanics and those with high blood pressure, diabetes and obesity. Partnering with community- and faith-based organizations, senior centers, schools, low-income housing centers and municipal health departments helps the program to reach these target populations.

Since Jan. 1, 2013, nearly 1,500 people were screened in the targeted populations, more than 700 schoolchildren participated in the Brain Power program and nine community groups attended lectures on stroke awareness.



Photo credit: Kathy Cacicedo

As a result of the program and the continuous efforts of the EMS and Stroke Center teams, Overlook's residents are:

- More educated about stroke symptoms and risks
- Dialing 911
- Receiving faster intervention
- Surviving stroke
- Being discharged with fewer complications.

Overlook's program has clearly increased community awareness of the risk factors and the signs of stroke, and improved the detection and management of high blood pressure all while building new relationships with the community it serves.



## Community Benefit in Action

*Winner: HRET Community Outreach Awards*

### El Poder Sobre La Diabetes *Somerset Medical Center*

**D**iabetes is the fifth leading cause of death for Hispanics in the United States. To help underserved Hispanics prevent or delay this chronic disease, Somerset Medical Center created a community outreach program, El Poder Sobre La Diabetes.

Some of the risk factors for diabetes include insufficient exercise, an unhealthy diet, ethnicity and even genetics. El Poder helps 100 individuals every year make lifestyle changes that will reduce at least one of these risk factors.

The program includes 10 weeks of formal instruction, health screenings to set and track goals and weekly and monthly meetings that provide ongoing support and motivation to help maintain new and healthy behaviors. Groups of 15 to 25 participants commit to the 90-minute weekly sessions, which are held at churches and community centers since these locations are more convenient and comfortable for participants.

Somerset Medical Center maintains valuable relationships with various organizations that serve the Latino community. By partnering with these organizations and hiring a bilingual Latina to administer the program, the medical center gained the Latino community's trust. El Poder provides access to comprehensive diabetes care including education, diabetes management services, medical care, medication assistance and care management.

During the initial screening, the hospital iden-



tifies individuals with diabetes or pre-diabetes. Then they are referred to Somerset's Diabetes Center for individual disease management counseling and education, the Medication Assistance Program for free prescription medication, case management and Somerset Family Practice for medical care.

El Poder consistently demonstrates positive health outcomes, with 95 percent of participants showing improvement in the last year. The program directly impacts about 100 individuals and an estimated 500 people indirectly each year. In addition, over 90 percent of participants showed an increased knowledge of diabetes and reported 100 percent satisfaction with the program.

El Poder has successfully extended its presence within the local community and will continue to promote diabetes screenings, regular exercise and eating healthy foods to reduce the risk factors that can lead to diabetes.

# Participating Hospitals

The New Jersey Hospital Association and Health Research and Educational Trust of New Jersey acknowledges the following hospitals that participated in the NJHA/HRET 2013 Community Benefits Data Collection and voluntarily reported information on their 2012 community benefit programs and services.

ATLANTICARE REGIONAL MEDICAL CENTER CITY DIVISION – ATLANTICARE  
ATLANTICARE REGIONAL MEDICAL CENTER MAINLAND DIVISION – ATLANTICARE  
BACHARACH INSTITUTE FOR REHABILITATION  
BAYSHORE COMMUNITY HOSPITAL – MERIDIAN HEALTH  
CAPE REGIONAL MEDICAL CENTER  
CAPITAL HEALTH MEDICAL CENTER – HOPEWELL-CAPITAL HEALTH  
CAPITAL HEALTH REGIONAL MEDICAL CENTER-CAPITAL HEALTH  
CENTRASTATE HEALTHCARE SYSTEM  
CHILDREN'S SPECIALIZED HOSPITAL – ROBERT WOOD JOHNSON HEALTH SYSTEM  
CHILTON MEDICAL CENTER – ATLANTIC HEALTH SYSTEM  
CHRISTIAN HEALTH CARE CENTER  
COOPER UNIVERSITY HEALTH CARE – COOPER HEALTH SYSTEM  
DEBORAH HEART AND LUNG CENTER  
EAST ORANGE GENERAL HOSPITAL  
HACKETTSTOWN REGIONAL MEDICAL CENTER  
HOLY NAME MEDICAL CENTER  
HUNTERDON MEDICAL CENTER – HUNTERDON HEALTHCARE SYSTEM  
INSPIRA MEDICAL CENTER ELMER – INSPIRA HEALTH NETWORK  
INSPIRA MEDICAL CENTER VINELAND – INSPIRA HEALTH NETWORK  
INSPIRA MEDICAL CENTER WOODBURY – INSPIRA HEALTH NETWORK  
JERSEY SHORE UNIVERSITY MEDICAL CENTER – MERIDIAN HEALTH  
JFK MEDICAL CENTER – JFK HEALTH SYSTEM  
KENNEDY UNIVERSITY HOSPITAL - CHERRY HILL – KENNEDY HEALTH SYSTEM  
KENNEDY UNIVERSITY HOSPITAL - STRATFORD – KENNEDY HEALTH SYSTEM  
KENNEDY UNIVERSITY HOSPITAL - WASHINGTON TOWNSHIP – KENNEDY HEALTH SYSTEM  
LOURDES MEDICAL CENTER OF BURLINGTON COUNTY – LOURDES HEALTH SYSTEM  
MATHENY MEDICAL AND EDUCATIONAL CENTER  
MORRISTOWN MEDICAL CENTER – ATLANTIC HEALTH SYSTEM  
NEWTON MEDICAL CENTER – ATLANTIC HEALTH SYSTEM  
OCEAN MEDICAL CENTER – MERIDIAN HEALTH  
OUR LADY OF LOURDES MEDICAL CENTER – LOURDES HEALTH SYSTEM

OVERLOOK MEDICAL CENTER – ATLANTIC HEALTH SYSTEM  
PALISADES MEDICAL CENTER  
RARITAN BAY MEDICAL CENTER – PERTH AMBOY  
RARITAN BAY MEDICAL CENTER – OLD BRIDGE DIVISION  
RIVERVIEW MEDICAL CENTER – MERIDIAN HEALTH  
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL – NEW BRUNSWICK – ROBERT WOOD JOHNSON HEALTH SYSTEM  
ROBERT WOOD JOHNSON UNIVERSITY HOSPITAL HAMILTON – ROBERT WOOD JOHNSON HEALTH SYSTEM  
SAINT CLARE'S HOSPITAL/DENVILLE – SAINT CLARE'S HEALTH SYSTEM  
SAINT CLARE'S HOSPITAL/DOVER – SAINT CLARE'S HEALTH SYSTEM  
SAINT CLARE'S HOSPITAL/SUSSEX – SAINT CLARE'S HEALTH SYSTEM  
SAINT PETER'S UNIVERSITY HOSPITAL – SAINT PETER'S HEALTHCARE SYSTEM  
SHORE MEDICAL CENTER  
SOMERSET MEDICAL CENTER  
SOUTHERN OCEAN MEDICAL CENTER – MERIDIAN HEALTH  
ST. FRANCIS MEDICAL CENTER  
ST. JOSEPH'S REGIONAL MEDICAL CENTER – ST. JOSEPH'S HEALTHCARE SYSTEM  
ST. JOSEPH'S WAYNE HOSPITAL – ST. JOSEPH'S HEALTHCARE SYSTEM  
ST. LUKE'S WARREN CAMPUS – ST. LUKE'S UNIVERSITY HEALTH NETWORK  
THE VALLEY HOSPITAL – VALLEY HEALTH SYSTEM  
TRINITAS REGIONAL MEDICAL CENTER  
UNIVERSITY HOSPITAL  
UNIVERSITY MEDICAL CENTER OF PRINCETON AT PLAINSBORO – PRINCETON HEALTHCARE SYSTEM  
VIRTUA BERLIN – VIRTUA  
VIRTUA MARLTON – VIRTUA  
VIRTUA MEMORIAL – VIRTUA  
VIRTUA VOORHEES – VIRTUA

In total, 57 hospitals provided community benefit data to NJHA/HRET. Data is reflective of 53 acute care facilities – 14 hospitals submitted data manually through HRET's Community Benefit Survey and 39 hospitals submitted data electronically through Lyon Software's Community Benefits Inventory for Social Accountability (CBISA).



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