



Downey Regional Medical Center

Community Benefits Plan Fiscal Year Ending 2011

For Submittal on November 30, 2011 to:

Office of Statewide Health Planning and Development
Healthcare Information Resource Center – Accounting and Reporting Systems Section
400 R Street, Room 250
Sacramento, CA 95811-6213

Preface

In accordance with Senate Bill 697, Community Benefits Legislation, Downey Regional Medical Center, a private not-for-profit hospital, submits this Community Benefits Plan for Fiscal Year Ending 2011. Senate Bill 697 requires a not-for profit hospital in California to complete the following activities:

- Review and reaffirm its mission statement to ensure that its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization
- Complete and update a needs assessment every three years, evaluating the health needs of the community served by the hospital
- Adopt and file a community benefits plan annually, documenting activities that the hospital has undertaken to address community needs within its mission and financial capacity; and to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan

Introduction to Downey Regional Medical Center

Downey Regional Medical Center (DRMC) has cared for neighbors in the surrounding communities for more than 80 years. DRMC is a private not-for-profit hospital located at 11500 Brookshire Avenue in Downey, California. Downey Regional Medical Center is an independent, private 199-bed not-for-profit hospital. We believe the family-friendly environment unique to DRMC is good for our patients as well as over 1,400 staff. More than 450 physicians have privileges on the DRMC Medical Staff. Most DRMC nurses have worked at the hospital for ten years or more. Our services are highlighted below.

Education and Training Programs. The medical center is a training site for a Family Practice Intern and Resident program serving 195 medical students, 13 interns, and 16 residents this year. The medical center also assists in the education and training of numerous students in nursing and other health related careers; the hospital has contracts with 27 schools for a variety of student rotations.

Emergency Care Center. DRMC's spacious Emergency Care Center (ECC) combines the latest technology with personalized care. In the ECC's 24 treatment beds, around-the-clock specialists are ready to respond to patients seeking aid for a broad range of illnesses and injuries.

Family Birth Center. The Family Birth Center at DRMC is another example of how we combine advanced technology with an atmosphere of supportive care. Labor/delivery/recovery rooms are designed to make the expectant mother feel right at home. We also provide a Level II Neonatal Intensive Care Unit for newborns with special needs. Sick or premature infants are cared for by specially trained registered nurses and a board-certified neonatologist, available 24 hours a day.

Surgical Care. More than 5,400 patients receive surgical treatment at DRMC each year. A highly skilled surgical team uses advanced surgical facilities to perform a full range of emergency and elective procedures. In addition to hospital operating suites, DRMC has an Outpatient Surgical Center within the main hospital.

Heart Center. DRMC's Heart Center takes pride in a full range of modern diagnostic techniques, interventional services through two high-tech cardiac catheterization laboratories, and surgical services in a dedicated cardiac surgical suite. Our Coronary Care Unit features an advanced

patient monitoring system and highly trained heart nurses. We also offer a Pacemaker Clinic and Cardiac Rehabilitation programs.

Rehabilitation Services. To restore function, prevent disability following disease or injury and help each patient reach maximum level of performance, DRMC provide inpatient and outpatient Physical, Occupational, Speech and Hand Therapy services.

Contents

Section	Description	Page
	Preface	i
	Introduction to Downey Regional Medical Center.....	ii
1	Executive Summary.....	1
2	Mission, Values and Vision Statements.....	3
3	2010 Community Needs Assessment.....	6
4	Community Benefits Planning Process.....	29
5	Community Benefits Plan Objectives.....	30
6	Community Benefits Plan Update.....	31
7	Economic Value of Community Benefits.....	38
 APPENDIX		
A	Hospital Financial Assistance Policy and Procedure.....	A-1

Section 1: Executive Summary

Mission Statement

The Mission of Downey Regional Medical Center-Hospital is to provide quality health care and our responsibility extends to patients, physicians and the surrounding communities.

Definition of Community Used in the 2010 Community Needs Assessment

Downey Regional Medical Center defined its “community” to include the following cities and neighborhood areas: Downey, Bell/Bell Gardens, Bellflower, Cerritos, Commerce, Huntington Park, Lynwood, Maywood, Norwalk, Paramount, Pico Rivera, Santa Fe Springs, and South Gate.

Findings from 2010 Community Needs Assessment

The 2010 Community Needs Assessment conducted by Downey Regional Medical Center identified two general themes as the community’s top health issues. The first was health insurance and access to health care and included considerations such as availability of health insurance, accessibility of hospital emergency rooms and clinics to the community, affordable health care services, and availability of local hospital and mental health services. The second was related to the prevalence of various health conditions and their management. Specific health conditions identified included: obesity, diabetes, heart disease, hypertension, accidents, and mental health.

Objectives Addressed in the Community Benefits Plan

During Fiscal Year Ending 2011, Downey Regional Medical Center continued to pursue the following objectives:

1. To continue to provide affordable and accessible health care services.
2. To continue the development of health education, promotion and wellness services to improve the health status of the community.

3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

Community Benefits Plan Activities

In Fiscal Year Ending 2011, some of the activities conducted by Downey Regional Medical Center in support of the above objectives included the following: charity care for patients without the ability to pay for necessary treatment, absorbing the unpaid costs of care for the uninsured and patients with Medi-Cal and Medicare, financial assistance programs for uninsured and underinsured patients, providing payment for physician services in the Medical Center's Emergency Care Center and Surgical Services, offering community health events and education, support and participation in community organizations and committees, and health education and training programs for students attending area nursing and allied health schools, colleges and universities, as well as ongoing professional training for hospital nursing and other staff.

Economic Value of Community Benefits Provided

The economic value of community benefits provided by Downey Regional Medical Center in Fiscal Year Ending 2011 is estimated at **\$26,234,623**.

Section 2: Mission, Values and Vision Statements

Downey Regional Medical Center-Hospital Mission, Values and Vision Statements follow. These guide our organization's commitment to responding to community needs. In addition, our newly embraced Customer Service Values are included in this section.

Mission Statement

The Mission of Downey Regional Medical Center-Hospital is to provide quality health care and our responsibility extends to patients, physicians and the surrounding communities.

We are committed to excellence by:

- ❖ Responding to the needs of the communities we serve
- ❖ Respecting the dignity of every person
- ❖ Insuring patient safety
- ❖ Preserving loyalty
- ❖ Exhibiting a spirit of friendliness
- ❖ Maintaining current medical technology
- ❖ Building and improving services
- ❖ Providing ease in access to services

Approved by Board of Directors April 27, 1999

Reviewed by Board of Directors April 25, 2003

Values Statement

- ❖ Quality of care for those we serve
- ❖ Integrity and accountability in all we do
- ❖ Respect for those we serve and for each other
- ❖ Communication to assure understanding
- ❖ Financial strength to assure continuity

Vision Statement

- ❖ DRMC is known by our community for excellence in clinical and service quality, treating those we serve with respect and dignity.
- ❖ DRMC is a partner in improving the health and well being of our community.
- ❖ DRMC effectively combines an innovative and principled approach to business with a firm commitment to service and to mission.

MAGIC Customer Service Values

Downey Regional Medical Center continued its MAGIC Customer Service Program in Fiscal Year 2010. Service values for hospital employees are listed below.

1. I build strong relationships and create DRMC customers for life
2. I am always responsive to the expressed and unexpressed wishes and needs of our customers
3. I am empowered to create a unique, memorable, healing experience for our patients and their families
4. I understand my role in providing excellent customer service
5. I seek opportunities to innovate and improve our customer's experience at DRMC
6. I own and immediately resolve customer problems
7. I create and support a work environment of teamwork and service where I strive to meet patients needs, physicians needs, and, as importantly, provide 'lateral service' and meet the needs of my workplace colleagues
8. I always strive to learn and grow
9. I am involved in planning the work that affects me
10. I am proud of and maintain a professional appearance, language and behavior
11. I protect the privacy and security of our customers, my fellow employees and the hospital
12. I am responsible for uncompromising levels of cleanliness and creating a safe and accident free environment of care

Section 3: 2010 Community Needs Assessment

Following definition of the hospital service area, the needs assessment includes a summary of population and household demographics, measures related to access to health care, mortality, maternal and infant health, child and adolescent health, adult health, and senior health; and findings from the community consultation. To assist with identifying priorities, comparisons are made to national benchmarks known as Healthy People 2010 and other regional experiences. The hospital will use the findings of the 2010 needs assessment in the preparation of community benefits plans for the next three fiscal years, in accordance with Senate Bill 697 (community benefits legislation for not-for-profit hospitals).

Service Area Definition and Description

Note: Demographics for the hospital service area are based on 2010 estimates

Downey Regional Medical Center, located in Downey, defined its service area for purposes of the 2010 Community Needs Assessment to include the following communities:

- Downey
- Bell
- Bellflower
- Cerritos
- Commerce
- Huntington Park
- Lynwood
- Maywood
- Norwalk
- Paramount
- Pico Rivera
- Santa Fe Springs
- South Gate

The service area population (2010) is estimated at 873,937 persons. The population in the service area is forecast to increase 2.7 percent in the next five years. Growth projections for households and families are estimated to increase 1.8 percent and 1.8 percent. The following table summarizes the service area population, total households, and families as well as the percent change projected for 2015 (over a five year period).

Summary of Population, Households and Families

Downey Regional Medical Center Service Area

2010

Description	Number		Percent Change From 2010 to 2015
	2010	2015	
Demographics			
Population	873,937	897,626	2.7%
Households	223,105	227,146	1.8%
Families	184,937	188,201	1.8%

Source: Nielsen Claritas

To assist with providing context to the service area demographics, key statistics are compared to Los Angeles County for 2010 in the following table. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of:

- Hispanic residents
- Persons speaking Spanish at home
- Adults with less than a 9th grade education, some high school (no diploma), and high school graduates
- Employed persons with blue collar occupations
- Households with 3 or more persons
- Households with incomes from \$15,000 to \$99,999
- Households headed by persons 65 years and older
- Owner occupied households
- Households with no children under age 18 years present
- Families below the poverty level

Demographic Highlights

Downey Regional Medical Center Service Area Compared to Los Angeles County

2010

Indicator	Percent	
	Service Area	LA County
5-Year Change (2010 to 2015)		
Population	2.7%	4.0%
Households	1.8%	3.4%
Families	1.8%	3.4%
Race/Ethnicity		
White	9.8%	27.7%
Black	4.5%	8.4%
Asian, Native Hawaiian or Pacific Islander	7.4%	12.9%
Hispanic	77.0%	48.0%
American Indian/Alaskan Native	0.2%	0.2%
Some Other Race	0.1%	0.2%
Two or More Races	1.0%	2.6%
Language Spoken at Home by Persons 5 Years and Older		
English Only	25.5%	43.9%
Spanish	66.0%	39.5%
Asian or Pacific Island Language	6.3%	10.2%
European language	1.6%	5.4%
Other language	0.6%	1.1%
Educational Attainment of Adults 25 Years and Older		
Less than 9 th Grade	23.0%	14.2%
Some High School, no Diploma	15.8%	10.5%
High School Graduate (or GED)	25.7%	21.4%
Some College, no Degree	16.4%	18.8%
Associate Degree	5.7%	6.8%
Bachelor Degree	9.2%	18.4%
Graduate or Professional Degree	4.1%	9.8%
Occupation Type for Employed Labor Force		
Blue Collar	33.8%	22.1%
White Collar	48.8%	60.3%
Service and Farming	17.4%	17.7%
Household Size		
1-Person	13.0%	24.3%

Indicator	Percent	
	Service Area	LA County
2-Persons	18.5%	25.8%
3-Persons	16.6%	15.8%
4-Persons	18.5%	14.6%
5-Persons	14.1%	9.0%
6-Persons	8.7%	5.0%
7 or more Persons	10.7%	5.4%
Household Income		
Under \$15,000	10.3%	12.6%
\$15,000 to \$34,999	21.7%	19.7%
\$35,000 to \$74,999	36.5%	31.2%
\$75,000 to \$99,999	13.3%	12.3%
\$100,000 to \$149,999	12.0%	12.9%
\$150,000 to \$199,999	3.8%	5.3%
\$200,000 and over	2.4%	6.0%
Owner and Renter Occupied Housing Units		
Owner Occupied	50.1%	48.6%
Renter Occupied	49.9%	51.4%
Households by Presence of Children		
Children Under 18 Years Present	45.8%	61.9%
No Children	54.2%	38.1%
Families by Poverty Status		
Below the Poverty Level	12.7%	12.3%
At or Above the Poverty Level	87.3%	87.7%

Source: Nielsen Claritas

Access to Health Care

Note: Findings are based on the 2007 California Health Interview Survey for Los Angeles County Service Planning Area – East (SPA 7) and two-year averages of hospitalizations that occurred in the service area during 2007 and 2008

When comparing health access indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to: health insurance (uninsured all or part of the year) and pap test in past three years. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Health Access Indicators

Los Angeles County Service Planning Area 7 - East
2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 7 East	
		Good	Target Rate	Rate	Status
Health Access					
Uninsured All or Part of Year	0 to 65		0%	22%	
Delays in Getting Needed Medical Care	0 to 17		7%	6%	
Cancer Screening					
Mammogram in Past 2 Years Females	40+		70%	76%	
Pap Test in Past 3 Years Females	18+		90%	88%	

Note:

 Indicates that the Healthy People 2010 objective is to reduce;  indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

Another measure of access to health care includes hospitalization rates for ambulatory care sensitive conditions. These conditions apply to three broad age groups – children, adults and seniors. These are conditions for which good outpatient care can potentially prevent the need for hospitalization or for which early intervention can prevent complications or more severe disease. These conditions can be used to identify unmet community health care needs, to monitor how well complications from a number of common conditions are being avoided in outpatient settings and to compare performance of local health care systems across communities.

When comparing hospitalization rates for the hospital service area to Healthy People 2010 objectives, the hospital service area did not meet the objectives related to: asthma in age group 65 years and older and uncontrolled diabetes in adults age 18 to 64. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Hospitalization Rates for Ambulatory Care Sensitive Conditions

Downey Regional Medical Center Service Area

Two-Year Average (2007 – 2008)

Health Condition	Age Group	Healthy People 2010 Objective		Service Area	
		Good	Target Rate	Rate	Status
Health Access					
Asthma	0 to 17	↓	17.3	9.9	
	Under 5	↓	25.0	15.3	
	5 to 64	↓	7.7	7.1	
	65+	↓	11.0	47.8	
Uncontrolled Diabetes	18 to 64	↓	5.4	6.9	
Immunization Preventable Pneumonia and Influenza	65+	↓	8.0	4.5	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce

Rates are per 10,000 population

Source: Office of Statewide Health Planning and Development

Mortality

Note: Findings are based on three-year averages of deaths that occurred among residents of the service area during 2006 through 2008

Considerable national and regional attention surrounds health behaviors and preventable deaths. According to the Centers for Disease Control and Prevention, the top two leading causes of preventable death in the United States are tobacco and poor diet and physical inactivity.

On average, there were 4,109 deaths a year in the service area. Heart disease and cancer were the top two leading causes of death in the service area, accounting for 50.6 percent of all deaths. Other leading causes of death in the service area are summarized in the table below.

Profile of Deaths, Ranked
Downey Regional Medical Center Service Area
Three-Year Average (2006 to 2008)

Cause of Death	Number	Percent
Heart Disease	1,162	28.3%
Coronary Heart Disease	938	22.8%
Heart Attack	234	5.7%
Cancer (All Sites)	915	22.3%
Lung Cancer	189	4.6%
Colorectal Cancer	90	2.2%
Breast Cancer	73	1.8%
Pancreatic Cancer	57	1.4%
Prostate Cancer	50	1.2%
Stroke	228	5.5%
Chronic Lower Respiratory Disease	221	5.4%
Diabetes	195	4.7%
Unintentional Injuries (All Types)	162	3.9%
Motor Vehicle Crashes	77	1.9%
Pneumonia/influenza	148	3.6%
Cirrhosis	111	2.7%
Alzheimer's disease	106	2.6%
Homicide	87	2.1%
Suicide	38	0.9%
All Causes	4,109	100.0%

Source: California Department of Public Health

When comparing age-adjusted death rates in the service area to Healthy People 2010 objectives, the service area did not meet the objectives related to the following causes of death: chronic pulmonary diseases, diabetes-related, unintentional injuries (all types), homicide, and cirrhosis. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Age-Adjusted Death Rates by Cause of Death

Downey Regional Medical Center Service Area

Three-Year Average (2006 – 2008)

Cause of Death	Age Group	Healthy People 2010 Objective		Service Area	
		Good	Target Rate	Rate	Status
Health Status					
Coronary Heart Disease	All	↓	162.0	162.5	**
Stroke	All	↓	50.0	39.1	
Cancer (All Sites)	All	↓	158.6	150.3	
Lung	All	↓	43.3	32.4	
Colorectal	All	↓	13.7	14.7	**
Prostate	All	↓	28.2	22.5	
Breast	All	↓	21.3	20.1	
Chronic Pulmonary Diseases	45+	↓	62.3	111.8	
Diabetes-Related	All	↓	46.0	105.6	
Unintentional Injuries (All Types)	All	↓	17.1	21.1	
Motor Vehicle Accidents	All	↓	8.0	9.7	**
Homicide	All	↓	2.8	9.2	
Suicide	All	↓	4.8	4.8	
Cirrhosis	All	↓	3.2	16.2	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce

Rates are per 100,000 persons and are standardized to the 2000 U.S. Standard Million population

** Indicates that lower limit of 95% confidence interval meets the Healthy People 2010 objective

Source: California Department of Public Health

Maternal and Infant Health

Note: Findings are based on two-year averages of live births that occurred in the service area during 2007 through 2009.

To assist with providing context to the service area births, key birth demographics are compared to Los Angeles County. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of: births to mothers under age 20 years and mother age 20 to 29 years and births to mothers of Hispanic ethnicity. The following table summarizes live births, births by mother's age group, and births by mother's race/ethnicity.

Birth Demographic Highlights

Downey Regional Medical Center Service Area Compared to Los Angeles County
Three-Year Average (2007 – 2009)

Description	Service Area	Los Angeles County
Births (Number)		
2007	15,148	151,813
2008	14,730	147,684
2009	13,654	139,679
Three-Year Average	14,511	146,392
Births by Mother's Age Group (Percent)		
Under 20 Years	11.7%	9.7%
20 to 29 Years	52.7%	46.8%
30 to 34 Years	21.5%	24.5%
35 Years and Over	14.0%	19.1%
Births by Mother's Race/Ethnicity (Percent)		
White	4.5%	17.3%
Black	3.5%	7.4%
Asian or Pacific Islander	4.8%	11.4%
Hispanic	86.3%	62.6%
Native American	0.1%	0.1%
Other and Unknown	0.8%	1.2%

Note: Excludes births to mothers of unknown age

Source: California Department of Public Health

When comparing maternal and infant health indicators in the service area to Healthy People 2010 objectives, the service area did not meet the objectives related to: late/no prenatal care, low birth weight infants, very low birth weight infants, and infant mortality. The service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Maternal and Infant Health Indicators
Downey Regional Medical Center Service Area
Two-Year Average (2007 – 2009)

Indicator	Healthy People 2010 Objective		Service Area	
	Good	Target Rate	Rate	Status
Health Status				
Late/No Prenatal Care	↓	10.0%	12.9%	
Low Birth Weight Infants	↓	5.0%	6.6%	
Very Low Birth Weight Infants	↓	0.9%	1.2%	
Infant Mortality Rate (per 1,000 live births)	↓	4.5	5.2	

Notes:

 Indicates that the Healthy People 2010 objective is to reduce
Infant mortality rate is three-year average (2006 – 2008)

Source: California Department of Public Health

Child and Adolescent Health

Note: Findings are based on Nielsen Claritas and 2007 California Health Interview Survey for Los Angeles County Service Planning Area – East (SPA 7)

To assist with providing context to the service area senior demographics, key statistics are compared to Los Angeles County for 2010 in the table below. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of:

- Persons age 0 to 20 years
- Households headed by young adults age 15 to 24 years

Child And Adolescent Demographic Highlights

Downey Regional Medical Center Service Area Compared to Los Angeles County
2010

Description	Service Area	Los Angeles County
Age Group (Percent)		
0 to 4 Years	9.0%	7.2%
5 to 14 Years	16.0%	13.9%
15 to 20 Years	10.0%	9.1%
Households by Age of Head of Household (Percent)		
Headed by Young Adults Age 15 to 24 Years	4.2%	4.0%

Note: Percentages rounded

Source: Nielsen Claritas

When comparing child and adolescent health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: health insurance (uninsured all or part of the year) and source of ongoing care; and related to health behaviors for: vigorous physical activity. The SPA experience compared to Healthy People 2010 national objectives is summarized in the following table. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Child and Adolescent Health Indicators
 Los Angeles County Service Planning Area 7 - East
 2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 7 East	
		Good	Target Rate	Rate	Status
Health Access					
Uninsured All or Part of Year	0 to 17	↓	0%	10%	⚠
Source of Ongoing Care	0 to 17	↑	97%	92%	⚠
Health Behaviors					
Overweight or Obese	12 to 17	↓	5%	10%	*
Vigorous Physical Activity	14 to 17	↑	85%	57%	⚠
Currently Smoke Cigarettes	14 to 17	↓	16%	5%	*

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

* Indicates that rate is statistically unreliable

Source: UCLA Center for Health Policy Research

Adult Health

Note: Findings are based on Nielsen Claritas and 2007 California Health Interview Survey for Los Angeles County Service Planning Area – East (SPA 7)

To assist with providing context to the service area senior demographics, key statistics are compared to Los Angeles County for 2010 in the table below. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of:

- Persons age 21 to 44 years
- Households headed by adults age 25 to 64 years

Adult Demographic Highlights

Downey Regional Medical Center Service Area Compared to Los Angeles County
2010

Description	Service Area	Los Angeles County
Age Group (Percent)		
21 to 24 Years	6.6%	5.8%
25 to 34 Years	14.4%	13.7%
35 to 44 Years	15.0%	14.9%
45 to 54 Years	12.1%	14.1%
55 to 64 Years	8.5%	10.2%
Households by Age of Head of Household (Percent)		
Headed by Adults Age 25 to 64 Years	80.0%	77.6%

Note: Percentages rounded

Source: Nielsen Claritas

When comparing adult health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: health insurance (uninsured all or part of the year); and related to health behaviors for: healthy weight, obese, moderate/vigorous physical activity, diagnosed with diabetes, diagnosed with high blood pressure, and currently smoke cigarettes. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Adult Health Indicators
Los Angeles County Service Planning Area 7 - East
2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 7 East	
		Good	Target Rate	Rate	Status
Health Access					
Uninsured All or Part of Year	18 to 64	↓	0%	28%	
Health Behaviors					
Healthy Weight	20 to 64	↑	60%	30%	
Obese	20 to 64	↓	15%	26%	
Moderate or Vigorous Physical Activity	18 to 64	↑	50%	32%	
Diagnosed with Diabetes	18 to 64	↓	2.5%	7.0%	
Diagnosed with High Blood Pressure	20 to 64	↓	16%	20%	
Currently Smoke Cigarettes	18 to 64	↓	12%	13%	

Notes:

↓ Indicates that the Healthy People 2010 objective is to reduce; ↑ indicates that the objective is to increase

Source: UCLA Center for Health Policy Research

Senior Health

Note: Findings are based on Nielsen Claritas, 2007 California Health Interview Survey for Los Angeles County Service Planning Area – East (SPA 7), and two-year averages of hospitalizations that occurred in the service area during 2007 and 2008

To assist with providing context to the service area senior demographics, key statistics are compared to Los Angeles County for 2010 in the table below. Of note, in comparison to Los Angeles County, the service area has a *higher* proportion of:

- Senior households with an income of \$15,000 to \$74,999

Senior Demographic Highlights

Downey Regional Medical Center Service Area Compared to Los Angeles County
2010

Description	Service Area	Los Angeles County
Age Group (Percent)		
65 to 74 Years	4.8%	5.9%
75 to 84 Years	2.6%	3.5%
85 Years and Older	1.1%	1.6%
Total 65 Years and Older	8.4%	11.0%
Households by Age of Head of Household (Percent)		
Headed by Seniors 65 Years and Older	15.8%	18.4%
Seniors Households by Income Group (Percent)		
Under \$15,000	19.1%	19.4%
\$15,000 to \$24,999	17.5%	15.3%
\$25,000 to \$74,999	43.6%	39.8%
\$75,000 and Over	19.8%	25.4%

Note: Percentages rounded

Source: Nielsen Claritas

When comparing senior health indicators in the SPA to Healthy People 2010 objectives, the SPA did not meet the objectives related to health access for: flu shot received in past year; and related to health behaviors for: healthy weight, obese, moderate/vigorous physical activity, diagnosed with diabetes, and diagnosed with high blood pressure. The SPA experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the SPA did not meet the Healthy People 2010 objective.

Senior Health Indicators

Los Angeles County Service Planning Area 7 - East
2007

Indicator	Age Group	Healthy People 2010 Objective		SPA 7 East	
		Good	Target Rate	Rate	Status
Health Access					
Flu Shot Past Year	65+	↑	90%	73%	
Health Behaviors					
Healthy Weight	65+	↑	60%	32%	
Obese	65+	↓	15%	23%	
Moderate or Vigorous Physical Activity	65+	↑	50%	29%	
Diagnosed with Diabetes	65+	↓	2.5%	28.8%	
Diagnosed with High Blood Pressure	65+	↓	16%	67%	
Currently Smoke Cigarettes	65+	↓	12%	6%	*

Notes:  Indicates that the Healthy People 2010 objective is to reduce;  indicates that the objective is to increase

* Indicates that result is statistically unreliable

Source: UCLA Center for Health Policy Research

When comparing hospitalization rates for ambulatory care sensitive conditions among seniors in the hospital service area to Healthy People 2010 objectives, the service area did not meet the objectives for: congestive heart failure in seniors age 65 to 74 and 75 to 84 and hip fractures in females. The hospital service area experience compared to Healthy People 2010 national objectives is summarized in the table below. A  sign in the column labeled status indicates that the service area did not meet the Healthy People 2010 objective.

Hospitalization Rates for Ambulatory Care Sensitive Conditions

Downey Regional Medical Center Service Area

Two-Year Average (2007 – 2008)

Health Condition	Age Group	Healthy People 2010 Objective		Service Area	
		Good	Target Rate	Rate	Status
Health Access					
Congestive Heart Failure	65 to 74		6.5	7.3	
	75 to 84		13.5	15.5	
	85+		26.5	22.7	
Hip Fractures in Females	65+		416.0	670	
Hip Fractures in Males	65+		474.0	333	

Notes:

 Indicates that the Healthy People 2010 objective is to reduce

Rates for congestive heart failure are per 1,000 population

Rates for hip fractures are per 100,000 males or females

Source: Office of Statewide Health Planning and Development

Community Consultation

Overview

During a three-week period beginning in mid-October 2010, eighteen community leaders participated in one-on-one telephone interviews to identify priority health issues. Community leaders participating in the community consultation represented various local organizations, including City of Downey, public schools serving kindergarten to 12th grade students in Downey, a community college nursing department, service organizations, the local newspaper, community physicians, and members of the hospital's Board of Directors. Many of those interviewed have lived, worked and volunteered locally for many years, offering considerable perspective on area health issues.

Those participating in the community consultation were asked to respond to the following questions:

1. In your opinion, what are the community's top three health issues?
2. What neighborhood areas or populations are most affected by these health issues?
3. From your viewpoint, what actions do you think local organizations should take to be most effective in addressing these health issues?
4. What roles or actions do you think Downey Regional Medical Center should take to address these health issues?
5. In your opinion, what community programs and activities are strengths of Downey Regional Medical Center? What community activities can be improved?

Following completion of the interviews, responses were analyzed and summarized based on general concepts and common themes.

Community's Top Health Issues

Participants in the community consultation identified the following important health issues (presented in order of frequency of mention):

- Access to health care services and health insurance
- Prevention and management of chronic diseases and accidents
- Mental health services
- Availability of local hospital services

Each issue is discussed separately below, including neighborhood areas or populations most affected by the health issue.

Access to Health Care Services and Health Insurance

Lack of health insurance (primarily due to cost) is a key determinant of the ability of many persons to access health care services, according to those interviewed. Without health insurance many continue to use emergency rooms as their primary source of care. Those without health insurance need more accessible and affordable services, such as those provided at a local clinic (for example, with sliding scale fees and convenient hours).

Neighborhood Areas or Populations Most Affected: Poor, individuals working multiple part time jobs without insurance benefits, uninsured, middle income, Latinos, southern portion of Downey (ZIP Code 90242), single parents, and grandparents as parents

Prevention and Management of Chronic Diseases and Accidents

Poor nutrition and lack of exercise are at the root of many health conditions, including obesity, diabetes, and hypertension, according to many of those interviewed during the community consultation. In addition, air-borne particulates and poor air quality in the area contributes to respiratory diseases such as asthma and emphysema. Vehicular traffic – from cars and motorcycles – and modern-day distractions while driving contribute to accidents.

Neighborhood Areas or Populations Most Affected: Children and younger adults (behaviors can have long term effects on health), Latinos, and all members of community

Mental Health Services

Mental health services were identified as needed to address the following: autism in children, teen suicide and substance abuse, and elderly persons with limited access to outside activities. Access to mental health services is particularly challenging as often services are not covered or adequately covered by insurance; communities also have fewer beds available for the treatment of mental health issues. Greater awareness of mental health is needed, according to some of those interviewed.

Neighborhood Areas or Populations Most Affected: Children, teens, young adults age 19 to 25 years, and seniors

Availability of Local Hospital Services

Several of those interviewed acknowledged the importance of Downey Regional Medical Center in serving the community. Maintenance of buildings and the continued operation of the hospital's emergency room services were identified as critical.

Neighborhood Areas or Populations Most Affected: Downey residents

Actions Local Organizations Should Take to Be Most Effective in Addressing Health Issues

Those participating in the community consultation identified the following actions that local organizations should take to be most effective in addressing identified health issues (presented in order of frequency of mention):

- Education
- Expansion of programs and services
- Volunteers and fundraising
- Advocacy

Each of these suggestions is described separately below.

Education

Education and outreach was suggested as an action local organizations should take to be most effective in addressing local health issues. Specific topics of education suggested by those participating in the community consultation included: dietary change, cooking demonstrations, weight control, physical activity, exercise, screenings, and substance abuse prevention.

Expansion of Programs and Services

Several of those interviewed commented that strong partnerships in Downey exist among community organizations, city staff and city council members, and the school district. Expansion of services was suggested as a role for these and other organizations to consider, including: improving the accessibility of health care services, providing free basic care to children, expanding programs and clinic facilities to provide non-emergency health care, ongoing care for diabetes and asthma, support for elderly persons who cannot afford the cost of prescribed medications, and allocation of more city tax dollars for recreational activities (for persons of all ages).

Volunteers and Fundraising

Several of those interviewed commended the “very responsive volunteer spirit in Downey” and the active volunteers in the community. Moving forward, some of those interviewed suggested that these activities be continued, including philanthropic work and fundraising to help patients afford needed health care services.

Advocacy

Advocacy was identified as a suggested action for local organizations. Petitioning and getting word out to national and state legislators about health care issues in general and lack of services for affected populations were suggested.

Suggested Roles or Actions for Downey Regional Medical Center

Those participating in the community consultation suggested the following roles or actions for Downey Regional Medical Center to address identified health issues (presented in order of frequency of mention):

- Education and outreach
- Inform community about services available at the hospital
- Coordinate with existing organizations to conduct services such as checkups, screenings (e.g., weight, respiratory, and substance abuse), flu shots, health fairs, and education
- Offer medical support once problems are identified
- Health care leader and “voice of medical care in the community”
- Reduce wait times in Emergency Department
- Develop strategies and services to keep patients from overusing the Emergency Department
- Contribute to community clinic
- Establish a Center for Excellence in Diabetes (seek grant funding support)
- Doctors and nurses volunteer in community clinics
- Host a public town hall meeting featuring health professionals and local elected officials

Community Programs and Activities: Strengths and Opportunities for Improvement

Community Programs and Activities Identified as Strengths:

- Hospital (described as “community oriented,” “present in the community for a long time,” “visible in the community,” “provides very good service,” “quality is tops,” “strong, clean, and medium-sized”)
- Emergency Department
- Birth Center
- Intensive Care Unit (ICU)
- Medical staff (includes representation across all specialties)
- Family Practice residencies
- Hospital staff (includes nursing and ancillary staff)
- Medical care
- Foundation (described as “well informed and connected”)
- Education Department
- Diabetes education
- Affiliation with nursing schools
- Nursing education
- Volunteer programs, including Auxiliary and Youth Corps
- Volunteers
- Sponsor events to support local organizations
- Flu vaccine program
- Disaster drills (conducted by Emergency Department)

Community Programs and Activities Identified as Opportunities for Improvement:

- Provide more education to the community (including information in weekly local newspaper, diabetes education, consider use of Promotoras to provide education on topics such as diabetes, teen pregnancy and domestic violence)
- Consider conducting flu shots, physical exams, and cardiac screenings when financial resources improve
- Addition of a Pediatrics Department
- Reach out beyond local organizations

Section 4: Community Benefits Planning Process

In 2010, Downey Regional Medical Center completed a community needs assessment. First, the hospital verified its service area definition to focus on the communities surrounding the hospital. Next, a comprehensive work plan – including both primary and secondary data – was established. The work plan focused on a thorough description of service area demographics, community health status (reviewing indicators related to availability of health insurance, leading causes of death, preventable hospitalizations, birth-related outcomes, and age-specific health considerations), and consultation with the community regarding important health issues. At the conclusion of the assessment, the report was distributed and reviewed by Administration. Findings of the needs assessment are used by Medical Center staff in their planning of health-related programs.

Section 5: Community Benefits Plan Objectives

Downey Regional Medical Center continued to pursue the following objectives during Fiscal Year Ending 2011:

1. To continue to provide affordable and accessible health care services.
2. To continue the development of health education, promotion and wellness services to improve the health status of the community.
3. To continue to coordinate efforts with community partners for community health improvement and education and training programs.

On an annual basis, Downey Regional Medical Center will monitor and report measures of plan progress. See **Section 6** for a report on the medical center's programs and services provided in Fiscal Year Ending 2011 in support of these objectives.

Section 6: Community Benefits Plan Update

This section includes a description of programs and services provided by the medical center and key measurements of outcomes accomplished in Fiscal Year Ending 2011. Programs and services are organized in response to the three priority categories of need identified in recently conducted needs assessments.

Providing Affordable and Accessible Health Care Services

Needs assessments completed in recent years identified the need for affordable and accessible health care programs and services in the community, availability and accessibility of hospital emergency rooms, and education and assistance with enrollment in government-sponsored public insurance programs.

In response, Downey Regional Medical Center community benefit services include: charity care for patients without the ability to pay for necessary treatment (see **Appendix A** for the Hospital's Financial Assistance Policy and Procedure), absorbing the unpaid costs of care for patients with Medi-Cal, absorbing the unpaid costs of care for uninsured patients, absorbing the unpaid costs of care for patients with Medicare, financial assistance programs for uninsured and underinsured patients, providing payments for physician services in the hospital's Emergency Care Center and other patient areas, and providing community referrals for social services. In addition, the medical center's Director of Medical Education and residents and interns volunteered 168 hours of time to participate in Maria Shriver's Modern House Call for Women event to provide free health care services at a three-day clinic held at California State University at Long Beach from October 22 to October 24.

To serve the underserved and underinsured persons in Southeastern Los Angeles County, Downey Regional Medical Center is partnering with John Wesley Community Health (JCWH), Inc. and Amrit Davaa World Health (ADWH) Corporation to develop a primary and urgent care family clinic in Downey. The projected facility will include nine treatment rooms, radiology, laboratory, medication dispensing, two counseling/education rooms, and a conference room for resident and patient education. The center will be a training site for the medical center's Family Practice residents, medical students, nursing students, Family Nurse Practitioners/Physician Assistants in

training, Optometry/Podiatry/Dental students in training from Western University of Health Sciences. A building near the hospital is being renovated for an anticipated opening date at the end of the year.

The closure by Los Angeles County of Martin Luther King Harbor Hospital has continued to place pressures on Downey Regional Medical Center. Even as we attempt to serve the community, the County's actions make it harder for us to do so. The majority of the inpatients at the MLK Harbor Hospital were Medi-Cal beneficiaries. As these patients seek other hospitals to receive services, many will continue to be brought to or come to Downey Regional due to its proximity. Unfortunately, additional patient care under the Medi-Cal program will continue to extend our already large losses in that program and will further weaken Downey Regional Medical Center's financial ability to continue to be of service to any part of the community.

Health and Wellness

Needs assessments continue to identify the need for health education, information and referral, and other wellness services (such as screenings, immunizations and injury prevention).

In response, Downey Regional Medical Center offers community presentations on health-related topics such as CPR, safety and disaster planning, and prepared childbirth; tours of the hospital for expectant parents and participates in various community events such as flu vaccinations, blood drives, and disaster planning. In addition, the hospital offers meeting rooms to community groups free of charge.

Downey Regional Medical Center became a tobacco free campus on January 1, 2011. In support of this, the hospital offered smoking cessation training for employees and the community.

Coordination with Community Partners

Recently completed needs assessments indicated the need for partnerships and collaborations as a means to addressing community health needs, including the education and training of students in nursing and other health care careers.

In response, Downey Regional Medical Center activities include support of health education and training programs directed to students attending area nursing and allied health schools, colleges and universities; nursing staff (in response to the State's nursing shortage), employees, and volunteers. In addition, Downey Regional Medical Center participated in community organizations, including Downey Rotary Club, Downey Federal Credit Union, Rio

Hondo Community College, Cerritos College, and Southern California Association Healthcare Development.

Downey Regional Medical Center outcomes for each community benefit program/service are summarized in **Table 6.1**, **Table 6.2**, and **Table 6.3**. Each table includes the following:

- Program/service name and department responsible for program coordination
- Description of the program/service
- Number served in Fiscal Year Ending 2011
- The category where unreimbursed costs are reported according to the framework established by Senate Bill 697

DOWNEY REGIONAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR ENDING 2011

Table 6.1: Programs in Response to Community Need: Affordable and Accessible Health Care Services

Fiscal Year Ending 2011 Objective: To continue to provide affordable and accessible health care services.
--

Program/Service (Coordinating Department)	Description of Program/Service	Fiscal Year Ending 2011 Number Served	SB 697 Category
Traditional Charity Care (Patient Financial Services)	Non-billed services to hospital patients who could not afford to pay	<ul style="list-style-type: none"> ▪ 368 patients 	Medical Care
Unpaid Cost of Medi-Cal (Finance)	Services to hospital patients with Medi-Cal insurance coverage	<ul style="list-style-type: none"> ▪ 3,079 inpatients ▪ 18,989 outpatients (includes emergency) 	Medical Care
Unpaid Cost of Care for the Uninsured (Patient Financial Services)	Services to persons who are uninsured	<ul style="list-style-type: none"> ▪ 629 inpatients ▪ 7,173 outpatients (includes emergency) 	Medical Care
Unpaid cost of Medicare (Finance)	Services for hospital patients with Medicare insurance coverage	<ul style="list-style-type: none"> ▪ 3,113 inpatients ▪ 11,382 outpatients (includes emergency) 	Medical Care
Financial Assistance Program for Uninsured and Underinsured Patients (Patient Financial Services)	Comprehensive program covers charity care, state program eligibility assistance, cash quote process for uninsured and general billing assistance	<ul style="list-style-type: none"> ▪ 2,384 persons served 	Vulnerable Population
Physician Services in DRMC Emergency Care Center and Surgical Areas (Medical Staff)	Payments to physicians to maintain specialized services in DRMC Emergency Care Center, Surgical Areas, and Inpatients	<ul style="list-style-type: none"> ▪ Physician services offered 365 days a year 	Medical Care
Psychiatric Services for Hospital Patients (Social Services)	Contractual arrangements for psychiatric services for hospital patients	<ul style="list-style-type: none"> ▪ Psychiatric services available upon request 	Medical Care
Community Social Service Referrals (Social Services)	Referrals for health care services	<ul style="list-style-type: none"> ▪ 4,104 persons served (includes inpatients, emergency patients, and walk-ins) 	Vulnerable Population

DOWNEY REGIONAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR ENDING 2011

Table 6.2: Programs in Response to Community Need: Health and Wellness

<p>Fiscal Year Ending 2011 Objective: To continue the development of health education, promotion and wellness services to improve the health status of the community.</p>

Program/Service (Coordinating Department)	Description of Program/Service	Fiscal Year Ending 2011 Number Served	SB 697 Category
American Heart Association Training Center (Education)	Training for the hospital staff and the community in CPR and adult and pediatric basic life support	<ul style="list-style-type: none"> ▪ 268 persons served 	Broader Community
Baby Track (Family Birth Center and Volunteer Services)	Hospital volunteers, using the California Immunization Baby Track system, enroll newborns in a program designed to remind parents of immunizations and to collect data on mothers' and infants' immunization status	<ul style="list-style-type: none"> ▪ 847 mothers reached with 3,560 phone calls ▪ 1,084 volunteer hours 	Broader Community
Breastfeeding Classes (Education)	Class on breastfeeding offered at the hospital five times a year	<ul style="list-style-type: none"> ▪ 50 mothers served 	Broader Community
Stork Tours (Family Birth Center)	Information and monthly tours of the hospital for expectant parents	<ul style="list-style-type: none"> ▪ 186 mothers served 	Broader Community
Childbirth Education Classes (Education)	Lamaze childbirth education classes provided for expectant parents	<ul style="list-style-type: none"> ▪ 234 persons served 	Broader Community
Diabetes Fair (Education)	Education event focusing on prevention and management of diabetes	<ul style="list-style-type: none"> ▪ 182 employees served 	Broader Community
Flu Shot (Infection Control)	Administered flu vaccines to City of Downey employees	<ul style="list-style-type: none"> ▪ 132 persons served 	Broader Community
Discounted Mammograms (Radiology)	Discounted screening mammograms offered for women in the community	<ul style="list-style-type: none"> ▪ 13 women served 	Broader Community

DOWNEY REGIONAL MEDICAL CENTER COMMUNITY BENEFITS REPORT FOR FISCAL YEAR ENDING 2011

Table 6.3: Programs in Response to Community Need: Coordination with Community Partners

<p>Fiscal Year Ending 2011 Objective: To continue to coordinate efforts with community partners for community health improvement and education and training programs.</p>

Program/Service (Coordinating Department)	Description of Program/Service	Fiscal Year Ending 2011 Number Served	SB 697 Category
Community Organization Support <i>(Various Hospital Departments)</i>	Hours of employees and senior executives who participate in various community boards and committees	<ul style="list-style-type: none"> ▪ 207 hours of service provided 	Broader Community
Education and Training of Nurses and Nursing Students <i>(Nursing Education and Patient Planning and Review)</i>	Education programs for nurses and nursing students offered at the hospital	<ul style="list-style-type: none"> ▪ 500 nurses served with education on safety, quality patient care and other topics ▪ 140 nursing students from six area nursing schools completed clinical rotations at the hospital • 36 students completed one-on-one preceptee programs at the hospital ▪ 120 Cerritos College nursing students taught about case management 	Research, Education, & Training
Education and Training of Non-Nursing Students <i>(Various Hospital Departments)</i>	Education and training of non-nursing students in various hospital departments	<ul style="list-style-type: none"> ▪ Dietary (10 students), Rehabilitation (1), Surgical and Central Service (6), and Radiology (4) ▪ 75 Regional Occupations Program students 	Research, Education, & Training
Tuition Reimbursement <i>(Human Resources)</i>	Cash subsidy for off-campus educational courses	<ul style="list-style-type: none"> ▪ 23 persons served 	Research, Education, & Training
Community Group Meetings at DRMC <i>(Dietetic Services and Education)</i>	Coordination of community group meetings at the hospital; food and beverages provided	<ul style="list-style-type: none"> ▪ 3,299 persons served ▪ 141 meeting rooms used 	Broader Community

Program/Service (Coordinating Department)	Description of Program/Service	Fiscal Year Ending 2011 Number Served	SB 697 Category
Blood Drive (<i>Volunteer Services</i>)	Hosted public blood drive to benefit American Red Cross	<ul style="list-style-type: none"> ▪ Hospital served as host site 	Broader Community
Auxiliary and Volunteer Corps (<i>Volunteers Services and Dietetic Services</i>)	Hospital provided conference rooms, food and beverage services and free meals in the cafeteria	<ul style="list-style-type: none"> ▪ 82 Auxiliary volunteers ▪ 123 Volunteer Corps volunteers ▪ 4 Project HOPE volunteers 	Non-Quantifiable

Section 7: Economic Value of Community Benefits

In Fiscal Year Ending 2011, the economic value of community benefits provided by Downey Regional Medical Center is estimated at **\$26,234,623**. **Table 7.1** summarizes the unreimbursed costs of these community benefits according to the framework specifically identified by Senate Bill 697:

- Medical care services
- Other benefits for vulnerable populations
- Other benefits for the broader community
- Health research, education, and training programs

Nonquantifiable Benefits

In addition to the value of these services, Downey Regional Medical Center provided the following nonquantifiable benefit (a category specifically identified in Senate Bill 697) in Fiscal Year Ending 2011:

- Continued participation in the education and training of nursing and other allied health students

Downey Regional Medical Center gratefully acknowledges the time and dedication of its 82 Auxiliary volunteers, 123 Volunteer Corps volunteers, and 4 Project HOPE volunteers. In total, these volunteers dedicated 29,750 hours of service in Fiscal Year 2011.

Table 7.1: Estimated Economic Value of Community Benefits Provided by Downey Regional Medical Center

Fiscal Year Ending 2011

Senate Bill 697 Category	Programs and Services Included	Unreimbursed Cost
Medical Care Services	Unpaid cost of Medi-Cal program ¹	\$10,942,162
	Unpaid cost of care to the uninsured ¹	\$4,746,665
	Unpaid cost of Medicare program ¹	\$2,073,000
	Traditional Charity Care ¹	\$5,442,000
	Physician Services in Emergency Care Center and Surgical Areas ²	\$1,197,973
	Psychiatric Services for Patients ³	\$260,040
Other Benefits for Vulnerable Populations	Financial assistance program for patients and community social service referrals ⁴	\$189,204
Other Benefits for the Broader Community	Health education, community group meetings held at the medical center, and participation on health-related community boards and committees ⁴	\$195,473
Health Research, Education and Training Programs	Student internships, supervision and training of students in nursing and various health care careers, continuing education programs for nursing and health care staff ⁴	\$1,188,106
-	GRAND TOTAL	\$26,234,623

¹ Methodology for calculating unpaid costs in government programs, care for the uninsured, and charity care is based on Downey Regional Medical Center payor-specific cost-to-charge ratios, offset by (any) actual payments received.

² Physician services include backup services in the emergency and surgical areas to cover the cost of physicians on call for uninsured patients.

³ Psychiatric services include those provided to hospitalized patients.

⁴ Unreimbursed costs may include an hourly rate for labor and actual costs for supplies, materials and other purchased services. Any offsetting revenue is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program/service.

Appendix A: Hospital Financial Assistance Policy and Procedure

Appendix A includes Downey Regional Medical Center Policy and Procedure for Hospital Financial Assistance.

DOWNEY REGIONAL MEDICAL CENTER	LEVEL 1: Internal
POLICY AND PROCEDURE	LEVEL 2: Electronic
	LEVEL 3: Policy/Procedure

SUBJECT: HOSPITAL FINANCIAL ASSISTANCE / CHARITY CARE

POLICY STATEMENT:

DRMC provides guidelines to ensure consistent patient notification, financial assistance (FA), discount criteria & appropriate recording of application and processing.

Reference: Assembly Bill No. 774 - Hospital Fair Pricing Policies and Health and Safety Code Section 127400-127466.

POLICY:

1. Guided by the vision and mission of the Downey Regional Medical Center (“DRMC”), this policy reflects the efforts of DRMC to improve the human condition of the individuals and communities it serves, with special concern for the poor and underserved.
2. DRMC will provide medically necessary services to patients who are unable to pay for such services. The hospital provides for financial assistance that is budgeted annually to assist identified patients in need.
3. Financial Assistance is defined as free or discounted services provided to those who do not have the ability to pay. They may be uninsured, are insured with inadequate coverage or those whose income is sufficient to pay for basic living cost but not medical care. See Guidelines Attachment C.
4. DRMC shall provide all patients with a written notice that contain information about availability of the Hospital’s Financial Assistance policy, including information about eligibility, as well as contact information for a hospital employee or office from which the person may obtain further information about these policies. The notice shall be provided in English and in other languages determined in a manner similar to that required pursuant to Section 12693.30 of the Insurance Code.
5. Notice of the Hospital’s Financial Assistance policy shall be clearly and conspicuously posted in locations that are visible to the public, including, but not limited to, all of the following:
 - Emergency Department
 - Patient Financial Services
 - Patient Registration

DATE: May 8, 2006	CHAIN OF APPROVAL:	DIVISION: Finance
REVIEWED:	Administrative Policy Committee	DEPARTMENT: Patient Financial Services
REVISED: June 2, 2011		NUMBER: 33
EXPIRES:		APPROVED:

DOWNEY REGIONAL MEDICAL CENTER	LEVEL 1: Internal
POLICY AND PROCEDURE	LEVEL 2: Electronic
	LEVEL 3: Policy/Procedure

- Outpatient Surgical Center
- Rehabilitation Department

6. A determination of Financial Assistance need generally should be made at the time of admission, or shortly thereafter. However, events after discharge could change the ability of the patient to pay. Eligibility for Financial Assistance will only be considered after all other payment sources have been exhausted.

Note: EMPLOYEES OF DRMC SHOULD NOT, AT ANY TIME, INDICATE OR SUGGEST TO THE PATIENT THAT HE/SHE WILL BE RELIEVED OF THE DEBT BY WAY OF A WRITE-OFF TO FINANCIAL ASSISTANCE UNTIL THE DETERMINATION HAS BEEN MADE.

7. Patient account transactions for Financial Assistance will be posted in the month the determination is made.

PROCEDURE:

1. A request for assistance may be initiated by the patient, or any employee, physician or interested party, on behalf of the patient. It is the practice of DRMC to not discriminate among its patients in the evaluation of financial assistance. Patients demonstrating and or communicating a need for assistance with their medical care will be evaluated according to the DRMC guidelines and financial assistance application – refer to Exhibit A.
2. Patients requiring Financial Assistance shall be identified as early as possible in the patient care cycle. Patients should be financially screened prior to referral for assistance. Information regarding the availability or applications for Financial Assistance can be obtained from the Financial Counselors, Eligibility Representatives, and Patient Financial Services. All active accounts for the same patient with balances will be considered at time of application. Prior closed accounts will not be considered.
3. All DRMC Financial Assistance Request will be referred to either the Eligibility Representatives, or a Patient Financial Services representative. In the event that DRMC outsource agencies discover a patient that may qualify under DRMC guidelines, they will refer all of those patients to the above in a timely manner.
4. DRMC will generally provide Financial Assistance only after all other means of payment have been explored. This is to include, but not limited to: Medi-

DATE: May 8, 2006	CHAIN OF APPROVAL:	DIVISION: Finance
REVIEWED:	Administrative Policy Committee	DEPARTMENT: Patient Financial Services
REVISED: June 2, 2011		NUMBER: 33
EXPIRES:		APPROVED:

DOWNEY REGIONAL MEDICAL CENTER	LEVEL 1: Internal
POLICY AND PROCEDURE	LEVEL 2: Electronic
	LEVEL 3: Policy/Procedure

Cal, Healthy Families Program, the California Children’s Services Program, or other governmental funded programs designed to provide health coverage.

5. If any other Financial Assistance program is used to discount a bill and leaves a patient responsibility balance, DRMC financial assistance cannot be applied to that co-pay.
6. Insurance programs leaving balances due from a deductible, co-pay, co-insurance or maxed-out benefits may qualify for DRMC Financial Assistance if the patient has demonstrated inability to pay. Financial Assistance determinations will be based upon the patient’s liability, not original charges. Determinations will be made based on the guidelines outlined in California’s AB-774 legislation with regard to high medical cost patients. Refer to Exhibit C for guidelines.
7. Patients who are approved for Financial Assistance and who have existing DRMC accounts in bad debt status may have those past accounts reviewed on a case by case basis. If determination is made to reclassify existing bad debt accounts to charity status, approval of the Director of Patient Financial Services is needed for reclassifications that extend into the prior fiscal year.
8. Procedures that are non-medically necessary, as deemed after physician review, will not qualify for DRMC Financial Assistance program.
9. Any patient that is registered as “Homeless” or “Transient”, or who provides the address of a homeless shelter, will be requested to complete a Homeless Statement (Refer to Exhibit D), attesting to the fact that they are Homeless and have no source of income. These patients will be automatically considered, and granted, financial assistance.
10. All patients seeking Financial Assistance will be requested to complete the DRMC application form and applicable work sheets and submit the necessary documentation required to properly determine the level of Financial Assistance the patient and their family will receive. If the Financial Assistance application is not correctly completed, signed, or required documentation is missing, the application shall be returned to the patient along with a letter and checklist requesting additional information to finalize the application. The letter requests a response within 30 days. Once the completed Financial Assistance application and all the documentation have been received, it will be processed within 10 business days. Eligibility will be backdated to any outstanding applicable accounts. In cases where a good faith effort has been made to provide DRMC with documentation and none is available, or the patient is not available to provide information, Administration may approve

DATE: May 8, 2006	CHAIN OF APPROVAL:	DIVISION: Finance
REVIEWED:	Administrative Policy Committee	DEPARTMENT: Patient Financial Services
REVISED: June 2, 2011		NUMBER: 33
EXPIRES:		APPROVED:

DOWNEY REGIONAL MEDICAL CENTER	LEVEL 1: Internal
POLICY AND PROCEDURE	LEVEL 2: Electronic
	LEVEL 3: Policy/Procedure

Financial Assistance by documenting the reason(s) it is felt the application is valid without supporting documentation(s).

11. In the event that a patient cannot provide the necessary documentation to be considered for Financial Assistance, or if a patient does not respond to offers of financial assistance, the Patient Financial Services may utilize outside sources of information to determine eligibility for Financial Assistance. The above-mentioned information will be consistent with the standard process for Financial Assistance qualification. Prior approval from the CFO will be obtained before any outside sources are utilized to assure the integrity of the Financial Assistance program is upheld.
12. Regardless of source, all documentation will be retained in accordance with DRMC Record Retention Policy.
13. Approved applicants will be informed of the approval amount, along with instructions to contact DRMC Patient Financial Services to arrange for payment of any outstanding amount. Denied applications will be sent a letter explaining the reason for the denial and the Financial Counselor's contact number of (562) 904-4418, should they wish to discuss the application further.
14. DRMC retains the right to require any patient to re-apply if new information pertaining to their income level becomes available that may change the Financial Assistance status. Patients may also request to re-apply if their income level reduces significantly or their family status changes.
15. **Charity Approval Levels:**
Each patient case and proposed allowance shall be reviewed utilizing Exhibit B – Financial Assistance Eligibility Determination process and approved by:

Director, Patient Financial Services:	\$ 1.00 - \$50,000
CFO:	\$ 50,001 - \$100,000
CEO:	\$ over \$100,000

The balances above shall pertain to episodic patient accounts, not cumulative.

16. The Director, Patient Financial Services shall develop, publish and maintain the policies, instructions and procedures necessary for the implementation and continuance of this policy. This policy shall supersede all other applicable policies.

DATE: May 8, 2006	CHAIN OF APPROVAL:	DIVISION: Finance
REVIEWED:	Administrative Policy Committee	DEPARTMENT: Patient Financial Services
REVISED: June 2, 2011		NUMBER: 33
EXPIRES:		APPROVED:

DOWNEY REGIONAL MEDICAL CENTER	LEVEL 1: Internal
POLICY AND PROCEDURE	LEVEL 2: Electronic
	LEVEL 3: Policy/Procedure

17. Patients who are uninsured, but do not qualify for Financial Assistance based on the income criteria outlined in the Financial Assistance application, may still be eligible for an uninsured private pay discount. Refer to Exhibit E for guidelines.

COMPLIANCE:

1. As outlined in the AB-774 Law, DRMC will provide written notices to patients regarding the availability of Financial Assistance for uninsured and/or underinsured patients during the self pay billing process.
2. Debt collection agencies engaged in collecting self pay balances on behalf of DRMC shall abide by the following guidelines when communicating with our patients:
 - a. "State and federal law require debt collectors to treat you fairly and prohibit debt collectors from making false statements or threats of violence, using obscene or profane language, and making improper communications with third parties, including your employer. Except under unusual circumstances, debt collectors may not contact you before 8:00 a.m., or after 9:00 p.m. In general, a debt collector may not give information about your debt to another person, other than your attorney or spouse. A debt collector may contact another person to confirm your location or to enforce a judgment. For more information about debt collection activities, patients may contact the Federal Trade Commission by telephone at 1-877-FTC-HELP (382-4357), or online at www.ftc.gov.
3. As outlined in the AB-774 Law, Debt Collection agencies engaged in collecting self pay balances on behalf of DRMC will provide written notices to patients regarding the availability of financial assistance for uninsured and/or underinsured patients during the collection process.

OSHPD REPORTING:

1. DRMC is required to provide OSHPD a copy of its;
 - a. Discount Payment Policy (DRMC's Hospital Financial Assistance/Charity Care Policy)
 - b. Charity Care Policy
 - c. Eligibility Procedures for those policies
 - d. Review process
 - e. Charity Care application or discounted payment programs applications

DATE: May 8, 2006	CHAIN OF APPROVAL:	DIVISION: Finance
REVIEWED:	Administrative Policy Committee	DEPARTMENT: Patient Financial Services
REVISED: June 2, 2011		NUMBER: 33
EXPIRES:		APPROVED:

DOWNEY REGIONAL MEDICAL CENTER	LEVEL 1: Internal
POLICY AND PROCEDURE	LEVEL 2: Electronic
	LEVEL 3: Policy/Procedure

- The reporting must be made every two years, or when significant change is made. If no change is made since the information was previously provided, DRMC need only notify OSHPD of the lack of change. OSHPD anticipates that the first reporting was due January 1, 2008. Information reported is made available to the public.

Reference web-sites:

- Medi-Cal applications (SAWS1), www.medi-cal.ca.gov
- Additional forms, <http://www.dhs.ca.gov/publications/forms/Medi-Cal/eligibilitybytitle.htm>
- Healthy Family application, www.healthyfamilies.ca.gov
- Charity Applications can be obtained from Patient Financial Services

ATTACHMENTS:

- Exhibit A: Downey Regional Medical Center Financial Assistance Application
- Exhibit B: Downey Regional Medical Center Financial Assistance Eligibility Determination
- Exhibit C: AB-774 Guidelines: Financially Eligible High Medical Cost Patients
- Exhibit D: Homeless Statement
- Exhibit E: Uninsured Private Pay Discount

DATE: May 8, 2006	CHAIN OF APPROVAL:	DIVISION: Finance
REVIEWED:	Administrative Policy Committee	DEPARTMENT: Patient Financial Services
REVISED: June 2, 2011		NUMBER: 33
EXPIRES:		APPROVED:



DOWNEY REGIONAL MEDICAL CENTER Financial Assistance Application

This information is confidential.

Please complete all information, attach copies of banks statements,
last three months of pay stubs, or most recent income tax return.

Patient Name(s)	Patient Number	Date(s) of Service	\$ Amount

Patient / Guarantor:

 Name Social Sec # Date of Birth

Place of Birth:

Mother's Maiden Name

Spouse:

 Name Social Sec # Date of Birth

Address:

 Street City State Zip Phone Number

**Patient / Guarantor
Employer:**

 Name Address Occupation Phone Number

Spouse's Employer:

 Name Address Occupation Phone Number

Marital Status:(Check one) Married Single Divorced Widow(er)

Number of persons in the household (include yourself) _____ Adults _____ Children

Total Medical Expenses in the past 12 Months Not Covered by Insurance: _____
 (Attach copies of billing statements)

Is the patient eligible for benefits from Medi-Cal or other government sponsored funding?
 _____ Yes _____ No

Financial Information - Monthly Income for Household
 (Attach copies of check stubs)

Sources of Income	Guarantor	Spouse	Others	TOTAL
Gross Monthly Wages				
Self Employment Income				
Public Assistance				
Social Security				
Unemployment				
Workmen's Compensation				
Strike Benefits				
Alimony				
Child Support				
Military Allotments				
Rental Income				
Other Sources				
Interest/Dividends				

Downey Regional Medical Center
Financial Assistance Application

I (we) certify that the information provided is true and accurate to the best of my (our) knowledge. I (we) hereby authorize the hospital and / or its agents to verify the information provided in this application. I (we) hereby authorize that verification can include, but is not limited to, the inquiry of my (our) credit history through a credit reporting agency. If any of the information given proves to be untrue, then I (we) understand that the hospital may re-evaluate my (our) financial status and take whatever action it deems appropriate.

Print Name

Print Name

Signature

Signature

Date

Date



Downey Regional Medical Center

Uso de la ayuda financiera

Esta información es confidencial. Termine por favor toda la información, copias de la fijación de los extractos de cuentas, dure tres meses de trozos de la paga, o la mayoría de la vuelta de impuesto sobre la renta reciente.

Nombres pacientes	Número paciente	Fecha (o fechas) del servicio	Cantidad de \$

Paciente/garante:

Nombre	Sec social #	Fecha de nacimiento
--------	--------------	---------------------

Lugar del nacimiento:

Nombre virginal de la madre

Esposo:

Nombre	Sec social #	Fecha de nacimiento
--------	--------------	---------------------

Dirección:

Calle	Ciudad	Estado	Cierre relámpago	Número de teléfono
-------	--------	--------	------------------	--------------------

Paciente/garante Patrón:

Nombre	Dirección	Ocupación	Número de teléfono
--------	-----------	-----------	--------------------

Patrón del esposo:

Nombre	Dirección	Ocupación	Número de teléfono
--------	-----------	-----------	--------------------

Estado civil: (Cheque uno) Casado Solo Divorciado Viuda (er)

Número de personas en la casa (inclúyase) ___ Adultos ___ Niños

Costos médicos totales en los últimos 12 meses no cubiertos por Insurance: _____
 (Copias de la fijación de las declaraciones de la facturación)

¿El paciente elegible para las ventajas del gobierno médico u otro patrocinado está financiando?
 ___ sí No. del ___

Información financiera - renta mensual para la casa
 (Copias de la fijación de los trozos del cheque)

Fuentes de la renta	Garante	Esposo	Otros	TOTAL
Salarios mensuales gruesos				
Renta del empleo del uno mismo				
Ayuda pública				
Seguridad Social				
Desempleo				
Remuneración de los trabajadores				
Ventajas de huelga				
Alimentos				
Ayuda de niño				

signaciones militares
 Renta
 Otras fuentes
 Interés/dividendos
Renta mensual total

DOWNEY REGIONAL MEDICAL CENTER
Uso de la ayuda financiera

Recursos financieros - activos
 (Copias de la fijación de
 declaraciones actuales)

	Institución	Número de cuenta	Equilibrio actual
Efectivo			
Cuentas de comprobación			
Cuentas de ahorros			
Unión de crédito			
Inversiones (Lista)			

Total (c) _____

Información adicional

Si usted cuenta con un cambio en renta, la salud, otras circunstancias, o no puede proporcionar la información solicitada, entonces satisfaga explicar. Una las páginas adicionales a este uso, si usted requiere más espacio para su información.

DOWNEY REGIONAL MEDICAL CENTER
Uso de la ayuda financiera

I (nosotros) certifica que la información proporcionada es verdad y exacta al mejor de mi (nuestro) conocimiento. I (nosotros) por este medio autorice y/ o del hospital sus agentes a verificar la información proporcionada en este uso. I (nosotros) por este medio autorice que la verificación puede incluir, sino no ser limitado a, la investigación de mi (nuestra) historia del crédito con un crédito divulgación de la agencia. Si cualquiera de la información dada demuestra ser falsa, después I (nosotros) entiende que puede el hospital reevalúe mi (nuestro) estado financiero y tome cualquier acción juzga apropiado.

Nombre de la impresión	Nombre de la impresión
Firma	Firma
Fecha	Fecha

Una por favor las copias de la documentación de soporte requerida siguiente:

Trozos de la paga por últimos tres meses, La mayoría de la declaración de impuestos reciente, Declaración de la ayuda

Copias de los extractos de cuenta

Copias de las cuentas médicas por últimos 12 meses. Cuentas médicas que serán consideradas:

- Cuentas del hospital
- Cuentas del médico
- Medicaciones
- Servicios del paciente no internado
- Cuidado de oficio de enfermera experto
- Servicios médicos caseros

**Downey Regional Medical Center
Exhibit B - Financial Assistance Eligibility Determination**

Part I

1. Total Potential Adjustment Amount (Account balance(s)) \$ _____
2. Applicant has provided:
- * Complete Application Yes No
 - * Attached Supporting Documents Yes No
 - * Signed and Dated Application Yes No
3. Has screening for publicly-sponsored assistance programs been completed? Yes No

Part II - Recommendation

1. Total Monthly Income for Household _____ X 12 = _____
2. Size of Household _____
3. Percent Reduction indicated by Charity Care Annual Income Guidelines _____ %
4. Does the applicant have sufficient resources to satisfy the account(s)? Yes No
5. Are there any extenuating circumstances? Yes No
(Unexpected and/or unusual circumstances that may justify adjustment, such as catastrophic illness, and/or 12 months of medical bills that are => 10% of income.)
6. Charity adjustment recommended (list both % and \$) _____ % \$ _____

Patient Account Representative _____
Sign Date

Note: If Line 7 is \$1,000 or more OR line 4 or 6 is marked "Yes", then forward to Manager of Patient Business Affairs. If forwarding not required, then adjust account and notify applicant.

7. Does Director of Patient Business Affairs agree with recommendation? Yes No
8. If No, then provide revised recommendation _____ % \$ _____
- Manager of Patient Business Affairs _____
Sign Date

Note: If Line 9 is \$5,000 or more OR line 6 is marked "Yes", then forward to Chief Financial Officer.

9. Final Charity adjustment approved _____ % \$ _____
- Chief Financial Officer _____
Sign Date
- Chief Executive Officer _____
Sign Date

Downey Regional Medical Center
Exhibit C – AB-774 Guidelines: Financially Eligible High Medical
Cost Patients

1. Family income at or below 350% of the federal poverty level.
2. Out-of-pocket medical expenses in prior 12 months (whether incurred in or out of hospital) exceeds 10% of annual family income.
3. Patient does not otherwise receive a discount as a result of his or her third-party coverage.
 - a. EXAMPLE: A patient with a 20% coinsurance obligation would not be a patient with high medical costs when the 20% is applied to a discounted rate negotiated by the insurer. However, a patient who incurs liability based on the hospital's full charges (such as 20% coinsurance amount based on full charges), would be entitled to apply for charity or discounted care regardless of the discount given to the insurer.
4. Minimum benefits for High Medical Cost Patient:
 - a. Cannot collect more than higher of what Medicare, Medi-Cal, Healthy Families, or Workers' Compensation would pay
 - b. To the extent third-party coverage paid an amount equal to maximum self pay rate, there is no patient liability.

EXAMPLE: When the third-party payment is \$25,000.00 and the highest payment rate from a government payor is \$24,000.00, no payment should be sought from the patient.

If the total government payment in the example is \$30,000.00, the patient may be billed the \$5,000.00 difference.

**Downey Regional Medical Center
Exhibit D**

**HOMELESS AFFIDAVIT
FINANCIAL ASSISTANCE PROGRAM**

**State of California
County of Los Angeles**

I, _____, hereby certify that I am Homeless, have no permanent address, no job, no savings, and no income other than potential donations from others.

Patient/Guarantor

Date

Witness

Date

Any person who signs this statement and who willfully states as true any material matter which he knows to be false is subject to the penalties prescribed for perjury in the penal code by the State of California SEC 11054 of the W.& I. Code.

**Downey Regional Medical Center
Exhibit E – Uninsured Private Pay Discount**

The following document outlines the Uninsured Private Pay Discount:

40% is to be applied electronically at time of billing, if the account has not been identified as having additional options, i.e. options being insurance coverage, financial assistance, entitlement programs, or pre-pay pricing agreement, discussed and signed.

Effective Date: _____

Approved By: