

Community Benefit Plan Progress Report, 2011

Based on the Community Benefit Plan 2011 – 2013

Responding to the 2010 Needs Assessment



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Sutter Delta Medical Center Community Benefit Progress Report prepared and submitted by:

Rudeen Monte, M.S.
Director of Community Benefit
Sutter Delta Medical Center, East Bay Region
(925) 382-7593
monterm1@sutterhealth.org

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Sutter Health – Building Healthier Communities and Caring for Those in Need

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Sutter Health:

Building Healthier Communities and Caring for Those in Need

Sutter Delta Medical Center is affiliated with Sutter Health, a not-for-profit network of 48,000 physicians, employees, and volunteers who care for more than 100 Northern California towns and cities. Together, we're creating for a more integrated, seamless and affordable approach to caring for patients.

It's better for patients:

We believe this community-owned, not-for-profit approach to health care best serves our patients and our communities – for multiple reasons. First of all, it's good for patients. According to the *Journal of General Internal Medicine* (April 2000), patients treated at for-profit or government-owned hospitals were two-to-four times more likely to suffer preventable adverse events than patients treated at not-for-profit institutions.

Our stockholders are our communities:

Investor-owned, for-profit health systems have a financial incentive to avoid caring for uninsured and underinsured patients. They also have a financial incentive to avoid hard-to-serve populations and "undesirable" geographic areas such as rural areas. In many Northern California's underserved rural locales, Sutter Health is the only provider of hospital and emergency medical services in the community.

Providing charity care and special programs to communities:

Our communities' support helps us expand services, introduce new programs and improve medical technology. Across our network, every Sutter hospital, physician organization and clinic has a special story to tell about fulfilling vital community needs.

Our Commitment to Community Benefit: Meeting the health care needs of our communities is the cornerstone of Sutter Health's not-for-profit mission. This includes directly serving those who cannot afford to pay for health care and supporting programs and services that help those in financial need.

In 2011, our network of physician organizations, hospitals and other health care providers invested a record \$756 million in benefits to the poor and underserved and the broader community. This includes:

- The cost of providing charity care
- The unpaid costs of participating in Medi-Cal
- Investments in medical research, health education and community-based public benefit programs such as school-based clinics and prenatal care for patients.

Sutter Health now provides \$2.7 million in charity care per week.

Executive Summary

In 2011, Sutter Delta Medical Center contributed to the improvement of community health outcomes through three major activities: access to care through a community clinic, breast cancer and diagnosis, and coaching and classes related to chronic health challenges.

Sutter Delta Community Clinic operates as a drop-in evening clinic for uninsured residents. The Clinic had 4,661 visits. 85% of people who used the clinic avoided using the Emergency Department for non-emergency care.

Save A Life Sister / Every Woman Counts- breast cancer screening, diagnosis and nurse navigation for women of all ages. There were 177 women served by this program.

Coaching and Classes offered at no charge to any resident of East Contra Costa County with diabetes, hypertension, or other heart condition or in need of smoking cessation help. 134 residents participated and 86% avoided emergency room visits and hospitalization.

2011 Community Benefit Value	Sutter East Bay Hospitals
Benefits for the Poor and Underserved	\$105,244,649
Benefits for the Broader Community	\$9,224,855
Total Quantifiable Community Benefit	\$114,469,504

The financial numbers above reflect the community benefit values for Sutter East Bay Hospitals (SEBH), the legal entity that includes Sutter Delta Medical Center and Alta Bates Summit Medical Center.

I. 2011 Progress Report on Community Benefit Plan

The following pages provide a progress report on the community benefit programs and activities conducted during the reporting year at Sutter Delta Medical Center. These programs were created in response to the 2010 Community Needs Assessment – a collaborative report that helps our partners, other health providers, public agencies and leaders identify and prioritize needs as they relate to the health of our communities.

The priority needs Sutter Delta Medical Center are:

1. Access to Care for Uninsured Residents of East Contra Costa County
2. Breast Cancer Screening, Diagnosis, and Support
3. Chronic Health Challenge - Heart Conditions
4. Chronic Health Challenge - Diabetes
5. Chronic Health Challenge - Smoking

For more information about the **2010 Community Needs Assessment**, including quantitative and qualitative data, please visit www.hospitalcouncil.net to see the **Community Health Indicators for Contra Costa County**.

For more information on the **Community Benefit Plan 2011 – 2012** that this progress report pertains to, visit our website at sutterdelta.org.

Priority Need 1: Access to Care through Sutter Delta Community Clinic

Link to Community Needs Assessment	East County residents without health coverage either utilize emergency rooms for non-emergency care or wait until emergency care becomes necessary. In 2011 there were over 5,000 visits by uninsured persons to SDMC Emergency Department for non-emergency care.
Program Description	Sutter Delta Community Clinic provides drop-in urgent care for all uninsured East County residents six evenings a week.
Goals and Objectives	The Clinic will serve at least 4,000 individuals through at least 5,600 visits by East County residents with urgent care needs.
Strategy	By offering drop-in urgent care, the Clinic improves access to care and reduces utilization of the ED.
Baseline Information	Over the past few years the number of uninsured persons has grown and access has decreased. Those who do use the ED have difficulty getting timely appointments for follow-up care with La Clinica or the County.
Affiliate's Contribution or Program Expense	The value of this service was \$330,307.
Results	In 2011, the Clinic served 3442 individuals and had a total of 4661 visits. Once connected to the Clinic, individuals did not return to SDMC's Emergency Department for non-emergency care. In 2011, using a random sample of 400 Clinic patients from the date of each patient's first visit to the Clinic in 2011 to December 31, 2011, 85% of patients avoided the ED for non-emergency care.
Amendment to Community Benefit Plan	In 2011, the Clinic saw fewer patients than in the past few years and did not achieve the volume goal. There will be no change in the goals or Clinic operations. Rather, the Clinic will strengthen its referral process so that uninsured ED patients are referred for follow up at the Clinic. Furthermore, SDMC is exploring ways to increase the use of the Clinic to assist more persons with diabetes, hypertension, and asthma as these conditions make up a significant number of ED visits.

Priority Need 2: Breast Cancer Screening , Diagnosis and Support

Link to Community Needs Assessment	The death rate to breast cancer in East County is higher than the acceptable level defined by Healthy People 2020.
Program Description	Save A Life Sister provides breast cancer screening and diagnostic services for all adult residents of East Contra Costa County who due to low income and/or health coverage do not have access to these services. If cancer is found, a Nurse Navigator links the woman to treatment services. Education and support services are also offered.
Goals and Objectives	<ol style="list-style-type: none"> 1. SALS will serve 200 individuals per year through clinical breast exams and, as indicated, screening and diagnostic services. 2. Services will be provided proportionate to the ethnic distribution of the population.
Strategy	A continuum of care has been established in collaboration with other clinics and hospitals serving East County so that all individuals receive appropriate and timely care. In 2011, SDMC and its partners increased outreach to African American women who are at a higher risk for breast cancer and who have not been as likely to get screened.
Baseline Information	In East County the death rate to breast cancer, especially for African American women, is higher than is acceptable when compared with Healthy People 2020.
Affiliate’s Contribution or Program Expense	The total contribution by SDMC was over \$60,000.
Results	The program served 177 women. Although this total is fewer than anticipated, the reason for the decrease is that another hospital has begun to accept more women into their program. SDMC provided more than twice as many biopsies as prior years: 12 biopsies and five cancers found. The program served fewer African American women than it hoped to. However, outreach efforts did contribute to an increase in the number of African American women who received mammography at SDMC.
Amendment to Community Benefit Plan	With another resource now available locally, SDMC anticipates serving 150 to 175 individuals in 2012. To increase the number of African American women being screened, SDMC is placing the Nurse Navigator in Pittsburg one evening a week where residents may drop by with health questions regarding cancer as well as other topics.

Priority Need 3: Chronic Health Challenge - Heart Health

Link to Community Needs Assessment	The prevalence of hypertension, stroke and other heart conditions is higher in East County than in other communities and the death rate is higher than considered acceptable by Healthy People 2020.
Program Description	Healthy Hearts offers free individual coaching and group classes to any adult resident of East County. Family education is also offered.
Goals and Objectives	<p>Outcome: East County adults with hypertension and other heart conditions will experience optimal health. Measures: People who have been hospitalized or used the ED for a condition related to hypertension or other heart condition will avoid hospitalization and the ED after participating in the Healthy Hearts program. Overall rates of people with hypertension as a primary or secondary diagnosis using the ED will decline.</p> <ol style="list-style-type: none"> 1. At least 500 adults who have been patients of SDMC will be offered coaching and classes as part of the discharge plan. Of those, 100 individuals will participate in the Healthy Hearts program. 2. 100% of adults who have used Sutter Delta Community Clinic (for uninsured people) will be offered the Healthy Hearts Program. Of those 50% of individuals will complete at least four classes or coaching sessions. 3. Family members of at least 100 patients will participate in at least one family education session related to CHF, hypertension or other heart condition.
Strategy	All patients are referred to coaching and classes and an electronic referral alerts community benefit staff who make contact with the patient. Brochures were distributed at health fairs, through churches and service organizations, and other community locations. Classes are offered continuously and drop-ins are welcome.
Baseline Information	At Sutter Delta in 2010, 71% (3,779) of admissions from the Emergency Department to the hospital required telemetry monitoring. A study of ED utilization from April through July 2009 found almost 200 patients with hypertension and/or congestive heart failure who had neither private nor government health coverage.
Affiliate's Contribution or Program Expense	SDMC contributed \$10,685 to support the Healthy Hearts program.
Results	In 2011, there was an interruption to the program which meant that we only served 42 rather than 100 individuals. Of these only 84% avoided the ED for conditions related to hypertension or the heart.
Amendment to Community Benefit Plan	In order to identify the highest risk individuals, staff conducted a study of all patients who visited the ED with hypertension as a primary or secondary diagnosis and now contacts those patients to encourage them to participate in Healthy Hearts. Because Pittsburg has a high incidence of hypertension, heart disease, and stroke, SDMC has placed a resource nurse there once a week so that people may drop by to get blood pressure checked and discuss any concerns. The Healthy Hearts program will continue on the SDMC campus as well. The family education program is under development.

Priority Need 4: Chronic Health Challenges - Diabetes

Link to Community Needs Assessment	The death rate to diabetes in Antioch (35) and Pittsburg (39) are much higher than the rate for County overall (18). Diabetes is more prevalent among African Americans than other groups. In Brentwood, the aging population is at a higher risk of diabetes and related health problems.
Program Description	SDMC offers free individual coaching and group classes to any adult diabetic resident of East County. Family and friends are encouraged to attend.
Goals and Objectives	<p>Outcome: East County adult diabetics will experience optimal health. Measures: Adult diabetics who have been hospitalized or used the ED for a condition related to diabetes will avoid hospitalization and the ED after participating in the diabetes program. Overall rates of people with diabetes as a primary or secondary diagnosis using the ED will decline.</p> <ol style="list-style-type: none"> 1. At least 500 adults who have been patients of SDMC who meet the criteria will be offered coaching and classes as part of the discharge plan. Of those, 100 individuals will participate coaching and/or classes related to diabetes management. 2. 100% of adults who have used Sutter Delta Clinic (for uninsured people) will be offered coaching and classes. Of those 50% of individuals will complete at least four classes or coaching sessions.
Strategy	All patients are referred to coaching and classes and an electronic referral alerts community benefit staff who make contact with the patient. Brochures were distributed at health fairs, through churches and service organizations, and other community locations. Classes are offered continuously and drop-ins are welcome.
Baseline Information	In 2007 a snapshot of all SDMC hospitalized patients showed that almost a quarter had diabetes. In 2010, it was one-third.
Affiliate's Contribution or Program Expense	SDMC contributed \$14,631 to support the Diabetes program.
Results	In 2011, there was an interruption to the service so it fell short of its goal. However, 41 did participate and among this group. 86% avoided the ED for conditions related to diabetes.
Amendment to Community Benefit Plan	In order to identify the highest risk individuals, staff conducted a study of all patients who visited the ED with diabetes as a primary or secondary diagnosis and now contacts those patients to encourage them to participate in the Diabetes program. In 2012, the program has expanded to be offered at three locations in order to address the specific needs of local populations. In Pittsburg, SDMC has partnered with the Chamber of Commerce, Los Medanos Community Healthcare District, and Walgreens and has placed a resource nurse there once a week so that people may drop by to discuss concerns or receive coaching or attend the Diabetes class. In Brentwood, SDMC has partnered with Walgreens and REI to provide a class for older adults; and with John Muir Hospital to provide a class to the younger Spanish speaking community. The class held at SDMC will continue as well.

Priority Need 5: Chronic Health Challenges: Smoking

Link to Community Needs Assessment	Not only does smoking contribute to heart disease, it has contributed to lung cancer being the third most commonly diagnosed cancer in the County with Antioch having one of the highest number and death rates of lung cancer in the County. The prevalence of current smoking in Contra Costa County was 10.7% among adults and 14.5% among people 15–17 years of age.
Program Description	A free smoking cessation class is offered for any adult resident of East County. SDMC makes a facilitator available for six weeks for any youth program.
Goals and Objectives	<p>Outcome: Adults overcome tobacco addiction. Measure: The ED has a decrease in the number of patients who smoke.</p> <ol style="list-style-type: none"> 1. At least 50 adults will complete at least four sessions of the Smoking Cessation Class. 2. At least 20 teenagers will complete at least four sessions of the class integrated into an existing support group for teens.
Strategy	A free Smoking Cessation Class is offered at SDMC. It runs continuously and accepts drop-ins. Outreach to teen programs provides opportunities for facilitators to assist those youth.
Baseline Information	The prevalence of smoking in Contra Costa County was 10.7% among adults and 14.5% among people 15-17 years of age. In 2012, SDMC will identify the number of patients who smoke.
Affiliate’s Contribution or Program Expense	SDMC contributed \$13,727 to support Smoking Cessation classes.
Results	In 2011, 51 adults participated in the Smoking Cessation class. The success rate for this class is 30% stop smoking and maintain smoke-free status for three months at the completion of the class. In 2011 no youth program accepted our offer of facilitation within existing programs.
Amendment to Community Benefit Plan	In 2012 we will establish a system for identifying all patients who smoke and make follow-up contact. We will also increase outreach to physicians and youth groups.

II. 2011 Community Benefit Values

Sutter Health affiliates and many other health care systems around the country voluntarily subscribe to a common definition of community benefit developed by the Catholic Health Association. Community benefits are programs or activities that provide treatment and/or promote health and healing as a response to community needs.

The community benefit value for Sutter Delta Medical Center is calculated in two categories: **Benefits for the Poor and Underserved** and **Benefits for the Broader Community**. Below are definitions for each community benefit activity:

Benefits to the Poor and Underserved

- **Traditional Charity Care** – Free or discounted health care services provided to the uninsured and underinsured populations.
- **Unreimbursed Cost to Medi-Cal** – The “shortfall” created when the facility receives payment below the costs of treating public beneficiaries.

Benefits for the Broader Community

- **Non-Billed Services** – Activities with no individual patient bill, therefore no deduction from revenue is shown in the traditional statement of revenues and expenses.
- **Cash Donations and In-Kind Donations** – Dollars and other items such as staff time and supplies donated by a facility to a community-based program or agency.
- **Education & Research** – All community, patient, and medical education such as community lectures, nursing student rotations and physician/clinician training.

Community Benefit Summary 2011

Sutter Health East Bay Hospitals

Benefits for the Poor and Underserved	Community Benefit
Traditional Charity Care	\$21,423,441
Unpaid costs of public programs:	
Medi-Cal	\$78,790,864
Other public programs	\$43,259
Other Benefits for the Poor and Underserved	\$4,987,085
Total Quantifiable Benefits for the Poor and Underserved	\$105,244,649

Benefits for the Broader Community	Community Benefit
Nonbilled Services	\$3,866,493
Education and Research	\$3,113,202
Cash and in-kind donations	\$2,021,233
Other Community Benefits	\$223,927
Total Quantifiable Benefits for the Broader Community	\$9,224,855

The financial information above reflects the community benefit values for Sutter Health East Bay Hospitals. This includes the total benefits for the poor and underserved and broader community for the following hospitals:

- *Sutter Delta Medical Center*
- *Alta Bates Summit Medical Center*

For further detail regarding the community benefit values for Sutter Delta Medical Center specifically, please contact Rudeen Monte at (916) 382-7593 or monterm1@sutterhealth.org.

III. 2011 List of Community Partners

At times, Sutter Delta Medical Center community benefit efforts may involve investing in partnerships that fundamentally improve community health. In doing so, we acknowledge that our role goes beyond providing care or a service to supporting those organizations that have shown measurable impact in meeting an identified community need.

We are proud to support the following community organizations as we work collaboratively to help create healthier communities.

Los Medanos Community College Nursing Program
Center for Human Development
Cancer Support Community
Food Bank of Contra Costa County
Antioch High School
Deer Valley High School