



St. Elizabeth Community Hospital

A member of CHW



St. Elizabeth Community Hospital

**Community Benefit Report 2011
Community Benefit Plan 2012**

TABLE OF CONTENTS

Executive Summary	3
Mission Statement CHW Mission Statement	5
Organizational Commitment	6
Community Definition of Community	8
Community Benefit Planning Process Developing the Hospital's Community Benefit Report and Plan Planning for the Uninsured/Underinsured Patient Populations	9 10
Plan Report and Update including Measurable Objectives and Timeframes Summary of Key Programs and Initiatives – FY 2012 Description of Key Programs and Initiatives (Program Digests)	13 15
Community Benefit and Economic Value Non-quantifiable Benefit Telling the Story Report – Classified Summary of Unsponsored Community Benefit Expense	18 18 18 19

EXECUTIVE SUMMARY

St. Elizabeth Community Hospital, (SECH) is located off of California Interstate 5 in Red Bluff. SECH serves a service area of 85,395 people who reside in Tehama County as well as a secondary service area that includes bordering communities in Glenn, Butte and Shasta Counties.

SECH is a not-for-profit, 76-bed acute care hospital sponsored by the Sisters of Mercy of the Americas. SECH is part of Catholic Healthcare West, a 40 hospital Catholic organization providing health care services in California, Nevada and Arizona. SECH has approximately 472 employees, 69 active volunteers and a medical staff of approximately 86 physicians.

St. Elizabeth Community Hospital, established in 1907, offers state of the art medical technology and comprehensive care that provides the following services:

- 24- Hour Emergency Services (Level III Trauma)
- Inpatient surgery
- Freestanding Outpatient Surgery Center
- Medical/Surgical Units
- Intensive Care Unit (8 beds)
- Maternal-child unit with a water birthing option and certified lactation consultation
- Full Service Outpatient/ Inpatient Imaging Services including MRI and PET/CT
- Respiratory Care Services
- Wound Services
- Social Services
- Spiritual Care Services
- Home Health & Hospice Services
- Physical Therapy & Occupational Therapy
- Laboratory Services & 2 Laboratory Draw Stations outside of the hospital
- Endoscope
- Pediatric Services
- Orthopedics, including minimally invasive and total joint replacement
- Sports Medicine Program
- Diabetic and Congestive Heart Failure (CHF) education and support program
- Pharmacy (Internal)

In addition, SECH donates meeting space for a variety of community service groups including: diabetic support, childbirth education, cardiac care support, cancer support, head trauma support, fibromyalgia and lupus support, et al.

A key component of rural health care services centers around successful physician recruitment. Primary Care is the linchpin of recruitment efforts as it is the most effective way to sustain community wellness. In FY'11 SECH was successful in recruiting Dr. Chua, Internal Medicine to the Lassen Medical Group Staff. Additionally, SECH assisted with the successful launch of the Rolling Hills Health Clinics in Corning and Red Bluff which provides dental and medical services to the community at large but focuses on the MediCal population. SECH added to their outreach services by installing a Laboratory Draw Station in the Corning location.

A great concern in rural communities is the need for specialists. A current example of this is directly related to the need in Siskiyou, Shasta and Tehama Counties to secure an Urologist, an ongoing search for the last 7 years. Due to this challenge, the legislation AB 648; allowing California hospitals to hire physicians or other methods such as rural health clinics, FQHC or the creation of a medical foundation is an important strategy for the North State. Therefore the launch of the CHW Medical Foundation in the North State Service Area is critical to assist in our commitment to provide adequate services to our communities.

Redding Critical Care currently provides medical directorship for Respiratory Services and the ICU. SECH continues to work with Lassen Medical Group to help recruit primary care physicians based on community need. Additionally, to promote safety and healthy lifestyles, St. Elizabeth provides a Sports Medicine Medical Directorship. Dr. Riico Dotson, Orthopedic Surgeon and Sports Medicine Medical Director exceeds the requirements of the position by providing on field youth athletic coverage as well as presenting injury prevention and healthy lifestyle community education.

Regionally the three NSSA hospitals: Mercy Medical Center Redding, Mercy Medical Center Mt. Shasta and SECH are working together to leverage resources and examine best practices among the facilities. A main focus is on sharing and leveraging resources by presenting complementary community education seminars and collaboration on select patient education in a one hospital three campus concept, ultimately creating a value statement of trust, "we've got you covered". Our efforts in this initiative include our recent Blue Distinction Knee and Hip Replacement designation, Sports Medicine partnership with MMCR Center for Joint and Spine health, and oncology support and education.

This report, will describe how SECH serves the Tehama County community through our health care ministry support. During the fiscal year ending June 30, 2011, SECH provided approximately \$5(+) million (excluding shortfall from Medicare) in serving the poor and the broader community. This amount includes the hospital's reinvestment through community grants and other gifts/sponsorships made to serve the greater good of our community.

MISSION STATEMENT

As a member of Catholic Healthcare West, we share a common mission statement.

Catholic Healthcare West and our Sponsoring Congregations are committed to furthering the healing ministry of Jesus. We dedicate our resources to:

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised and;
- partnering with others in the community to improve the quality of life.

ORGANIZATIONAL COMMITMENT

SECH is committed to providing quality health and wellness services, that address the health-related needs of our primary and secondary service areas. In the spirit of the Scriptures and the Sisters of Mercy tradition, we dedicate ourselves to a Christian-oriented response that embraces physiological, psychological, and spiritual healing, as well as promotion of health. Fundamental to this response is respect for the dignity for all persons, those serving as well as those served, and reverence for life at all ages.

It is incumbent to the SECH team to demonstrate a further commitment to develop excellent health care services in a financially responsible manner as we recognize our commitment as the area's acute care health facility for the indigent. Our health care community partners appreciate the wisdom of collaboration as we join in the effort to deliver the Community Benefit process in the following manner:

- Community Benefit efforts are regularly shared with Senior Management
- Employees receive community benefit information in employee orientation and in the monthly employee newsletters.
- Annual employee forums presented by the Hospital President includes a formal community benefit update to employees
- The local Advisory Council receives community benefit strategy update every other month
- Community agencies and the Advisory Council participate in the Community Health Needs Assessment
- Management and the Advisory Council receive a formal presentation of the Community Health Needs Assessment results; these results shapes our Community Benefit strategy and plan
- A subgroup of the Council is involved in selecting applicants to receive CHW Community Grant dollars

Additionally, SECH shares Community Benefit information with the CHW North State Board. This board of directors represents the North State Service Area (NSSA) and has overall responsibility for community benefit activities. The NSSA Board also gives final approval of the annual community benefit plans for Mercy Medical Center Redding, Mercy Medical Center Mt. Shasta, and SECH.

Non-Quantifiable Benefits of the Community Benefit role of the hospital include our contribution to various boards throughout the community. The Director of Mission Integration resides on the Northern Valley Catholic Social Services Board, the Tehama County Health Board, First Five Tehama Board and Tehama Together Community Board. Economic development is instrumental to Tehama County and surrounding areas. Therefore, the Manager of Marketing has served on the Red Bluff Tehama County Chamber of Commerce Board of Directors for five years and has resided in the capacity of Chamber Chair of the Board for two years. Additionally, the President of the Hospital resides on the Tehama County Economic Development Corporation Board. Several members of the leadership team are members of active community service clubs including Rotary and Soroptimists International. SECH has also provided free grant writing skills trainings to non-profit Tehama County agencies to help ensure the organizations have the tools and information they need to aptly apply for the CHW Community Grant Program.

In addition to the collaborative efforts of the hospital, SECH has engaged in a medical equipment procurement program under the leadership of the Surgery Director. To date, several shipping containers filled with expired equipment including an ambulance have been delivered to Liberia, Africa to assist the Firestone Rubber Plant Medical Center. SECH leads the effort of healthy lifestyle in the Tehama County region by participating in various health and wellness fairs throughout the county as well as providing nutrition and wellness presentations to larger employers such as the Wal Mart Distribution Center and local service clubs.

On the ecology forefront, SECH has been awarded the Green Award at the Green Health Summit and continues to be a leader in waste management and reduction. SECH partners with Tehama County Waste Management to provide SHARPS containers and collection as well as endorse a recycling program at the local fairgrounds, partnering with the Poor and the Homeless to gather and recycle containers during events

held at the property. The Ecology team has created a hazardous materials business plan and continues to focus on improving our environment while cutting costs.

COMMUNITY

SECH is located in Tehama County which consists of 2,951 square miles and is approximately midway between Sacramento and the Oregon border. The county is bordered by Glenn County to the south, Trinity and Mendocino counties to the west, Shasta County to the north, and Butte and Plumas counties to the east. The county is situated in the northern portion of the Sacramento Valley, and is divided in half by the Sacramento River. Red Bluff, the county seat, was established in 1856 and is located on Interstate 5 corridor.

The population of Tehama County is approximately 63,463 (<http://quickfacts.census.gov/qfd/states/06/06103.html>) and is estimated to show a moderate growth of approximately 1% over the next three years. There were 725 births and 478 deaths in Tehama County in the same year, resulting in a natural increase of 247 people (*registrar of Tehama County*).

General Indicators: Primary Core Service Area (populations) 2010 (Claritas, 2010)

Red Bluff	28,769	Orland	16,660
Cottonwood	16,506	Corning	15,535
Gerber	4,003	Los Molinos	3,922

Population by Race and Ethnicity (*Thomson Reuters Claritas population 2010 estimates based on 2010 census*)

As of 2010, White non-Hispanics dominate the population (70.07%) and Hispanic ancestry represents 22.89% of the Tehama County population. Other racial groups represented include:

2+ races, non-Hispanic	2.84%
American Indian, Alaskan Native, non-Hispanic	1.94%
Asian Pacific Islander non-Hispanic	1.38%
Black, non-Hispanic	.69%
Other non-Hispanic	.18%

Service Area Population Growth by Age Group

The largest age group is 18-44 representing over 30,000 residents. Ages 0-17 and 45-64 are nearly identical representing just over 20,000. The smallest population (just over 10,000) is also the fastest growing age group of 65+.

To complement the traditional methodology used to conduct community needs assessments, in May 2004 CHW announced the development of a standardized measure of community need that provides an objective measure of access to health care. The Community Need Index (CNI) is a tool used to measure community need in a specific geography through analyzing the degree to which a community has the following health care access barriers: a) Income barriers, b) Educational/literacy barriers, c) Cultural /language barriers, d) Insurance barriers, and e) Housing barriers.

Using statistical modeling, the combination of the above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities with scores of "5" are more than **twice** as more likely to need inpatient care for preventable conditions than communities with a score of "1". The CNI map of the St. Elizabeth Community Hospital service area is included in the appendix, with the individual zip code scores. SECH is located in zip code 96080. The majority of the SECH service area communities are designated as Disproportionate Unmet Health Needs (DUHN) communities.

COMMUNITY BENEFIT PLANNING PROCESS

Community Needs Assessment Process

SECH is committed to involving and informing the residents of Tehama County in a Community Needs Assessment Survey process. *Professional Research Consultants (PRC)* has historically conducted the assessment process for the NSSA. PRC's health needs assessment has been a significant investment for SECH and was conducted every three years since 2000. Over the course of the survey cycles, little change occurred in the major health needs of the community. Additionally, the results have indicated a significant unidentified category of health needs and behaviors illustrated as the OTHER category. To clarify this OTHER category and reduce expenses, SECH decided to manage the 2011 community health needs assessment (CHNA) at the facility level. The CHNA process is about developing relationships and partnerships as much as it is uncovering gaps in service. The SECH Community Benefit team utilized the CHNA process through a partnership with the Simpson College Bachelors of Nursing ASPIRE students and California State University, Chico's Health Services Administration Program.

To ensure the best representation of the population surveyed, a mixed methodology was employed via paper surveys and identical web-based surveys via Survey Monkey.com. The sample design utilized for this effort consisted of a random sample of 450 individuals living in Tehama County aged 18 and older. The sample of 450 area residents is highly representative of the adult population and presents a maximum statistical error rate of +/-4% at the 95 percent level of confidence.

Survey responses from the community were obtained in person by attending various health agency and committee meetings, health and education fairs and online through community email lists provided by the local chambers of commerce. Additionally announcements regarding the survey were made in the local newspapers that included the electronic link address by which the survey was accessed. Once data was obtained, it was then analyzed by evaluating published reports from national sources such as Healthy People 2020 or the 2010 US Census to quantitatively compare data collected in 2011 CHNA. Data was then compared qualitatively by quantifying statistics numerically and comparing against secondary data sources. The results revealed a list of top perceived health risks and behaviors as per the community's perspective many of which overlap. The top areas are listed below:

Health Behaviors: Drug abuse, being overweight, alcohol, poor eating habits, lack of exercise, tobacco, and not using birth control.

Health Concerns: Obesity, mental health, cancers, teenage pregnancy, aging problems, diabetes, and child abuse/neglect.

By conducting the CHNA at the facility level, SECH was able to gain a better insight into the needs of the community. Five of eight past top health concerns remained top priorities and only one new behavioral health risk was added when compared to earlier assessments.

The Community Health Needs Index zip codes were targeted in the distribution of the survey by ensuring personal delivery of the survey in paper form was made available in these zip codes; the greatest amount of surveys was collected from the 96080 zip code which has a CNI score of 4.4. Eight of the 10 CNI zip codes have been rated with a CNI of 4 or greater.

Asset Management:

A community asset assessment has not been conducted at this time and may be addressed in the future by the Tehama County Public Health Services Agency.

Community Benefit Report and Plan:

Upon completion of gathering the CHNA results, a ranking process was presented to the SECH Advisory Council who ranked the health concerns and behaviors in order of perceived importance based on the perceived seriousness of the health need and the potential impact of the hospital and known resources in the community. These rankings were compiled and priority topics were published to the SECH management

team and Community Grants Selection Committee. The results were also presented to the community via a press release and the free grant writing workshop available to all non-profit agencies in the county. The results were not surprising as Obesity and related diseases were identified as the number one health concern. Analysis has indicated significant correlation between the CNI communities and preventable diseases and hospital admissions.

Planning for the Uninsured/Underinsured Patient Population:

SECH plans for the uninsured/underinsured patient population in accordance with the CHW policy for persons in need of financial assistance for their care and, the SECH Admitting Department participates in the CHW Cover the Uninsured initiative. Additionally, hospital president, Jon Halfhide has presented the state of Health Care and Health Care Reform updates throughout the North State community to assist in the education of the general population on the importance of economic development, creation of commercially insured jobs and staying healthy and well. Below is the CHW policy which describes eligibility and notification of patients and the public regarding this policy.

Policy Overview:

Catholic Healthcare West (CHW) is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, CHW strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Financial assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with CHW's procedures for obtaining financial assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Financial Assistance:

- Eligibility for financial assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of financial assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need:

Financial need will be determined through an individual assessment that may include:

- a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the CHW facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for financial assistance and a determination of financial need occur prior to rendering of services. The need for financial assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for financial assistance becomes known.
 - CHW's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of financial assistance. Requests for financial assistance shall be processed promptly, and the CHW facility shall notify the patient or applicant in writing within 30 days of

receipt of a completed application.

Patient Financial Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the determination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the CHW facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the CHW facility.

CHW's administrative policy for Eligibility and Application for Payment Assistance shall define what qualifies as *income* for these purposes.

Communication of the Financial Assistance Program to Patients and the Public:

- Information about patient financial assistance available from CHW, including a contact number, shall be disseminated by the CHW facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the CHW facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the CHW facility.
- Any member of the CHW facility staff or medical staff may make referral of patients for financial assistance. A patient, family member, close friend or associate of the patient may also make a request for financial assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient financial assistance will be included within the Social Accountability Budget of the CHW facility. CHW facilities will report patient financial assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient financial assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- CHW system management shall develop policies and procedures for internal and external collection practices by CHW facilities that take into account the extent to which the patient qualifies for financial assistance, a patient's good faith effort to apply for a governmental program or for financial assistance from CHW, and a patient's good faith effort to comply with his or her payment agreements with the CHW

facility.

- For patients who qualify for financial assistance and who are cooperating in good faith to resolve their hospital bills, CHW facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, CHW management and CHW facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

SECH employs the following method to ensure implementation of CHW's policy:

- Bulletin board displays that announce CHW's, *We're Here to Help* Program
- Every patient receives a, *We're Here to Help* pamphlet, regardless of his or her financial status, that describes CHW's financial assistance program
- SECH has a Patient Assistance Representative on-site assigned to the Admitting Department, as well as a Financial Counselor.
- Public has access to the facility website

The Patient Assistance Representative works directly with our patients in helping them apply for government-sponsored health insurance coverage and appropriate assistance plans. The Financial Counselor helps patients with other payment options should they have difficulty in paying a bill, i.e., interest-free, extended payment plans are available to patients who qualify for payment assistance and who are making good-faith efforts to settle their bills.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

SECH operates or supports community health needs in a variety of ways. Due to the stability of the health needs of our community, most programs or partnership run continuously year to year. However, evaluation of the programs and partnerships is conducted by senior management on a regular basis to ensure proper stewardship of our resources and those of partnering agencies. Below is a list of the health initiatives all of which align with the five core principals of our 2011 Community Health Needs Assessment.

- Disproportionate Unmet Health-Related Needs
Seek to accommodate the needs to communities with disproportionate unmet health-related needs.
- Primary Prevention
Address the underlying causes of persistent health problem.
- Seamless Continuum of Care
Emphasis evidence-based approaches by establishing operational between clinical services and community health improvement activities.
- Build Community Capacity
Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance
Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Initiative I: Improving Access to Healthcare

- Charity Care for uninsured/underinsured and low income residents
- Mammography assistance program
- Physician recruitment efforts
- Partnership with Rolling Hills Clinic, Federally Qualified Indian Health Clinic
- Health Spree free health fair and screenings including flu shots, cholesterol, blood pressure, respiratory, EKG and glucose testing
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing

Initiative II: Preventing and/or Managing Chronic Health Conditions: Type II Diabetes and Congestive Heart Failure

- Conversion of SECH to a "Tobacco Free Campus"
- SECH Tobacco Cessation classes
- Coronary Heart Failure Readmission Initiative
- Palliative Care program
- SECH employee Well Call program
- Diabetes education program
- Diabetes support group program
- Health Scene direct mail newsletter addressing active lifestyle choices, disease prevention and treatment and healthy recipes
- Private Health News articles; free online health user customized monthly health newsletter

Initiative III: Improving physical activity and dietary habits

- Sports Medicine nutrition, injury prevention and treatment program(s)
- Discovering Women's Health series presented by board certified medical staff addressing health issues including bladder incontinence, skin cancer, breast cancer, stroke and heart disease
- Health Spree free health fair and screenings including flu shots, cholesterol, blood pressure, respiratory, E.K.G. and glucose testing
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing
- Health Scene direct mail newsletter addressing active lifestyle choices, disease prevention and treatment and healthy recipes
- Private Health News articles; free online health user customized monthly health newsletter

The initiatives listed above are regularly monitored by the Senior Director of Mission Integration and senior management team. Additionally, regular updates are provided to the Advisory Council and shared with the managers during the monthly management team meetings.

The following pages include Program Digests for the programs that address one or more of the Initiatives listed above.

PROGRAM DIGEST

Diabetes: Reduction of Type II Diabetes Readmissions	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <ul style="list-style-type: none"> ✓ Obesity Drug Abuse ✓ Poor Eating Habits ✓ Diabetes Cancer
Program Emphasis	Please select the emphasis of this program from the options below: <ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Which identified community needs are you addressing? Diabetes is a dominant disease in our community. Additionally, contributing conditions including obesity and poor eating habits are directly related to diabetes.
Program Description	Beginning in 2008, all patients admitted to SECH with a primary diagnosis of diabetes receive diabetic and nutrition counseling and education prior to discharge. These patients are encouraged to attend our community diabetic education class and support group. Additionally, if desired, each patient receives a follow up phone call for a minimum of 6 months and is provided medical nutrition therapy outpatient services by a registered dietician.
FY 2011	
Goal FY 2011	Achieve a 5% decrease in readmissions of patients admitted with a primary diagnosis of diabetes.
2011 Objective Measure/Indicator of Success	280 patients participated in the intervention, 8.9% were readmitted within 6 months of the diabetes intervention
Baseline	Diabetes is nearly an epidemic in the Tehama County community. Twenty-five percent of inpatients with primary or secondary diagnosis of Type II insulin dependent or Type I diabetes were readmitted to the hospital within 6 months from July '05 – '07.
Intervention Strategy for Achieving Goal	Personalized counseling, follow up calls and education enrollment were offered to all patients presenting with diabetes. Additionally, the SECH laboratory services offers glucose testing and education at the local health fairs dedicated to the Latino and Native American populations.
Result FY 2011	280 program participants in FY2010-11. Twenty five were admitted to the ED within six (6) months of intervention. Percent of participants admitted to the hospital or ED within six (6) months of intervention, 8.9%
Hospital's Contribution / Program Expense	The cost of the program has reduced since the FY10 from \$4880 to \$2328.
FY 2012	
Goal 2012	SECH will continue to reduce the number of readmission of diabetic patients to the ED and hospital through early intervention.
2012 Objective Measure/Indicator of Success	We will monitor patients participating in this program via chart review and RN in charged of the follow-up phone program.
Baseline	Diabetes continues to show up on our health needs assessment. This health need is confirmed by the local physicians as well as the Tehama County Department of Education, school nurses.
Intervention Strategy for Achieving Goal	SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease i.e., diabetic cooking classes, prenatal diabetes education, and if resources permit expand the program to include a pediatric diabetic program.

CHF: Reduction of Congestive Heart Failure Readmissions	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <ul style="list-style-type: none"> ✓ Obesity Drug Abuse ✓ Poor Eating Habits ✓ Diabetes Cancer
Program Emphasis	Please select the emphasis of this program from the options below: <ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Congestive Heart Failure (CHF) and heart disease is predominant among the community members and common for the Tehama County demographic. CHF can be directly linked to lifestyle and preventable diseases including poor eating habits, obesity and diabetes.
Program Description	Program consists of follow-up phone calls and discharge intervention to promote wellness, by a RN. Patients and public have access to our Cardiac Support Education classes. Upon discharge our CHF patients received a Self-care Handbook: Learning to Live with Heart Failure. Also available for charity care patients, scales to weigh themselves for unexpected rapid weight gain which indicates build-up of fluids.
FY 2011	
Goal FY 2011	Decrease readmissions of CHF patients to the ED or inpatient admission
2011 Objective Measure/Indicator of Success	SECH will closely monitor the number of readmissions to the ED and inpatient admission via chart review and follow up with RN assigned to the follow-up program.
Baseline	CHF and associated heart maladies continue to appear on the facility's health needs assessment conducted every three years for the last 15 years.
Intervention Strategy for Achieving Goal	Personalized counseling, follow up calls and education enrollment is offered to all patients presenting with CHF.
Result FY 2011	20 program participants in FY2010-11. Eight (8) were admitted to the ED within six (6) months of intervention. Percentage of participants admitted to the hospital or ED within six (6) months of intervention, 0.4%
Hospital's Contribution / Program Expense	The cost of the program is minimal \$318. Program was fully implemented 3 rd Qtr of FY11.
FY 2012	
Goal 2012	SECH will continue to reduce the number of readmission of CHF patients to the ED and hospital through early intervention.
2012 Objective Measure/Indicator of Success	We will monitor patients participating in this program via chart review and RN assigned to the follow-up phone program.
Baseline	CHF continues to appear on our health needs assessment. This health need is confirmed by the local physicians. Although SECH does not have a specific cardiac program it is possible with this program to help CHF patients better manage their illness while at home thus reducing ED visits.
Intervention Strategy for Achieving Goal	SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease i.e., heart healthy cooking classes.

Prenatal Substance Abuse Collaborative	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here Obesity ✓ Drug Abuse Poor Eating Habits Diabetes Cancer
Program Emphasis	Please select the emphasis of this program from the options below: Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care ✓ Build Community Capacity ✓ Collaborative Governance
Link to Community Needs Assessment	Drug abuse and drug dependent babies have directly been identified as a community health need and identified as a problem behavior and perception.
Program Description	The Prenatal Substance Abuse Coalition is a partnership among Tehama County Public Health Services Agency, SECH Social Services and community physician champions. The program provides early detection of drug use during pregnancy and provides education and information to physicians and expecting parents.
FY 2011	
Goal FY 2011	Collaborate with Tehama County Public Health Services Agency to identify drug using expectant mothers, assisting in their referral, recovery, and if necessary placing the child with appropriate protective services upon drug dependent birth.
2011 Objective Measure/Indicator of Success	Increase the number of drug dependent expectant mothers identified and early detection referrals to drug addiction services. Increase the number of drug dependent expectant mothers recovery from drugs and decrease the number of drug dependent babies born in Tehama County.
Baseline	Drug use is a consistent problem in Tehama County. Emergency services can verify the population dependent on drugs ranging from marijuana to meth amphetamine to prescription drug use. Drug, alcohol and tobacco product use is one of the top health concerns and behaviors identified in the Community Health Needs Assessment.
Intervention Strategy for Achieving Goal	St. Elizabeth Social Services and OB Nursing staff collaborates with the county and law enforcement agencies to identify drug positive expectant mothers and work with these mothers to enroll them into intervention programs and provide education on site.
Result FY 2011	The program received 52 referrals 14 of which were referred by St. Elizabeth Community Hospital and 28 nursing assessments were provided. Approximately 36 women received services each quarter and 115 home visits were conducted by the county. 13 women successfully completed the treatment program and 361 total contacts were made by the county to assist women with accessing prenatal and preventative care.
Hospital's Contribution / Program Expense	The program has been funded at the county level through grants and appropriated fund by Tehama County Health Services Agency and Federal dollars. The total program cost including intensive interventional case work and counseling is approximately \$100k per year. There is no direct cost to St. Elizabeth as a partner of the program
FY 2012	
Goal 2012	The referrals to the program will continue, however, funding at the County and Federal level has been cut, therefore, the county can no longer offer comprehensive case management services.
2012 Objective Measure/Indicator of Success	Referrals to the program from SECH will continue to be tracked by the county, however, the depth of treatment and tracking will greatly diminish due to loss of funding.
Baseline	Drug abuse continues to appear on the Community Health Needs Assessment. This preventative health risk has been prevalent on the Health Assessment result for the past 9 years or longer. Based on the 2009 Tehama County Sheriff's report, major crime is down 15% while calls for service rose to 7%, drug related arrests also increased during the year.
Intervention Strategy for Achieving Goal	The SECH OB team will continue to assist in the identification and referral of pregnant women who present with positive screen results for drug use.

COMMUNITY BENEFIT AND ECONOMIC VALUE

III. COMMUNITY BENEFIT AND ECONOMIC VALUE

Economic value of community benefit is defined as the reporting responsibilities associated with providing charity care, unpaid costs of Medicaid, Medicare, and indigent programs, education and research, non-billed services, cash and in-kind donations. Using a cost accounting methodology, St. Elizabeth Community Hospital provided more than \$12 million in unsponsored care and programs for the benefit of the community in FY11. Unsponsored care includes cost of care for persons who are poor, the costs associated with caring for Medicare, Medicaid and other government program beneficiaries and costs for services the hospital subsidizes because the services are not offered anywhere else in the community.

Listed on page 19 is the fiscal year 2011 Community Benefit Inventory for Social Accountability (CBISA) classified summary.

Telling the Story

SECH shares the community benefit story in a variety of venues. Primarily, details of the community benefit programs are shared every other month with the Advisory Council during a designated community benefit update agenda item. Additionally, the Senior Director of Mission Integration provides detailed updates to the health community at large during the Tehama County Health Board meetings. Community benefit plans, projects and milestones are also shared within the region during the North State Service Area Community Board meetings. Physicians are regularly updated on the community benefit investments once a year during a general medical staff meeting and the medical executive team is updated monthly. The community at large can learn about the community benefit activities of SECH through the following items:

- Mandatory Heritage Training provided to all employees (monthly)
- Presentations to local community service groups
- Advisory Council Meetings (every other month)
- CHW North State Service Area Meetings
- Health Scene Newsletter (3 times a year)
- Private Health Online Newsletter (monthly)
- Local media attention
- Annual Employee Forums (annually)
- Various E-mail updates to employees
- Medical staff meetings (monthly)
- Employee Newsletter (monthly)
- Updated bulletin boards throughout facility
- Director/Managers meetings (monthly)
- New Employee Orientation (monthly)
- Facility website
- Community calendar publications

St. Elizabeth Community Hospital
Complete Summary – Classified Including Non Community Benefit (Medicare)
For period from 7/1/2010 through 6/30/2011
This hospital uses the cost accounting methodology

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization	
					Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	649	1,670,662	0	1,670,662	2.3	1.8
Unpaid Costs of Medicaid	22,728	17,888,619	16,659,081	1,229,538	1.7	1.3
Means-Tested Programs	2,634	2,383,839	925,206	1,458,633	2.0	1.6
Community Services:						
Comm. Benefit Operations	1	63,266	0	63,266	0.1	0.1
Comm. Health Improvement Services	880	4,109	0	4,109	0.0	0.0
Cash and In-Kind Contributions	58	712,080	0	712,080	1.0	0.8
Subsidized Health Services	126	622,211	0	622,211	0.9	0.7
Totals for Community Services	1,065	1,401,666	0	1,401,666	1.9	1.5
Totals for Living in Poverty	27,076	23,344,786	17,584,287	5,760,499	7.9	6.2
<u>Benefits for Broader Community</u>						
Community Services:						
Comm. Health Improvement Services	1,924	53,321	100	53,221	0.1	0.1
Cash and In-Kind Contributions	43	54,473	0	54,473	0.1	0.1
Comm. Building Activities	53	6,084	0	6,084	0.0	0.0
Health Professions Education	3	18,789	0	18,789	0.0	0.0
Subsidized Health Services	2	3,484	0	3,484	0.0	0.0
Totals for Community Services	2,025	136,151	100	136,051	0.2	0.1
Totals for Broader Community	2,025	136,151	100	136,051	0.2	0.1
Totals for Community Benefit	29,101	23,480,937	17,584,387	5,896,550	8.1	6.3
Unpaid Cost of Medicare	29,615	30,118,322	23,705,094	6,413,228	8.8	6.9
Totals with Medicare	58,716	53,599,259	41,289,481	12,309,778	16.9	13.2