



St. Mary's Medical Center

A member of CHW



St. Mary's Medical Center

2011 Community Benefit Report 2012 Community Benefit Plan

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EXECUTIVE SUMMARY

St. Mary's Medical Center is sponsored by the Sisters of Mercy and has cared for the people of the San Francisco Bay Area since 1857. A fully accredited teaching hospital in the heart of San Francisco, it has 403 licensed beds, 1164 employees, 570 physicians and credentialed staff, and 265 volunteers. For 154 years, St. Mary's has built a reputation for quality, personalized care, patient satisfaction, and exceptional clinical outcomes. Our Centers of Excellence include Total Joint Center, Spine Center, Oncology, Outpatient Therapies, Acute Physical Rehabilitation, and Cardiology. We offer a full range of diagnostic services and 24 hour Emergency Department. Surgical specialties include general, orthopedic, ophthalmology, podiatric, plastic, cardiovascular, and gynecologic surgery. St. Mary's was recertified as a Primary Stroke Center this year. We have the only Adolescent Psychiatric inpatient and day treatment units in our service area. Patients in need of financial assistance are cared for in every department, and our financial counselors help direct them to appropriate assistance including charity care.

At St. Mary's, Community Benefit Program planning is based on the citywide Community Needs Assessment, a collaborative process of government and private organizations. At St Mary's Medical Center, the priorities selected were:

- *Increase Access to Quality Medical Care,*
- *Increase Physical Activity and Healthy Eating to Reduce Chronic Disease,*
- *Stop the Spread of Infectious Disease,*
- *Improve Healthy Behavior,*
- *Prevent and Detect Cancer,*
- *Promote Healthy Aging, and*
- *Eliminate Health Disparities*
-

The following programs are integral to achieving our community benefit goals:

Sister Mary Philippa Health Center. The centerpiece of St. Mary's charitable mission, the Sister Mary Philippa Health Center is the largest private hospital-based medical clinic in San Francisco serves 2,400 needy and underinsured patients. Of the 2,400 patient who call the clinic their medical home, 1,270 were members of Healthy San Francisco, 87% of whom are below 200% of the federal poverty level. A vital part of the city's healthcare safety net, in FY 2011 the clinic provided 34,354 outpatient services including adult primary care and specialty care. In addition, the clinic operates the largest HIV/AIDS clinic outside of the public health department and provided 9655 outpatient services to those patients during the past fiscal year. Ancillary services include on-site interpreters, a pharmacy, and access to the hospital's diagnostic services. The clinic also serves as a significant opportunity for physicians in training to provide proctored primary care to a consistent caseload over the course of their residency. This component of their training not only allows them to follow up with patients but also nurtures their sense of social responsibility and desire to serve the greater community.

Comprehensive Cancer Program. Construction of the CHW Cancer Center at St. Mary's was completed this year and opened in January. The area houses a newly re-opened Radiation Oncology department with state of the art treatment and planning equipment as well as outpatient Infusion Center. The Cancer Program at St. Mary's received Accreditation with Commendation from the American College of Surgeons Commission on Cancer. Within and related to the Cancer Center are two other key services:

Northern California Melanoma Center at St. Mary's: Experts in the fields of immunology, oncology, surgical oncology, integrative medicine and clinical research provide patients with a consultation service, follow up and opportunities for clinical trials.

Breast Cancer Services: Includes a multidisciplinary pre-treatment panel which reviews each breast cancer patient's pathological and imaging studies and meets to collaborate on a diagnosis as well as treatment options. It serves as a respected resource for second opinions. A Comprehensive Lymphedema Program, Breast Reconstruction Services, Digital Mammography, Support Groups and Nurse Navigator are also available.

PROS Center. St. Mary's Medical Center established the PROS (Plastic Reconstructive Orthopedic Surgery)

Center in 2007. At the PROS Center, a team of orthopedic and plastic surgeons treat patients with severe extremity trauma due to injury or disease.

Diabetes Services at St. Mary's is a Recognized Program by the American Diabetes Association for meeting high standards as an outpatient self-management education program. The group of diabetes educators is also responsible for inpatient diabetes education and serves a large group of private doctors who refer patients for education. As part of the community outreach program Diabetes Services organizes public presentations to raise awareness of diabetes; some of these presentations also include diabetes screening.

During FY 11 St. Mary's provided \$30,359,412 in community benefit. In addition, the unpaid cost of Medicare of \$18,858,829 brought the total community benefit to \$49,218,241. Equally important, in FY 2011, St. Mary's Medical Center spent a net \$1,721,757 to provide the medically needy with charity care, and an additional \$4,046,602 covering the costs of means-tested programs such as *Healthy San Francisco*.

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

Community benefit is the driving force behind the Mission of St. Mary's which continues our founding vision of serving those most in need. The St. Mary's Community Board of Directors has eighteen members including religious sponsors, the hospital President, Chief of Staff, medical staff, and members of the San Francisco community.

The Board's Community Benefit Planning Committee has five members representing a variety of ethnic communities; nonprofit advocates from the areas of health, mental health, and social service agency perspective. Staff support to this committee includes a sponsor who is the Community Benefit Coordinator and a sponsor who is Community Liaison; the Director of Community Health and hospital Vice President of Mission and Community Services. A roster of members of the St Mary's Medical Center Community Board of Directors is included as Attachment A as is a list of Community Benefit Planning Committee Members. The Community Board of Directors has recruited two new members this last year: the former Police Chief for the City and County of SF, and the Director of the Public Utilities Department in Palo Alto. The depth of experience of both of these two new members has enhanced the breadth of contributions from the Board as it relates to oversight and governance. The institutional commitment is further reflected in the formal adoption of the guiding principles from the National Demonstration: Advancing the State of the Art in Community Benefit and their application in the institution's daily work in community benefit.

St. Mary's participates actively in the local initiative *Building a Healthier San Francisco*, a citywide collaborative of non-profit hospitals, San Francisco Department of Public Health, McKesson Foundation, San Francisco Foundation, United Way of the Bay Area, and a variety of health organizations and philanthropic foundations. This cooperative effort established in 1994 conducts a Community Health Needs Assessment for San Francisco every three years. Based on the needs assessment, the collaborative has identified ten community vital signs. The Community Health Needs Assessment and the adopted vital signs serve as the basis for setting hospital-specific priorities for strategic planning, program development and for the awarding of CHW Community Grants. These grants assist partner agencies in our service area that administer programs that complement those we are able to provide.

The hospital staff develops the benefit plan and report through an iterative process based on input from the Community Benefit Planning Committee and the hospital Community Board of Directors. Emphasis is placed on addressing needs, reviewing programming and setting priorities based on the Community Needs Assessment as well as hospital resources and our mission. The report receives final approval from the Community Board of

Directors. There is an institutional commitment to the Community Benefits process with staff time dedicated to these activities and managers attuned to supporting programs and accounting for the service we provide.

The Community Board of Directors of the Hospital has oversight for the Community Benefit Planning Committee and also the adoption of the guiding principles of the National Demonstration: Advancing the State of the Art in Community Benefit. The Board Committee is involved three ways: through the development of the Strategic Plan (including Community benefit targets and goals), through participation in the work collaborative groups for each of the priority areas within the Benefit Plan, and lastly through contributing input and direction in the selection of the priority areas of focus within the hospital itself.

The Benefit Plan identifies priorities, which in turn suggest priorities for the Hospital Community Grants Program. Community grants are given to agencies that advance the objectives and priorities of the hospital as delineated by our community vital signs list.

The Community Board of Directors' specific roles and responsibilities with regard to the Community Benefit Planning Process are as follows:

- Budgeting is set using the five principles from the National Demonstration: Advancing the State of the Art in Community Benefit – which was adopted by the CHW Board of Directors as a guiding framework for community benefit programming. These principles were subsequently adopted as part of next year's planning by St Mary's Executive Management Team and endorsed by the St Mary's Medical Center Community Board of Directors' within the hospital's Strategic Plan.
- The St. Mary's Community Board of Directors also adopted this year the Health Matters in SF Community Vital Signs as the planning guide for the identification of priorities and goals within its Hospital Community benefit planning process, and ultimately its Community Benefit Plan.
- Program content is determined by the priorities within the Community Benefit Plan and the hospital's available resources, capabilities, and areas of strength. At St Mary's Medical Center, the priorities selected were *Increase Access to Quality Medical Care, Increase Physical Activity and Healthy Eating to Reduce Chronic Disease, Stop the Spread of Infectious Disease, Improve Healthy Behavior, Prevent and Detect Cancer, Promote Healthy Aging, and Eliminate Health Disparities*
- Program design is guided by evidence-based medicine, objectives grounded in identified need, with measurable outcomes in the areas of behavior and health improvement.
- Program targeting is guided by the use of the Community Needs Index, population specific data from our Health Matters in SF website <http://www.healthmattersinsf.org/> available human and clinical resources and recognition of hospital areas of expertise. For example, to address the need to *Improve Access to Quality Medical Care*, the hospital operates a community based clinic which serves as a training site for internal medicine residents. The Clinic thus becomes a core expression of the response within the Community Benefit Plan to that need by being a place the community can access quality free or low cost medical care.
- Program continuation or termination is based on the decision making process that involves quality data, return (or evidence-based outcome) on our investment of care and education within the patient population, targeted group or community.
- Program monitoring occurs through monthly data collection of outcomes related to program objectives. Data is submitted to the hospital quality committee and through medical executive committee to the hospital Community Board of Directors (see Appendix A).

Non-Quantifiable Benefits

There are many examples of our hospital staff working collaboratively with community partners, providing leadership and advocacy, stewarding scarce resources, assisting with local capacity building, and participating in community-wide health planning. Staff from St Mary's are involved in the African American Health Disparity Program in San Francisco and the Assessment Committee of the SF Community Collaborative (which collects the data sets that are used by the hospitals for their Benefit Plans and by community non-profits who use this data to leverage local, state and federal grants to support their programs). Staff from SMMC also participate on the San Francisco Charity Care Workgroup and the QI Committee of Healthy San Francisco. They participate within the Local Initiative for Managed Medicaid and the commercial Managed Medicaid program as well.

The Liaison for Community Health held the following community health fair/health educational events in the City of San Francisco: an asthma and hand washing demonstration event in the Western Addition, prostate cancer screening at Walden House in the Mission District and balance risk fall screening in Chinatown. Events for the

larger community included multiple screenings held at the Cherry Blossom Festival Health Fair in Japantown, (inclusive of frail elderly), blood pressure screening at the Police Credit Union; a cancer of the bowel presentation at St. Stephens Church; and a head, neck and throat cancer screening and presentation at SMMC.

The “Women in Medicine” program - conducted in partnership with Mercy High School, SF had a select group of students of multiple ethnicities learning about the health care professions through scheduled visits to St. Mary’s Medical Center.

Much of the aforementioned work is designed to reduce duplication, plan at a community level, collaborate with other hospitals and smaller non-profit providers to ensure the best potential impact for all programs.

The facility’s efforts to ensure environmental improvement through the ecology initiatives include:

- Battery Collection Containers: Process reviewed and improved; January, 2011
- Food waste segregation and composting initiated May, 2011
- Stericycle (Corporate) contract currently being implemented; this will provide us with:
 - Environmental scorecard – to provide a snapshot of our volumes, pounds of waste per adjusted patient day, goals, etc. This scorecard will complement our annual CHW environmental report.
 - Training resources – to re-educate staff, as needed
 - Compliance & waste reduction surveys
 - to ensure proper disposal methods
 - segregation – construction debris, bulk trash, landscape ‘green’ waste, etc
 - recycling – increase recycling volume to minimize land-filled waste, etc

Ecology initiatives this year also include the donation of supplies that are usable in other settings and the recycling of 15,000 lbs. of surgical blue wrap to be made into building materials. All of these items would otherwise have gone to a landfill.

COMMUNITY

The community we serve is primarily the City and County of San Francisco, a cosmopolitan city that prides itself in its diversity yet suffers from a lack of affordability. As the recession continues to deeply affect the population, families with young children are moving out of the city resulting in an increase in the median age. Despite areas of affluence, there are significant pockets of poverty (as evidenced in the Community Needs Index on the following page) particularly in the African American and Hispanic/Latino communities. Living below the federal poverty level are 12% of the population and 4% receive public assistance.

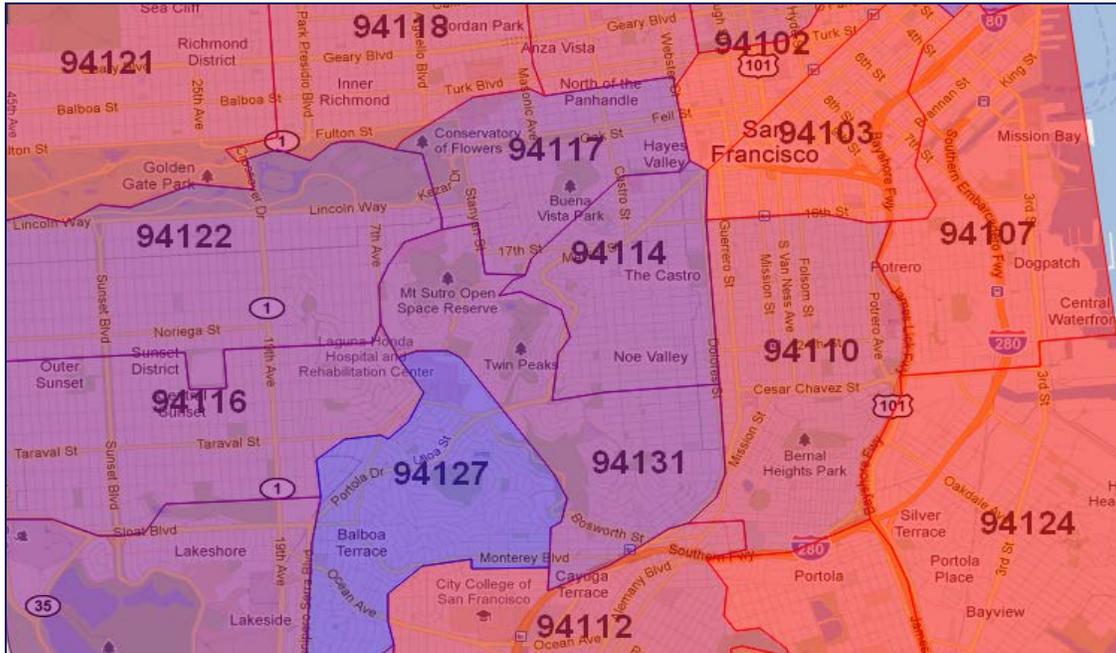
St. Mary’s Medical Center, located in the geographic center of San Francisco is an acute care hospital and ambulatory health care provider serving a geographic service area that includes San Francisco, South San Francisco, Daly City, Pacifica and Southern Marin County. For Community Benefit Activities we focus on the City and County of San Francisco. The core service area population served by SMMC is 1,072,443, and is projected to remain constant, having grown at an annual rate of .63% between 2010 and 2015. Demographics relating to the community served by SMMC are summarized below:

	CHW SFSA Core Service Area
Total Population Served (2010)	1,072,443 residents
Growth (2010-2015)	3.21% (w/.63% annual growth)
Age	Current (2010) age distribution within the SFSA core service area skews toward people who are between 18 and 44 (comprising 40.9 % of population); however shifts towards the 45+ age group by 2015, with highest growth occurring in the 65-69 age group between 2010 and 2015 (2.64% annual growth)
Ethnicity	Ethnically diverse population, with Caucasian majority of 41%, Asian/Pacific Islander representing the largest ethnic minority at 33%, and Hispanic population at 16%.
Median Income	The 2009 median income for zip codes within the SFSA core service area is \$75,895 (2010), and projected to be at \$83,093 in 2015.
Insurance Profile	55.6% of the core service area population is estimated to be enrolled in private insurance products; 13.9% enrolled in Medicare; 14.5% enrolled as Medi-Cal beneficiaries with 16% estimated to be uninsured.

Source: Claritas and Thompson - 2010 and 2015 Estimates

Other facilities in the immediate area are Kaiser Permanente, which cares for its own members and UCSF, which serves as a tertiary referral and research center as well as provides some general services to the local community. Saint Francis Memorial Hospital and California Pacific Medical Center are other facilities within a few miles. None of the other facilities named provide an on-site clinic exclusively for the underserved. The county hospital, San Francisco General, serves many people in the eastern portion of the city for primary care and is the regional trauma center.

Community Needs Index



Lowest Need

1 - 1.7 Lowest

1.8 - 2.5 2nd Lowest

2.6 - 3.3 Mid

3.4 - 4.1 2nd Highest

Highest Need

4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County
94102	4.8	29328	San Francisco	San Francisco
94103	4.6	26642	San Francisco	San Francisco
94104	5	435	San Francisco	San Francisco
94105	3	4993	San Francisco	San Francisco
94107	4.2	22899	San Francisco	San Francisco
94108	4.8	12769	San Francisco	San Francisco
94109	4	55620	San Francisco	San Francisco
94110	4	74575	San Francisco	San Francisco
94111	3.6	3322	San Francisco	San Francisco
94112	3.6	76079	San Francisco	San Francisco
94114	2.6	29238	San Francisco	San Francisco
94115	3.8	34195	San Francisco	San Francisco
94116	3	42600	San Francisco	San Francisco
94117	3	37043	San Francisco	San Francisco
94118	3.4	37510	San Francisco	San Francisco
94121	3.4	42002	San Francisco	San Francisco
94122	3.2	56081	San Francisco	San Francisco
94123	2.4	23255	San Francisco	San Francisco
94124	4.8	33516	San Francisco	San Francisco
94127	1.8	18263	San Francisco	San Francisco
94129	2.8	2667	San Francisco	San Francisco
94130	3.4	1733	San Francisco	San Francisco
94131	2.8	26688	San Francisco	San Francisco
94132	3.2	26745	San Francisco	San Francisco
94133	4.8	27333	San Francisco	San Francisco
94134	4.4	40354	San Francisco	San Francisco

COMMUNITY BENEFIT PLANNING PROCESS

A. Community Needs Assessment Process & Community Benefit Planning Process

The Community Benefit and Planning Committee (CBP), the Community Board of Directors, and the hospital leadership review and approve the main themes and priorities of the SMMC Community Benefit Plan. The Committee holds to the general principles of serving the neighborhoods by responding to their needs, building on assets in the community, and sustaining the management of resources (staff, technology, medical supplies, space, etc.). Specific actions are undertaken to:

- Emphasize coordination and collaboration with community organizations, especially Health Matters in San Francisco and the Building Healthy San Francisco workgroup where we house data that justifies our SMMC Community Benefit Plan.
- Focus the Plan on several key program areas rather than dilute our efforts across numerous issues.
- Commit to projects for three years to generate an appreciable and measurable impact.
- Consider programs based on the extent and severity of the need, the number of people affected, and the potential for St. Mary's to make positive impacts on the problem.
- Determine the capability and available resources of the hospital.
- Identify the financial viability of the initiative.
- Assure the consistency of the initiative with the hospital's Mission, Community Benefit priorities (as delineated by Health matters in SF's "Community Vital Signs") and the hospital's strategic plan.

FY 2011 Community Needs Assessment Process

As part of the 2010 community needs assessment, the Community Benefit Plan has focused on the development of the Community Vital Signs - a dynamic portal to the community's priority health issues, and associated community resources. At six Community Stakeholder meetings in FY 2011, the Partnership hosted participants representing a cross-section of expertise in health and human services. These community stakeholders confirmed the relevance of the health goals and started ten affinity groups comprised of subject matter experts for each of the health goals. The health goals, adopted by the San Francisco Health Commission on February 2, 2010, now inform and guide the SMMC 2011 Community Benefit Report, and the 2012 Community Benefit Plan.

The Hospitals' process for completing the community needs assessment is to deploy staff to support, attend, and contribute to, the monthly Vital Signs planning meetings, the monthly Assessment Committees, and to share collected county-wide data among all private not-for-profit hospitals in our county. The hospital defines its service area for Community benefit as the county of San Francisco (part of its commercial service area), and it is this community for which it develops a community benefit plan. St Mary's Medical Center collaborates with other non-profit hospitals in San Francisco and the Department of Public Health and other community agencies to complete a community needs assessment. This is achieved through a collaborative process of data collection, collaborative and strategic partnerships, data exchange and sharing. The affinity groups developed through the needs assessment process consistently inform the process and the accuracy of the assessment. There are over 147 active non-profit partners and over three hospital systems and one public health department involved in this shared assessment process.

SMMC takes input from persons who represent the community served by the hospital facility through the affinity group and working groups process. Essentially, each month two affinity groups are invited to participate, and their input is solicited and documented within the website that we use to house all data sets and identified needs.

Input and data is acquired through quantitative secondary data and qualitative affinity workgroups.

The results of the needs assessment showed that there are ten areas of need – now referred to as community vital signs. These vital signs are:

1. Access to Quality Medical Care
2. Increase Physical Activity and Healthy Eating to reduce Chronic Disease
3. Stop the Spread of Infectious Disease
4. Improve Healthy Behavior
5. Prevent and Detect Cancer
6. Raise Healthy Kids
7. Have a Safe Place to Live

8. Improve Health and Health Care Access for Persons with Disabilities
9. Promote Healthy Aging
10. Eliminate Health Disparities

SMMC, like all CHW hospitals, makes full use of the Community Needs Index (CNI), which assigns a numerical value to those areas of greatest to lowest needs. In essence, the CNI quantifies according to the level of assessed deficits (income, access to healthcare, insurance, education, language/culture, housing, environmental degradation, access to clean parks and access to fresh foods and produce) within a given neighborhood or community to allow further focus or refinement of our community benefit intervention for maximum and strategic impact.

SMMC – along with all other hospitals in San Francisco – hosts the assessment online within a website entitled healthmattersinsf.org, which is accessible to all members of the community and enables other community based non-profits to use our collected data and identified stratified communities/populations of need to leverage local, state, or federal grants to address these areas of need. In essence, the website has become its own resource center and enables collaboratives and partnerships to form naturally by area of focus or need.

B. Assets Assessment

As part of the assessment process, we held meetings with the community partner non-profits and respected community members to complete an asset assessment – which in turn is posted on the health matters website.

C. Developing the Hospital's Implementation Plan (Community Benefit Report and Plan)

Having identified ten priority areas through a community ranking process, each community participant was then invited to suggest markers for assessing or measuring change or improvement in any given metric. Having assessed such methods, each then was screened to assess whether or not existing data sources existed to enable such measurement of change. Those priority needs without a measure in place were dropped, and those with measures existing were ranked for feasibility and data integrity.

Factors considered in such rankings and eliminations included problem linkage to high utilization rates, size of target population, severity of the problem, existing institutional expertise, available community partner resources, community partner commitment, and ultimately, “could collaborative interventions yield a measurable change?”

After much review and deliberation by members of the Community Benefit and Planning Committee of the SMMC Community Board of Directors, it was decided that SMMC would focus its efforts on seven of the ten identified vital signs. It was also recommended by this Committee of the Board that internal data elements - that directly related to each of the seven vital signs chosen – would be tracked and followed for any measurable improvement. This process has ensured a direct link from assessment, through vital sign identification, defined response, and ultimately to measured outcomes.

Many of the services or programs directly address the needs of vulnerable populations in our community with Disproportionate Unmet Health Needs. Communities with DUHN are defined as having a high prevalence or severity for a particular health concern to be addressed by a program activity, or community residents who face multiple health problems and who have limited access to timely, high quality health care. Our community benefit plan services that address DUHNs include the Sister Mary Philippa Health Center, the Diabetes Program, the Adult Day Healthcare Center, Senior Services Program, HIV/AIDS Program, and the Community Grants Program. Data used to validate this selection includes data from the Health Matters in SF website.

At SMMC, some of our prominent Community Benefit programs serve to contain the growth of community health care costs. One example of this is the Sister Mary Philippa Health Center – which by providing timely access to health care ensures the prevention of disease progression.

Community Vital signs which St. Mary's chose not to address this year were:

- Improve Health and Healthcare Access for persons with Disabilities
- Have a safe and Healthy place to Live
- Raise Healthy Kids

We did not select these needs because they are beyond the scope of the services we offer and they are already

being addressed by other organizations in the community.

D. Planning for the Uninsured/Underinsured Patient Population

St Mary's Medical Center, a member of 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. A summary of the full policy is included in Appendix B.

Processes implemented at our facility to ensure patients/families are aware of the assistance available to them include the public posting of the availability of payment assistance in all threshold languages at all registration and admitting areas and within the Emergency Department, the Clinic, the main registration areas, and all ancillary services areas of the hospital. Processes to make sure the public is aware of our policy include the posting of available services within the Free Print Shop resource website, and the city's 311 information system.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

Below are the major initiatives and key community-based programs operated or substantially supported by St. Mary's in 2011. Programs intended to be operating in 2012 are noted by *. Programs were developed in response to the current Community Health Needs Assessment and are guided by the following five core principles:

- Disproportionate Unmet Health-Related Needs: Programs that focus on vulnerable populations who lack access to health care because of financial, language/culture, legal or transportation barriers, and/or who possess physical or mental disabilities.
- Primary Prevention: Address the underlying causes of persistent health problem.
- Seamless Continuum of Care: Linkages between clinical services and community health improvement activities.
- Build Community Capacity: Enhance the effectiveness and viability of community based organizations, reduce duplication of effort, and provide the basis for shared advocacy and joint action to address the structural problems in a community.
- Collaborative Governance: Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

In San Francisco, where a collaborative Community Health Needs Assessment is done among not-for-profit health care providers and the Department of Public Health, Community Vital Signs were developed to determine direction for and evaluation of programs. Below are the seven vital signs we have chosen to work on:

- Increase Access to Quality Medical Care
- Increase Physical Activity and Healthy Eating to Reduce Chronic Disease
- Stop the Spread of Infectious Disease
- Improve Healthy Behavior
- Prevent and Detect Cancer
- Promote Healthy Aging
- Eliminate Health Disparities

Activities within these selected vital signs are summarized as follows:

Increase Access to Quality Medical Care

- Enrollment Assistance for Government Programs and Charity Care *
- Adult Day Health Center with subsidies for those in need
- Sr. Mary Philippa Health Center: serves as Medical Home to low income patients *
- Graduate Medical Education: Residents in medicine, orthopedics, podiatry *
- Internships: Nursing, Physical Therapy, Occupational Therapy, Speech Therapy, Dietician, Marriage Family Therapy, Nursing Assistants, Clinical Pastoral Education*
- African American Health Disparities Project *
- Community Grant to SF Senior Center Transitional Care Network for temporary case management, home care assistance, escorts and in-home personal needs for medically at-risk for a safe transition from care facilities to home
- Community Grant to Irish Immigration Pastoral Center to assist with access to means tested programs

Increase Physical Activity and Healthy Eating to Reduce Chronic Disease

- Food Runners program to distribute leftover food to those in need *
- Low cost meals for seniors in the hospital cafeteria *
- Chronic Disease Self Management Program *
- Diabetes Education Program with long term improvement plan *
- Congestive Heart Failure long term improvement plan *
- Community Grant to St. Paul of the Shipwreck After School Program which coaches primarily African American children to develop a holistic and healthy lifestyle including exercise, nutrition, homework assistance, music and arts.

Stop the Spread of Infectious Disease

- HIV Services:
 - Education *
 - Drug Assistance Program *
 - Subsidized specialized HIV Testing *
 - Vouchers distributed for food, clothing and basic supplies *
- Clean linen provided to community shelters *
- Flu Vaccines provided to Seniors *
- Community Grant to Shanti Project for HIV Case Management

Improve Healthy Behavior

- Bereavement Support Group *
- Health Fair screenings and education *
- Community Grant to Arthur Coleman Community Foundation to provide health education to the African American Community about disease and prevention, while stressing the importance of regular primary care, disease prevention through fitness activities and improved nutrition
- Community Grant to Most Holy Redeemer AIDS Support Group which provides support services to people struggling with debilitating disease

Prevent and Detect Cancer

- PSA Screening at designated Health Fairs *
- Clinic Mammography project *
- Skin Cancer Screenings *
- Colon Cancer Screenings *
- Breast Cancer Second Opinion Panel *
- Breast Cancer Support Group *

Promote Healthy Aging

- Lifeline program with subsidies for those in need *
- Menopause Support Group *
- Senior Mall Walkers *
- Senior Yoga *
- Palliative Care Services *
- Community Grant to Self Help for the Elderly for health screenings and education

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Advisory Group, Executive Leadership, the Community Benefit Planning Committee of the Board and Catholic Healthcare West receive quarterly updates on program performance and news.

The following pages include Program Digests for a few key programs that address one or more of the Initiatives listed above:

PROGRAM DIGESTS:

URGENT CARE ACCESS - SISTER MARY PHILIPPA HEALTH CENTER	
Hospital CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care the Spread of Infectious Disease <input type="checkbox"/> Improve Health and Healthcare Access for persons with Disabilities <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Need
Link to Community Needs Assessment Vulnerable Population	The core expression of Community benefit Services at St Mary's Medical Center, and the centerpiece of St. Mary's charitable mission, the Sister Mary Philippa Clinic serves more than 2,400 underinsured and uninsured patients. Those without access to routine urgent care often delay treatment resulting in more severe illness, increased and inappropriate use of the emergency room, and higher costs.
Program Description	The clinic provides access to urgent care to prevent utilization of a more expensive level of emergency care and maintain patients' health in an ambulatory care environment.
FY 2011	
Objective	To Improve Access to Urgent Medical Care to enrolled clinic patients by reducing the wait time for urgent care below two days.
Goal FY 2011	To provide 2,400 patients with urgent care access in less than 2 days of request.
Results FY 2011	The clinic provided two data sets to substantiate this process. <input type="checkbox"/> December 2010 – wait time is 48 hours or less. <input type="checkbox"/> June 2011 –wait time is 48 hours or less.
Hospital's Contribution / Program Expense	The hospital subsidizes \$4,046,602 for means tested charity care at the clinic (and in the hospital as an extension of the ambulatory care experience when patients get admitted). In addition, the hospital deploys all other ancillary departmental resources to the clinics use and facility. Included in this are HR, Medical Records, Quality, Risk, Medical Staff, Medical Education, Nursing Education, and Administration. This cost is in the classified summary attached under means tested charity care.
FY 2012	
Goal 2012	To provide all registered clinic patients with urgent care access in less than 48 hours.
2012 Objective Measure/Indicator of Success	To provide 2,400 patients with urgent care access based on daily available urgent care slots in less than 2 days of request.
Baseline	Wait time is 48 hours or less.
Intervention Strategy for Achieving Goal	The clinic provides access to urgent care to prevent utilization of a more expensive level of emergency care and maintain patients' health in an ambulatory care environment.
Community Benefit Category	Disproportionate Unmet Need

WAIT TIME IN EMERGENCY DEPARTMENT	
Hospital CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care <input type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Improve Healthy Behavior <input type="checkbox"/> Prevent and Detect Cancer <input type="checkbox"/> Improve Health and Healthcare Access for Persons with Disabilities <input type="checkbox"/> Promote Healthy Aging <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Need
Link to Community Needs Assessment Vulnerable Population	Without access to timely emergency care, patients often delay treatment resulting in more severe illness, increased hospitalization, and ultimately higher costs for what could have been an ambulatory care sensitive condition.
Program Description	The Emergency Department developed a two pronged approach to seeing patients in a timely manner from assessment, triage, care, and discharge. Assessment and Triage are built into the admission process, thus cutting down on processing and care times.
FY 2011	
Objective	To Improve Patient admission through discharge home time (aka - ED throughput) to less than 170 minutes (baseline throughput time).
Goal FY 2011	To provide all ED patients with care that takes no more than 164 minutes between admission and discharge
Results FY 2011	The ED had two data points in 2011: <input type="checkbox"/> December 2011- 160 minutes <input type="checkbox"/> June 2011- 150 minutes

Hospital's Contribution / Program Expense	8000. (4000. labor expense and 4000. equipment and supplies)
FY 2012	
Goal 2012	To provide ED patient throughput time of less than 150 minutes.
2012 Objective Measure/Indicator of Success	Continue to monitor wait times
Baseline	150 minutes in June 2011. We will continue monitor to seek improvement to better serve patients
Intervention Strategy for Achieving Goal	Assessment and Triage are built into the admission process, thus cutting down on processing and care times.
Community Benefit Category	Disproportionate Unmet Need

SISTER MARY PHILIPPA HEALTH CENTER	
Hospital CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care <input type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Improve Healthy Behavior <input type="checkbox"/> Prevent and Detect Cancer <input type="checkbox"/> Improve Health and Healthcare Access for persons with Disabilities <input type="checkbox"/> Promote Healthy Aging <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	Disproportionate unmet health-related needs Primary Prevention Seamless Continuum of Care Build Community Capacity
Link to Community Needs Assessment Vulnerable Population	The Sister Mary Philippa Clinic serves as a medical home to more than 2,400 underinsured and uninsured patients. Those without access to routine care, underinsured or uninsured patients often delay treatment resulting in more severe illness, increased and inappropriate use of the emergency room, and higher costs.
Program Description	The Clinic offers adult primary care and specialty care including surgery, cardiology, ophthalmology, optometry, gynecology, podiatry, dermatology, rheumatology, and psychiatry. Additional ancillary services include on-site translators, a pharmacy, and hospital laboratory and radiology services. The clinic provided 34,354 outpatient services to patients in FY 2011.
FY 2011	
Objective	To Improve Access to Medical care for under and uninsured people in San Francisco.
Goal FY 2011	To provide 1,150 enrollment slots to Healthy San Francisco Patients as Medical Home
Results FY 2011	The Sister Mary Philippa Health Center provided Medical Home services to 1,270 patients for primary care, specialty and ancillary services. In addition, the Center also provided over 800 underinsured Med-Cal patients a medical home in our clinic.
Hospital's Contribution / Program Expense	The hospital subsidized \$4,046,602 for means tested charity care for inpatient and outpatient services in FY11. Additional unpaid costs of SMPHC (clinic) Medicare and Medicaid services are in those respective line items on the classified summary attached.
FY 2012	
Goal 2012	To provide 1,150 medical home slots to Healthy San Francisco members.
2012 Objective Measure/Indicator of Success	How will your measure the success of this program and the achievement of your goal?
Baseline	The clinic has enrolled 1183 Healthy San Francisco patients within our medical home
Intervention Strategy for Achieving Goal	Every two weeks the clinic will monitor the enrollment rates and adjust open/close status accordingly. Clinic PFS staff will actively continue to enroll eligible Healthy SF members even when clinic is closed
Community Benefit Category	Increase access to quality medical care

DIABETES SERVICES	
Hospital CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care <input type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Improve Healthy Behavior <input type="checkbox"/> Improve Health and Healthcare Access for persons with Disabilities <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity
Link to Community Needs Assessment Vulnerable Population	<p>Community Vital Sign: Increase Physical Activity and Healthy Eating to Reduce Chronic Disease</p> <p>The prevalence of diagnosed type 2 diabetes increased six-fold in the latter half of the last century according to the CDC. Diabetes risk factors such as obesity and physical inactivity have played a major role in this dramatic increase. The CDC estimates the direct economic cost of diabetes in the United States to be about \$100 billion per year.</p>
Program Description	Diabetes Services at St. Mary's is a certified diabetes self-management education program recognized by the American Diabetes Association. We offer group classes and individual, private appointments to meet the needs of all people with diabetes.
FY 2011	
Goal FY 2011	<ol style="list-style-type: none"> 1. Continue to implement a comprehensive inpatient care, education and discharge program to pave the road for TJC Advanced Diabetes Care Certification. 2. Serve our larger community through free presentations at different venues. 3. Continue our collaboration with the regional chapters of the ADA and AADE. 4. Continue to promote our Outpatient Education Program to St. Mary's medical team and local MD's.
2011 Objectives	<p>Provide free classes for the community affected by diabetes.</p> <p>Provide individually tailored educational sessions with the diabetes educator.</p>
Baseline	In San Francisco County, 8.43 hospitalizations per 1000 hospitalizations are related to diabetes that is either unknown or poorly managed. At St. Mary's: July-September 2010 45 referrals, 2 readmissions.
Results FY 2010-2011	<p>Diabetes Forum was held for 82 RNs. This forum addressed ADA standards and TJC expectations for Inpatient Advanced Diabetes Care Certification.</p> <p>"Living Well with Diabetes" classes: 210 encounters with patients/families occurred during this year. Two presentations to the Community were given to a total of 55 participants.</p>
	<p>Diabetes Awareness Day provided in conjunction with University of San Francisco School of Nursing screened 136 individuals for diabetes as well as provided education. April-June 2011 35 referrals, no readmissions</p>
Hospital's Contribution / Program Expense	St Mary's Medical Center (SMMC) contributes program supervision, staffing, office space, planning, evaluation, educational material production and volunteer support for these activities. Expenditures totaled \$4,789.
FY 2012	
Goal 2011- 2012	<p>Achieve TJC Advanced Diabetes Care Certification</p> <p>Continue serving diabetes education needs in our community</p> <p>Increase number of MD referrals for diabetes education</p>
2012 Objective Measure/Indicator of Success	<p>Achieve TJC Advanced Diabetes Care Certification- Gold Seal of Certification.</p> <p>90% success in having an A1c done at admission on all patients with diabetes.</p> <p>20% increase in number of weekly class attendees.</p> <p>20% increase in MD referrals.</p>
Baseline	Diabetes is increasing by 30% annually. Reliable data shows that education is key in keeping healthcare costs down, quality of life up and stopping the revolving door of re-hospitalizations for diabetes complications.
Intervention Strategy for Achieving Goal	Increase physician and staff education, increase number of classes, increase marketing
Community Benefit Category	Community Health Education

HIV/ AIDS RPR INTERVENTION	
Hospital CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care <input type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Improve healthy Behavior <input type="checkbox"/> Prevent and Detect Cancer <input type="checkbox"/> Improve Health and Healthcare Access for persons with Disabilities <input type="checkbox"/> Promote Healthy Aging <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Despite the number of excellent HIV/AIDS programs, several segments of the population continue to suffer from this disease. The HIV program at St Mary's is the largest free or no-cost HIV/AIDS clinic outside those of the Public Health Department in San Francisco. The HIV clinic works in conjunction with the San Francisco Department of Public Health to assist in tracking those clients who have been diagnosed with a positive RPR test. In addition to tracking, the SFDPH assists St. Mary's in anonymous partner notification and disclosure as well as prevention education.
Program Description	The HIV integrated Program at St. Mary's provides outpatient primary care for approximately 540 HIV positive patients annually. Respectively the HIV program has made a committed effort to decrease the number of patients presenting with syphilis infection; attempting to ensure that all patients at a minimum are tested within a twelve month period. This data is tracked by quarterly chart audits completed by the program manager as well as delegated clinical staff.
FY 2011	
Goal FY 2011	Within the HIV program the Community Standard of Care Goal is to ensure that each HIV patient receives an initial RPR (syphilis screen) and an RPR annually. The percentage of all clinic-registered HIV patients who have had an RPR in the last twelve months is measured by quarterly chart audits.
2011 Objective Measure/Indicator of Success	The 2011 objective measure is to reduce the number of syphilis infections. The community goal or indicator of success is reaching the benchmark that 85% of patients enrolled have had an initial RPR test annually.
Baseline	RPR rate for FY 10 was 85%.
Intervention Strategy for Achieving Goal	During the FY11 year, in preparing charts the medical assistants assess whether patients are due for their annual screening. If the patient is due, a tickler is placed on the patient record for their provider to discuss and order the RPR test as indicated. Additionally, providers screen patients for risk and/or sexual practices and order test as needed. The HIV program multidisciplinary team continues to educate patients on the importance of safe sex practices, prevention, and appropriate referrals as needed.
Result FY 2011	With a baseline of 85%, during the first quarter a 76% total was reached based on chart audits, 80% the second quarter, 89% the third and 67% the fourth quarter. The FY11 total was 76%.
Hospital's Contribution / Program Expense	The clinic quality committee as well as the St. Mary's quality council has contributed constructive feedback on better methods and strategies for achieving these goals. Additionally, incorporating the cost of such testing is included in the overall community benefit contribution to the clinic.
FY 2012	
Goal 2012	To ensure that 85% of all clinic-registered HIV patients have an RPR test completed in a twelve month period. Continue with patient prevention education, risk assessments and referrals.
Baseline	The FY11 total was 76%.
Intervention Strategy for Achieving Goal	Intervention Strategy includes chart audits, provider weekly feedback, quality review and monthly RPR reconciliation.
Community Benefit Category	Community based clinical service: Immunizations/screenings

AFRICAN AMERICAN AFFIRMATIVE ENROLLMENT IN HIV CLINIC	
Hospital CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Improve Healthy Behavior <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	There are fewer African American HIV positive patients enrolled in the city as a whole relative to the burden of disease in that population.
Program Description	Affirmative enrollment of African American patients into the HIV and AIDS Program.
FY 2011	
Goal FY 2011	To increase the number of African American patients enrolled in the HIV clinic at a rate proportionate to the burden of the disease.
2011 Objective Measure/Indicator of Success	That we maintain 20% African American patients in our HIV Clinic.
Baseline	20% of the HIV patients enrolled in the clinic were African American
Intervention Strategy for Achieving Goal	Collaborate with our community partners to increase patient outreach in disenfranchised areas. Increase awareness of services available at St. Mary's through other community programs such as SHANTI, and the Black Coalition on AIDS, who provide peer services to assist in meeting this goal.
Result FY 2011	The total number of African American patients enrolled in the HIV clinic fell from 20% in FY10 to 13% in FY11.
Hospital's Contribution / Program Expense	The Director of Community Services is an active participant in the African American Health Disparities Project. St Mary's provided a \$15,000 grant to the Arthur Coleman Community Foundation to promote health awareness in the African American community.
FY 2012	
Goal 2012	The goal of the program is to enroll African American patients into the HIV program at a rate proportionate to the burden of the disease in the African American population.
2012 Objective Measure/Indicator of Success	The HIV clinic will continue outreach as well as continue to explore meaningful ways of enrolling new clients including patient education focusing on culturally relevant topics and site visits introducing St. Mary's to other community programs focused on the needs of African American clients.
Baseline	13% enrollment of African Americans in the HIV clinic in FY2011.
Intervention Strategy for Achieving Goal	There is an ongoing lack of awareness, denial around issues of sexuality, a common unwillingness to confront AIDS within the general community, a lack of cultural appropriateness within service provider network, and a continued phenomenon of African American men who have sex with men being closeted or "on the downlow". St. Mary's will continue its efforts to target and meet the needs of this population in culturally appropriate ways by affirmatively enrolling AA men and women into the program. St. Mary's will increase outreach to the African American community, through the African American Health Disparities project, Shanti, and other community based organizations to ensure that services available are appropriately targeted to AA patients.
Community Benefit Category	Disproportionate Unmet Health-Related Needs

INFLUENZA VACCINATION FOR PATIENTS ADMITTED WITH PNEUMONIA	
Hospital CB Priority Areas	<input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Promote Healthy Aging <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Primary Prevention
Link to Community Needs Assessment	Promote Healthy Aging, Stop the Spread of Infectious Disease
Program Description	On admission, patients with pneumonia are screened per protocol for influenza vaccination. If they meet the criteria, one is offered and given to the patient
FY 2011	
Goal FY 2011	All patients with pneumonia will be screened per protocol for influenza vaccination. If they meet the criteria, one is offered and given to the patient

2011 Objective Measure/Indicator of Success	A list of all discharged pneumonia patients is developed, the medical record is pulled and the data reviewed. We monitor the data by month and rolling 3 and 12 months intervals. Ultimately our fiscal year results are compared to baseline.
Baseline	96% of patients admitted with pneumonia and screened as appropriate to receive influenza vaccine were vaccinated. FY10
Intervention Strategy for Achieving Goal	On admission, all pts screened per protocol, if criteria met, patients are asked if they have had a flu vaccination. If not, one is offered and given to the patient
Result FY 2011	91.3 % of all patients admitted with pneumonia and screened as appropriate to receive influenza vaccine were vaccinated
Hospital's Contribution / Program Expense	SMMC pays for all vaccines: The cost is as follows: Pneumococcal vaccine - \$ 54.20/dose Fluzone - \$12.45/dose
FY 2012	
Goal 2012	Goal is 99% vaccination of all patients meeting criteria
2012 Objective Measure/Indicator of Success	Continue to track rates of vaccination monthly
Baseline	In FY 11 91.3% of appropriate patients were vaccinated. We will continue to strive to vaccinate appropriate patients to prevent influenza in this vulnerable population.
Intervention Strategy for Achieving Goal	Changed time of administration to the evening shift. Evening shift has fewer medications to give; less chance of missed or forgotten doses.
Community Benefit Category	Community based clinical service: Immunizations/screenings

ASSISTANCE FOR PERSONS WITH HIV/AIDS	
Hospital CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Improve healthy Behavior <input type="checkbox"/> Promote Healthy Aging <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity
Link to Community Needs Assessment Vulnerable Population	Despite the number of excellent HIV/AIDS educational programs, several segments of the population continue to suffer from this disease. The years of life lost (YLL) for HIV/AIDS ranks number 2 among males, number two among whites, and Hispanic males, number three among African Americans. HIV/AIDS is among the top ten causes of YLL in 13 out of 21 zip codes in SF.
Program Description	<p>The HIV/AIDS Program - within the Sr. M. Philippa Health Center (SMPHC) provides integrated HIV/AIDS Services to patients who live in the city and county of SF Primary care, case management, and specialty care are provided in addition to the following:</p> <p>AIDS Drug Assistance Enrollment Program This program is targeted for the SMPHC clients who are not Medi-Cal eligible. They are enrolled into this drug coverage which ensures reimbursement to the clinic for their HIV retroviral and other associated medications.</p> <p>"Lunch & Learn" This program provides educational topics for persons with HIV/AIDS and is co-sponsored with various vendor companies who provide the speaker and lunch at no cost to the Health Center. SMPHC provides some administrative time and space for this activity.</p> <p>Voucher Distribution from SFDPH-HHS A program that provides vouchers for food, clothes, transportation, or household goods for low income patients with HIV/AIDS.</p> <p>SMPHC co-sponsors Shanti: Peer Advocate Program and Hepatitis C Support Group These programs provide counseling and support services within our health center – thus ensuring patient treatment adherence and continuity of care. We provide space and administrative assistance.</p>
FY 2011	
Goal FY 2011	To provide access to care for persons who are HIV+ so that they can obtain life-prolonging medications; and to educate them in understanding their disease and so increase their life potential.
Objective	<ol style="list-style-type: none"> 1. Facilitate enrollment of AIDS patients from SMPHC into the State Drug Assistance Program. 2. Improve the education of HIV patients about their disease and provide a good lunch at least twice a quarter 3. Distribute Vouchers from SFDPH-HHS for low income HIV/AIDS patients

Baseline	San Francisco has one of the highest rates of HIV-infection among adult males in the United States, disproportionately among African American and Asian-Pacific Islander males.
Results FY 2011	1. 180 persons were assisted in filing for drug program assistance. This represents a 7% increase from FY10. 2. Class for 7 Participants HIV CROI Update/Project Inform Annual Provider Update 3. SFPHD-HHS Vouchers <input type="checkbox"/> Basic Services <input type="checkbox"/> Food <input type="checkbox"/> Clothing
Hospital's Contribution / Program Expense	St Mary's Medical Center (SMMC) contributes program supervision, staffing, office space, planning, evaluation, educational material production and volunteer support for these activities to the HIV/AIDS annual budget.
FY 2012	
Goal 2012	Continue to assist clients through the Drug Assistance Program Continue Educational Program for HIV/AIDS patients Continue to distribute SFPHD-HHS vouchers to low income HIV/AIDS patients
2012 Objective Measure/Indicator of Success	The success of the HIV program is evaluated through quarterly chart audits and data review through the quality committee and reports to SFPHD AIDS Office.
Baseline	Currently, the SFPHD has indicated that all primary care for HIV positive individuals should expect a 9% direct cut in allocated funding for FY 2012 and FY 2013.
Intervention Strategy for Achieving Goal	Continue to provide access to care for persons who are HIV+ so that they can obtain primary care, case management, treatment advocacy, medication; and to educate them in understanding their disease and so increase their life potential.
Community Benefit Category	Community Health Improvement, Cash and In-kind Contributions

CHW/ SMMC COMMUNITY GRANTS	
CB Priority Areas	<input type="checkbox"/> Increase Access to Quality Medical Care <input type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Stop the Spread of Infectious Disease <input type="checkbox"/> Improve Healthy Behavior <input type="checkbox"/> Promote Healthy Aging <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment Vulnerable Population	St. Mary's prioritizes issues and organizations that either address and/or work with St. Mary's on priority areas, such as addressing issues of medical disenfranchisement, diabetes, hunger, etc
Program Description	St Mary's Medical Center conducts a community health assessment every three years, and updates it annually. St Mary's Medical Center then identifies strategic priorities based on this assessment. A parallel objective of CHW's Community Grants Program is to award grants to nonprofit organizations whose proposals respond to the priorities identified within St Mary's Health Assessments and also respond to the St Mary's Medical Center Community Benefit Plan.
FY 2011	
Goal FY 2011	To provide Community Grants to Non-Profit Services who enhance, support or otherwise extend the impact and effectiveness of our Hospital Community Benefit Plan.
2011 Objective Measure/Indicator of Success	Focus on disproportionate unmet health-related needs; emphasize primary prevention and address underlying causes of health problems; contribute to a seamless continuum of care; build community capacity; and emphasize collaborative governance.
Baseline	San Francisco has cut community programs by over 14% in the last two contract years, leaving many community based agencies desperate for other sources of support to carry out their vital services in the community. A majority of San Francisco non-profit agencies reported donations down in the fiscal year 2011.
Intervention Strategy for Achieving Goal	The annual CHW Community Grants Program is a grant pool of hospital dollars that allows St. Mary's to administer a grant program to local community groups.

<p>Result FY 2011</p>	<p>SMMC awarded \$93,000 Community Grants to 8 organizations:</p> <p>St. Paul of the Shipwreck After School Program \$20,000 The Youth Center/After-School program promotes CHW values by teaching, coaching and mentoring children to develop a holistic healthy lifestyle, do homework with onsite tutors, learn music and arts, thus discovering and developing their God given talents.</p> <p>Arthur Coleman Community Foundation \$ 15,000 The "Get Moving, Get Well, Get-to-the Doctor" program provides vital health education information to African American adults and family members about disease and prevention while stressing the importance of regular primary care, relationship building with health care providers, and engaging in disease prevention through fitness activities and improved nutrition.</p> <p>Irish Immigration Pastoral Center \$5000 The Healthcare Outreach Program educates the young and undocumented Irish immigrant community in SF on the importance of registration with Health San Francisco and the Sr Mary Philippa Clinic. It assists with the registration process.</p> <p>Most Holy Redeemer AIDS Support Group The program provides diverse practical, emotional and spiritual support services to persons struggling with debilitating HIV/AIDS regardless of religious belief, age, race, gender, sexual orientation or disability.</p> <p>San Francisco Senior Center Transitional Care Network(TCN) The Transitional Care Network is a hospital-to-home transitional care service that bridges the gaps between a hospital discharge and a strong recovery. Since 2001, TCN has provided temporary case management, home care assistance, escorts and in-home personal needs for over 500 frail, low income and medically at-risk seniors to secure a safe transition from care facilities to their homes.</p> <p>Shanti Project \$ 10,000 Shanti 's primary goal is to establish and maintain a continuity of care for those HIV positive populations who have had the greatest difficulty in accessing and routinely participating in treatment and care.</p> <p>Self-Help for the Elderly \$15,000 Self Help for the Elderly provides health screening, education and linkages to services for adults 60+ who do not use traditional senior centers, to empower them to make lifestyle choices to maintain their quality of life by maintaining good health along the aging process.</p> <p>Bar Association of SF's Volunteer Legal Services Program \$5,000 Neighborhood-based legal services program addresses legal issues and other underlying issues that are compromising the health and well being of low income residents with a particular emphasis on Bayview Hunters Pt residents.</p>
<p>Hospital's Contribution / Program Expense</p>	<p>The entire grant program cost is completely underwritten by St Mary's Medical Center including administering the selection process.</p>
<p>FY 2012</p>	
<p>Goal 2012</p>	<p>SMMC will completely align their Community Grants Program to the priorities and vital signs selected by the Community Benefit Planning Committee of the SMMC Community Board of Directors. Grants will be given through a competitive application process to agencies that address goals of the prioritized areas.</p>
<p>2012 Objective Measure/Indicator of Success</p>	<p>Success shall be measured by the completion of the competitive awards process and awarding of grants to agencies that support and enhance our institutional community benefit plan.</p>
<p>Baseline</p>	<p>San Francisco non-profit agencies continue to report a reduction in private donations and reduced public funding availability.</p>
<p>Intervention Strategy for Achieving Goal</p>	<p>St Mary's has awarded these grants with the intention of supporting other not-for-profit agencies in the community who are addressing unmet health priorities. Each agency will go about this in its own unique manner – as described in their grant application.</p>
<p>Community Benefit Category</p>	<p>Cash and in-kind donations</p>

ADULT DAY HEALTH: SUBSIDIZED ASSISTANCE FOR PRIVATE & VA SENIORS	
SMMC-SF Hospital CB Priority Areas	<input type="checkbox"/> Increase Physical Activity and Healthy Eating to reduce Chronic Disease <input type="checkbox"/> Improve Healthy Behavior <input type="checkbox"/> Improve Health and Healthcare Access for persons with Disabilities <input type="checkbox"/> Promote Healthy Aging <input type="checkbox"/> Eliminate Health Disparities
Program Emphasis	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care
Link to Community Needs Assessment Vulnerable Population	These services enable individuals to remain independent and avoid premature placement into nursing homes.
Program Description	Assist private-pay and VA frail elders and disabled adults to maximize their independence and capacity for self-care, and provide services including nursing, physical/occupational/speech therapy, recreational, nutritional, and social services. This subsidy does not apply to patients on Medi-Cal
FY 2011	
Goal FY 2011	To reduce use of emergency services, delay use of assisted living and nursing home placement. To provide caregiver respite, support, and information. Educate participants in nutrition and falls prevention. To provide opportunities for socialization, mental stimulation, and appropriate exercises.
2011 Objective Measure/Indicator of Success	Continue to provide basic core services and other optional services like the mobile library, art therapy and nutrition program.
Baseline	Unmonitored chronic health can lead to rapid deterioration of health. Isolation due to health and ambulatory problems and lack of transportation can contribute to a negative view of life and lead to depression and anxiety. Relief of chronic medication and therapies can help maintain a positive outlook on life.
Intervention Strategy for Achieving Goal	Provide an individual plan of care for each participant by the multidisciplinary team
Result FY 2011	1365 encounters of frail and disabled adults' lives were enriched by this service in FY11
Hospital's Contribution / Program Expense	St. Mary's provided a subsidy of \$128,808.
FY 2012	
Goal 2012	To ensure that all participants are referred to other appropriate resources and centers before the closure of the program on November 18 th . To support and motivate staff through the process of closure. To ensure that all medical records are stored according to regulations and equipment is properly transferred to the Hospital. To ensure that all current contracts are terminated and the leased building returned to the city on November 30 th .
2012 Objective Measure/Indicator of Success	Participants and caregivers experience care and help during this period. Staff continues to work with dedication until the closure.
Baseline	State eliminates ADHC programs as an optional MediCal benefit starting December 1st
Intervention Strategy for Achieving Goal	Keep communication open through frequent multidisciplinary meetings to ensure smooth transition of participants; create and follow the timeline and schedule for the closure; staff will keep participants informed of the discharge process and listen to their concerns
Community Benefit Category	Subsidized Health Services

COMMUNITY BENEFIT AND ECONOMIC VALUE

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 Complete Summary - Classified Including Non Community Benefit (Medicare)
 For period from 7/1/2010 through 6/30/2011

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	2,623	1,721,757	0	1,721,757	0.8	0.8
Unpaid Cost of Medicaid	9,821	29,581,791	13,911,827	15,669,964	7.3	7.5
Means-Tested Programs	1,428	4,046,602	0	4,046,602	1.9	1.9
Community Services						
Cash and In-Kind Donations	35,250	633,199	93,448	539,751	0.3	0.3
Community Benefit Operations	8	364,126	0	364,126	0.2	0.2
Community Building Activities	7	2,675	0	2,675	0.0	0.0
Community Health Improvement	5,925	700,501	103,834	596,667	0.3	0.3
Subsidized Health Services	1,236	160,828	0	160,828	0.1	0.1
Totals for Community Services	42,426	1,861,329	197,282	1,664,047	0.8	0.8
Totals for Living in Poverty	56,298	37,211,479	14,109,109	23,102,370	10.8	11.1
<u>Benefits for Broader Community</u>						
Community Services						
Cash and In-Kind Donations	43	26,023	0	26,023	0.0	0.0
Community Benefit Operations	40	418	0	418	0.0	0.0
Community Building Activities	116	12,150	0	12,150	0.0	0.0
Community Health Improvement	11,557	176,145	0	176,145	0.1	0.1
Health Professions Education	18,381	9,526,488	2,484,182	7,042,306	3.3	3.4
Totals for Community Services	30,137	9,741,224	2,484,182	7,257,042	3.4	3.5
Totals for Broader Community	30,137	9,741,224	2,484,182	7,257,042	3.4	3.5
Totals - Community Benefit	86,435	46,952,703	16,593,291	30,359,412	14.2	14.5
Unpaid Cost of Medicare	32,500	86,060,848	67,202,019	18,858,829	8.8	9.0
Totals with Medicare	118,935	133,013,551	83,795,310	49,218,241	22.9	23.6
Totals Including Medicare	118,935	133,013,551	83,795,310	49,218,241	22.9	23.6

The Hospital uses a cost to charge ratio to report charity care costs in our local jurisdiction reports for City and County of SF. **The hospital uses a cost accounting methodology that allocates all indirect cost across all patients seen.**

Non-Quantifiable Benefits

St. Mary's participates actively in the local initiative *Building a Healthier San Francisco*, a citywide collaborative of non-profit hospitals, San Francisco Department of Public Health, McKesson Foundation, San Francisco Foundation, United Way of the Bay Area, and a variety of health organizations and philanthropic foundations. This cooperative effort established in 1994 conducts a Community Health Needs Assessment for San Francisco every three years. Based on the needs assessment, the collaborative has identified ten community vital signs. The Community Health Needs Assessment and the adopted vital signs serve as the basis for setting hospital-specific priorities for strategic planning, program development and for the awarding of CHW Community Grants. These grants assist partner agencies in our service area that administer programs that complement those we are able to provide. This participation and contribution from St. Mary's Medical Center in this collaborative builds capacity within the community based organizations and collaborative partners. We are active participants in the Community Benefit Partnership, the Healthy San Francisco Assessment Committee, and the Healthy SF Vital Sign Working Group. All of our participation in each of these work groups contributes to increasing the capacity of smaller non-profit agencies to leverage support and collaboration from federal, state and local sources.

Telling the Story

St Mary's Medical Center is committed to soliciting feedback and information from the community around it to help develop goals for its plan. St Mary's Medical Center collaborated with all private hospitals and the Department of Public Health to develop, evaluate, and publicize our Community Benefit and Charity Care activities in the following ways:

- ❑ St Mary's Medical Center participated in the Building a Healthy San Francisco Assessment Committee which is charged with accumulating data that informs and directs the selection of key areas of focus in each hospital benefit plan.
- ❑ St Mary's used the data from the website as the basis for their assessment this cycle.
- ❑ St Mary's Medical Center participates annually in the public presentation to the San Francisco Health Commission of our Charity Care and Community Benefit Reports.
- ❑ St Mary's Medical Center has also been a sponsor and steering committee participant for the African American Health Disparity Project and has provided comprehensive information about our hospital benefit plan to the community through advertorials, committee meetings, and shared work groups.
- ❑ St Mary's Grants Program derives its direction from the community benefit plan and also requires all community partners address their applications directly to one of the institutional priorities.
- ❑ The Corporate Office of CHW posts the Community Benefit Report online as does our own Hospital website.
- ❑ The Community Benefit Plan is also submitted to the State of California OSHPD.
- ❑ St Mary's Medical Center will post the entire Community Benefit Plan on the HealthMattersinSF.org website, the official repository of the most recent shared County Health Assessment

St Mary's Medical Center also provides access to and dissemination of the entire Community Benefit Report through the Director of Community Health Services at the Sister Mary Philippa Health Center – the community clinic at St Mary's Medical Center.

For more information about Healthy Matters in San Francisco initiatives and Health Needs Assessment:

<http://www.healthmattersinsf.org/>

To view the Community Benefit Report from St. Mary's

http://www.chwhealth.org/stellent/groups/public/@xinternet_con_sys/documents/webcontent/196207.pdf

Appendix A

St. Mary's Medical Center Community Board of Directors May 2011 Board Members

Miguel Bustos

Senior Program Manager, Americas

Levi Strauss Foundation

8/31/06 – 1st Term

8/31/09 – 2nd Term

8/31/2012 – 3rd Term

- Community Benefit Planning Committee
- Credentialing Committee

Anni Chung

President & CEO

Self-Help for the Elderly

6/30/04 – 1st Term

6/30/07 – 2nd Term

6/30/2010 – 3rd Term

6/30/2013 – 4th Term

- Community Benefit Planning Committee

Pat Coleman

Executive Director

Arthur H. Coleman Medical Center

6/30/09 – 1st Term

6/30/2012 – 2nd Term

- Board Development Committee

Sr. Mary Lois Corporandy, RSM

St. Mary's Medical Center

6/30/04 – 1st Term

6/30/06 – 2nd Term

6/30/2010 – 3rd Term

6/30/2013 – 4th Term

- Strategic Planning Committee

Sr. Cathryn deBack, OP

Resident Manager

St. Rose Corporation dba Rose Court

8/31/09 – 1st Term

8/31/2012 – 2nd Term

- Credentialing Committee

Sandra J. Dratler Ph. D

(Secretary effective June 2011)

University of California

School of Public Health

6/30/2010 – 1st Term

6/30/2013 – 2nd Term

- Strategic Planning Committee Chair

Sr. M. Ellene Egan, RSM, Ed. D

Chair (May 2007)

(Vice-chair effective June 2011)

Faculty Association

FASON Faculty Chair

USFFA Executive Officer

University of San Francisco

School of Nursing

6/30/03 – 1st Term

6/30/06 – 2nd Term

6/30/09 – 3rd Term

6/30/2012 – 4th Term

- Community Benefit Planning Committee
- Credentialing Committee
- Board Development Committee
- Joint Leadership Conference Committee
- Strategic Planning Committee

Heather Fong

Retired San Francisco Police Chief

4/1/11 – 1st Term

Valerie O. Fong
Director
City of Palo Alto, Utilities Department
9/1/2010 – 1st Term

Thomas G. Hennessy
President/CEO
Saint Francis Memorial Hospital
9/30/09 – 1st Term
6/30/2013 – 2nd Term

Jim Illig
Vice Chair (May 2007)
Director of Government Relations
Project Open Hand
6/30/03 – 1st Term
6/30/06 – 2nd Term
6/30/09 – 3rd Term
6/30/2012 – 4th Term

- Foundation Board
- Credentialing Committee
- Community Benefit & Planning Committee
- Board Development Committee
- Joint Leadership Conference Committee

Junona A. Jonas
Secretary (September 2008)
(Chair effective June 2011)
3/31/08 – 1st Term
3/31/2011 – 2nd Term

- Credentialing Committee
- Strategic Planning Committee
- Joint Leadership Conference Committee

Judith F. Karshmer, Ph.D.
Dean & Professor
University of San Francisco
School of Nursing
8/31/09 – 1st Term
8/31/2012 – 2nd Term
Credentialing Committee

Kevin M. Man, M.D.
Gastroenterologist
6/30/03 – 1st Term
6/30/06 – 2nd Term
6/30/09 – 3rd Term
6/30/2012 – 4th Term

- Credentialing Committee
- Board Development Committee

E. Ann Myers, M.D.
Golden Gate Endocrine Specialists
6/30/2010 – 1st Term
6/30/2013 – 2nd Term

John Umekubo, M.D.
Primary Care Physician
6/30/04 – 1st Term
6/30/07 – 2nd Term
6/30/2010 – 3rd Term
6/30/2013 – 4th Term

- Credentialing Committee
- Community Benefit & Planning Committee

Richard Welch, M.D.
Retired Orthopedic Surgeon
6/30/09 – 1st Term
6/30/2012 – 2nd Term

Ex-Officio Board Members

Anna Cheung
Hospital President
St. Mary's Medical Center

Francis Charlton, M.D.
Chief of Medical Staff
St. Mary's Medical Center

Other Invited Guests

Eric Brettner

Vice President
Chief Financial Officer
St. Mary's Medical Center

Brother George Cherrie

Vice President
Mission & Community Services
Community Benefit Planning Committee
St. Mary's Medical Center

Barbara Eusebio, R.N., J.D.

Vice President
Nursing, Chief Nurse Executive
St. Mary's Medical Center

Dennis Morris

Vice President, Chief Operating Officer
St. Mary's Medical Center

Milton Louie, M.D.

Vice President, Medical Affairs
St. Mary's Medical Center

Debbie Kolhede

Vice President, Strategic Planning &
Development
St. Mary's Medical Center

Appendix B

CATHOLIC HEALTHCARE WEST SUMMARY OF PATIENT FINANCIAL ASSISTANCE POLICY (June 2008)

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. The patient or a family member, a 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 has developed 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