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STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
NEW HAMPSHIRE HOSPITAL

Lori A. Shibinette
Commissioner

Ellen M. Lapointe
Chief Executive Officer

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March 20, 2024

His Excellency, Governor Christopher T. Sununu
and the Honorable Council
State House
Concord, New Hampshire 03301

REQUESTED ACTION

Authorize the Department of Health and Human Services, New Hampshire Hospital, to **Retroactively** pay the Schwartz Center for Compassionate Healthcare, (VC#273699), Boston MA, in the amount of \$2,995 for our annual membership dues, effective upon Governor and Executive Council approval for the period of March 17, 2024, through March 16, 2025. 86% General Funds, 14% Other Funds (intergovernmental revenues).

Funds are available in the following account:

05-95-94-940010-8400 HEALTH AND SOCIAL SERVICES, DEPT OF HEALTH AND HUMAN SVCS, HHS:
NEW HAMPSHIRE HOSPITAL, NEW HAMPSHIRE HOSPITAL, ADMINISTRATION

Fiscal Year	Class/Object	Class Title	Job Number	Amount
SFY 2024	026-500251	Organizational Dues	94012800	\$2,995

EXPLANATION

This request is **Retroactive** because the invoice for the membership was received after the expiration of the previous fiscal year's membership. Approval of this request is to fund New Hampshire Hospital's participation in the, not-for-profit, Schwartz Center for Compassionate Healthcare "Schwartz Rounds" membership. The Schwartz Rounds membership provides a structured forum where all staff come together regularly to discuss the emotional and social aspects of working in healthcare. The essence of the program is to understand the challenges and rewards that are intrinsic to providing care, not to solve problems or to focus on the clinical aspects of patient care. The program membership helps staff feel more supported in their jobs, allowing them the time and space to reflect on their roles. Evidence shows that staff who attend this program feel less stressed and isolated, with increased insight and appreciation for each other's roles. The program also helps to reduce hierarchies between staff and to focus attention on relational aspects of care.

Listed below are the standard questions required for Governor and Council organization dues and membership approval submissions:

1. How long has this organization been in existence and how long has this agency been a member of this organization?

The Schwartz Center has been in existence since 1996; New Hampshire Hospital had been a member from 2011-2020. Membership lapsed; then the Hospital renewed their membership in 2023.

2. Is there any other organization, which provides the same or similar benefits, to which your agency belongs?

No.

3. How many other states belong to this organization and is your agency the sole New Hampshire state agency that is a member?

There are 45 states with membership in The Schwartz Center including New Hampshire. NH Hospital is the only NH state agency with a membership.

4. How is the dues structure established? (Standard fee for all states, based on population, based on other criteria, etc.)

Dues are based on a standard fee per hospital.

5. What benefit does the state receive from participating in this membership?

New Hampshire Hospital receives training, education, webinars and recognition for achievements in compassionate care.

6. Are training or educational/ research materials included in the membership? If so, is the cost included? Explain in detail.

Yes, training and educational materials are included in the membership and at no additional cost.

7. Is the membership required to receive any federal grants or required in order to receive or participate in licensing or certification exams? Explain.

No.

8. Is there any travel included with this membership fee? Explain in detail any travel to include the number of employees involved, the number of trips, destination if known and purposes of membership-supported trips.

There is no travel included in the membership fee, and NHH has opted not to participate in any of the out of state seminars or recognition events.

9. Which state agency employees are directly involved with this organization? (Indicate if they are members, voting members, committee members, and/or officers of the organization.)

All NH Hospital direct care staff members.

10. Explain in detail any negative impact to the State if the Agency did not belong to this organization.

If NH Hospital did not belong to the Schwartz Center then the hospital would miss opportunities to promote techniques and programs designed to strengthen patient relationships. The hospital would no longer be a leader in compassionate healthcare and would be out of touch with new developments.

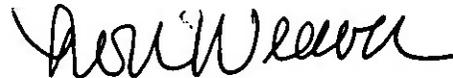
Should Governor and Council determine to deny this request, New Hampshire Hospital would lose an effective coping tool. Evidence shows this program improves communication between colleagues. Staff who regularly attend this program feel less stressed and isolated at work and the process helps to normalize emotions.

Area served: New Hampshire Acute Psychiatric Facility staff and indirect benefit to all patients.

Source of funds 86% general funds and 14% other funds intergovernmental revenues.

In the event that other funds become no longer available, additional general funds will not be requested to support this contract.

Respectfully submitted,



Lori A. Weaver
Commissioner

Invoice – Healthcare Membership



INVOICE #: RI-04112

Invoice Date: 03/14/2024

DUE DATE: 04/28/2024

The Schwartz Center for Compassionate Healthcare

399 Revolution Drive

Suite 679

Somerville, MA 02145

punderhill@theschwartzcenter.org

Phone: 857.282.9779

www.theschwartzcenter.org

BILL TO:

New Hampshire Hospital

ATTN: Donna Ferland

36 Clinton St.

Concord, NH 03301

United States

Member Site ID #: 740

Renewal Date: 03/17/2024

Description	Term	Quantity	Fee	Amount Due
Annual healthcare membership fee	Your 1-year term beginning on the renewal date	1	\$ 2,995.00	\$2,995.00
			Subtotal	\$2,995.00
			Total	\$2,995.00

All Currencies in US \$

Make Check Payable To:

The Schwartz Center for Compassionate Healthcare

REMIT TO:

P.O. Box 412106

Boston, MA 02241-2106

Please include your invoice number on the remittance of the check

If you wish to pay by **Credit Card**.

Please contact Peter Underhill at 857-282-9779 or Tarik Doukkali at 857-282-9771.

Internal entities, please credit via journal entry BU 1200, Account 779000, Fund 027183.