



**Mercy Medical Center Mt. Shasta**

**Community Benefit Report FY2012**

**Community Benefit Implementation Plan FY2013**

A message from Kenneth E.S. Platou, President, and Karen Teuscher, Board Chair

At Mercy Medical Center Mt. Shasta we share a commitment to optimize the health of the community we are privileged to serve. Vital to this effort is the collaboration we enjoy with our community partners. How we contribute to the quality of life and the environment in our communities has always been a key measure of our success and it will continue to be so as we move forward.

In January 2012 Dignity Health, formerly Catholic Healthcare West, announced changes in our governance structure and name that will better position the system to welcome new partners in a changing health care landscape. The new name, Dignity Health, was chosen because dignity has been one of our core values since our founding. It is deeply embedded in our culture and clearly describes who we are and what we stand for. Our new governance structure more accurately reflects our current composition of both religiously sponsored and community sponsored hospitals.

During fiscal year 2012 we, like the nation, were impacted by the continuing economic downturn and experienced both successes and challenges. Despite declining revenue from government sponsored patients, we provided \$6,008,958 in charity care, community benefits, and unreimbursed patient care.

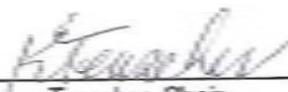
At Mercy Mt. Shasta we strive to manage our resources and advance our healing ministry in a manner that benefits the common good now and in the future. Despite today's challenges we see this as time of great hope and opportunity for the future of health care. We want to acknowledge and thank the women and men who have worked together in a spirit of collaboration to address the health priorities of our community through health and wellness programs and services.

In accordance with policy the Dignity Health North State Service Area Board of Directors has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 11, 2012 meeting.



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Kenneth E.S. Platou, President  
Mercy Medical Center Mt. Shasta



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Karen Teuscher, Chair  
North State Service Area Community Board

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## EXECUTIVE SUMMARY

Mercy Medical Center Mt. Shasta (MMCMS) is a member facility of Dignity Health, formerly Catholic Healthcare West (CHW), <sup>1</sup>a not-for-profit network of hospitals and health services providing an extensive continuum of care in California, Arizona and Nevada.

MMCMS is designated as a 25-bed Critical Access hospital and one of three medical centers comprising the Dignity Health North State Service Area, along with Mercy Medical Center Redding and St. Elizabeth Community Hospital in Red Bluff. The facility has 25 licensed beds and a campus that is 14 acres in size. MMCMS has a staff of 270, an active medical staff of 44 local professionals, and over 80 dedicated volunteers. In addition to our acute care hospital, MMCMS also operates a Rural Health Clinic (Mercy Mt. Shasta Community Clinic). In June 2012 MMCMS opened its second Community Clinic in the community of Lake Shastina (Mercy Lake Shastina Community Clinic).

MMCMS provides a full range of health care services and programs that contribute to the physical, psychological, social and spiritual well being of area residents and visitors of Siskiyou County. By combining a strong sense of caring with sophisticated medical technology, MMCMS has earned a reputation as a quality health service institution, and consistently wins corporate, state and national awards for excellence in patient care services and satisfaction. Major programs include orthopedics, intensive care, diagnostic medicine, women's imaging, emergency medicine and a pulmonary rehabilitation program.

In response to identified unmet health-related needs in the 2011 community needs assessment, during FY12 MMCMS focused on increasing access to health care for the broader and underserved disadvantaged members of the surrounding community. Major Community Benefit activities for FY12 focused on increased programming, coalition building within our primary and secondary service area and health education for those with disproportionate unmet health related needs.

**Health education** was selected as a priority to address prevention of disease, to empower community *members* to assume responsibility for their health, and to educate people about various medical conditions and the ability they have to make wise choices. Presentation topics included COPD (Chronic Obstructive Pulmonary Disease) /pneumonia, nutrition and heart health, and orthopedic health. Health screenings including, colorectal cancer, children's oral health, spirometry, blood pressure, cholesterol, blood glucose checks and skin cancer were provided at several venues over the course of the year. Locations included: Senior Health Fairs, Siskiyou Golden Fair, Community College Health Fairs and our local Family Resource Centers.

MMCMS continues to focus efforts toward **Diabetes Prevention and Management**. The goal of our program was to demonstrate a 5% decrease in readmission of the participants in the hospital's preventive health intervention by 2010. While this goal has been met, we continue our successful program by partnering with the McCloud Healthcare Clinic and the Mt. Shasta Family Resource Center. The McCloud Clinic program offers lectures that present ideas on lifestyle modification, such as diet and exercise, diabetes prevention activities (walking groups, yoga classes etc.) and education regarding managing diabetes. The Mt. Shasta Family Resource Center offers a diabetes support group that meets monthly offering participants the latest diabetes information, education and healthy cooking classes.

The **Childbirth Preparation Class** provided education to mothers and their partners regarding prenatal preparation, child birth and labor/ pain management education. A committee was formed this year made up of new mothers that recently participated in the preparation class. OB RN's and marketing staff reviewed

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<sup>1</sup> For more information on the name change, please visit [www.dignityhealth.org](http://www.dignityhealth.org)

curriculum and updated as necessary. A thorough review was completed and new resources have been purchased and implemented into this robust coursework. Our new mothers also benefit from our lactation counseling services at the Mercy Mt. Shasta Community Clinic.

Mercy Mt. Shasta's Auxiliary continues to enhance access to care by providing free **Transportation Services** for residents of Siskiyou County who have absolutely no other means of getting to physician appointments (for physicians on our active medical staff), for cancer treatments, imaging tests, etc. In FY12, 1101 individuals were transported to their medical appointments, with a total of 33,712 miles traveled, and 2091 gallons of gas consumed. Through participation on the County's Sub-Committee on Aging and the Siskiyou Health Partnership, lack of transportation continuously emerges as a crucial issue in this rural county.

Our **Financial Counselors** provide MMCMS patients with assistance in addressing their medical insurance coverage and the Dignity Health/MMCMS billing process. For those patients who do not have health insurance coverage, Financial Counselors help find government or private programs that may be able to provide assistance. For those patients who are eligible for government-sponsored health insurance programs, our Counselors assist in the application process. Many of these programs can provide access to healthcare and other vital social services for the patient and the patient's family members. For those who do not have health insurance and do not qualify for a government-sponsored insurance program, our Financial Counselors are here to help. Depending on each individual's income level and circumstances, MMCMS may be able to enroll these individual in Dignity Health Payment Assistance programs to provide discounted or free services. Our Financial Counselors assist new moms who have Medi-Cal coverage by submitting information for their newborns, so they will be immediately enrolled. During FY12, MMCMS's three Patient Financial Counselors assisted 900 individuals in applying for Medi-Cal coverage and charity care.

Throughout FY12, MMCMS promoted its **"Patient Financial Counseling Service"** in area newspapers, on bulletin boards, and in flyers distributed throughout the facility. As indicated above, our Patient Financial Services (PFS) staff is available to assist patients who don't have health insurance in applying for public health coverage programs and appropriate assistance plans; moreover, they assist patients who have health insurance coverage but may be concerned or confused about their actual coverage, deductibles, paperwork, etc. These insurance programs/plans can provide increased access to healthcare services and other vital social services needed by the patients and/or their family. Over 4,000 individuals accessed the services provided by the Patient Financial Counselors.

**"Growing thru Grief"** community program provides support to individuals who are dealing with the death or grave illness of a loved one. This 6-week program is provided as a free community service twice per year and is facilitated by a member of our Hospice team. The MMCMS sponsored **"Circles of Healing"** weekend retreats focus on providing support for those whose lives have been touched by cancer or chronic illness. A fall retreat was held this year with 15 participants attending the session.

MMCMS's FY2012 Community Benefit Report and FY2013 Community Benefit Plan document our commitment to the health and improved quality of life in our community.

## MISSION STATEMENT

We 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

As a member of Dignity Health, Mercy Medical Center Mt. Shasta (MMCMS) is committed to providing quality services, which respond to the healthcare-related needs of the communities it serves. In the spirit of the Scriptures and the Sisters of Mercy tradition, we dedicate ourselves to a Christian-oriented response that embraces physiological, psychological, and spiritual healing, as well as promotion of health.

Mercy Mt. Shasta has a further commitment to develop excellent health care in a fiscally responsible manner, while recognizing our commitment as the area's acute care health facility for the financially indigent. Our health care community appreciates the wisdom of collaboration while reaching out to satisfy current health care needs.

As a non-profit health ministry, we reinvest any income in excess of expenses into our operations to support medical services that are needed in our community. We reinvest in the medical center by acquiring new technology and by providing and supporting community endeavors with others who want to make the southern Siskiyou County area a healthier place to live and work.

The governing bodies of the North State Service Area in addition to our local Community Advisory Council and the MMCMS Senior Leadership Team are all directly involved in the community benefit planning and prioritization process. The Dignity Health North State Board of Directors is composed of individuals who represent Mercy Mt. Shasta, Mercy Medical Center Redding and St. Elizabeth Hospital in Red Bluff. This Board has overall responsibility for these three facilities' Community Benefit activities and gives final approval to their annual Community Benefit Report and Plan.

The Mercy Mt. Shasta's Community Advisory Council (CAC) is composed of local individuals who represent a cross-section of vocations and constituencies based in southern Siskiyou County. A roster of members is included in the Appendix of this report for reference. These individuals provide strong guidance in the prioritization of community benefit plans and activities/services, and their unique insights help ensure our effectiveness in meeting the needs of the community. CAC members are not involved in budgeting or determining the continuation or termination of Community Benefit initiatives; rather, their role is to provide input regarding the identification, implementation and effectiveness of Community Benefit initiatives.

CAC members openly share their feedback about their perceptions regarding MMCMS, its services and programs. Their interest in assisting MMCMS in better meeting the needs of the communities it serves is evident through the many vigorous discussions held during these meetings. Every three years, at the completion of the Community Needs Assessment the findings are presented to the CAC. These individuals then review the information and provide verbal and/or written ranking of key community benefit initiatives. Their input in establishing these key initiatives is highly valued; and when combined with the MMCMS six - member Senior Management Team input, final Community Benefit initiatives are determined. These initiatives are in turn interwoven into the strategic planning focus for MMCMS for the coming year(s).

MMCMS provides community benefits programs, services and activities that are difficult (sometimes impossible) to measure. These sometimes “non-quantifiable” community benefits are provided to enhance the general health and well-being of the communities we serve.

- Support College of the Siskiyous vocational nursing programs and community programs with in-kind contribution of both supplies and funding in addition to mentoring student nurses.
- CNE is an active board member of the Rural Health Sciences Institute at College of The Siskiyous.
- MMCMS Hospice – Light-Up a Life Christmas event which brings our community together to remember and honor those who have gone before us.
- Several employees of MMCMS are active members of the Mt. Shasta Rotary Club. We also provide speakers, sponsor programs via “donation in kind” publicity, participation in events.
- The MMCMS Lab sponsors a robust Blood Bank donor program.
- The MMCMS Nutrition Services Department sponsors a Meal Donation program. Nutrition Services staff boxes up and freezes individual servings of surplus meals. These meals are then distributed at no cost to the local Senior Nutrition Program, Hospice, and community members in need.
- MMCMS sponsors the Mountain Runners Mt. Shasta’s annual Fourth of July Run/Walk in which over 6,000 residents and visitors participate.
- Participate as members of the local Chamber of Commerce (Weed, McCloud, and Dunsmuir & Mt. Shasta) in events/programs for community enhancement.
- Provided transportation service to more than 1101 area residents for healthcare related issues (MD appointments, lab, physical therapy, cancer treatments, etc.) thereby enhancing access to care.
- Provide a Physician Directory Service to assist area residents/visitors in finding a physician who best meets their needs. This free service serves as a resource for community members and enhances access to healthcare services. In FY13 these calls will be routed to a regional call center to enhance tracking and appropriate referrals.
- Provided the broader community with various healthcare-related support groups, classes and programs, including:
  - Bereavement Support Groups
  - Quarterly Health Talks in Lake Shastina and Mt. Shasta
  - Childbirth classes throughout the year
  - Free Glucose/Cholesterol Screens in Primary Service Area Communities
  - Safe Sitter Babysitting certification classes

By working collaboratively with other area organizations, MMCMS provides leadership and advocacy, assists with local capacity building, and participates in community-wide health planning. Examples include (but are not limited to) the following:

- Support of many environmental “green projects” including recycling aluminum, tin, glass, newspapers, batteries, plastic and cardboard. In FY12 we recycled approximately 29% of our total waste. With these efforts it is estimated that MMCMS has kept 28.5 tons of recyclable products out of the landfill. In FY12 alone, 96,996 pounds of products were recycled.
- Active Board member of the Siskiyou Health Partnership. The partnerships objective is to promote coordination among, and innovation in, activities that enhance the well being of the people of Siskiyou County.
- Our successful Financial Peace University had another stellar year. This program which was developed by Dave Ramsey and facilitated by Mercy staff member Pastor Ray Horst, teaches participants how to communicate with their spouse about money, put together a spending plan, and completely eliminate debt as well as understanding investments and insurance. In FY12 alone, the 42 individuals completing the program paid off \$190,929.00 of debt and saved over \$83,000 in just thirteen weeks.

## COMMUNITY

Dignity Health hospitals define the community as the geographic area served by the hospital, considered its primary service area. This is based on a percentage of hospital discharges and is also used in various other departments of the system and hospital, including strategy and planning.

Mercy Medical Center Mt. Shasta (MMCMS) serves a primary service area (PSA) comprised mostly of zip codes in Southern Siskiyou County. Portions of Siskiyou County are federally designated Medically Underserved Areas (MUA). The following data represents the MMCMS primary service area.

- Population: 32,488
- Diversity: Caucasian 81.2% | Hispanic 9.2% | Asian 1.6% | African American 1.4% | Other 6.6%
- Average Income: \$49,934
- Uninsured: 30.78%
- Unemployment: 6.2%
- No HS Diploma: 11.5%
- Renters: 29.1%
- CNI Score: 3.9
- Medicaid Patients: 16.83%
- Other Area Hospitals: Fairchild Medical Center

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All of the communities in our primary service area are considered to have disproportionate unmet health care needs. In fact, the median CNI score for our primary service area is 3.9% indicating a high level of need. The most current CNI map can be found in the appendix of this report. This is a major challenge for us as we plan and implement our community benefit programs and services. It is imperative that we provide a leadership role in building local capacity with our community partners in our efforts to create healthy communities.

We are fortunate to have strong partnerships with other organizations that respond to the health needs of our community. Community-based collaborations were a priority for MMCMS in 2012, and will continue to drive community benefit efforts in the future. Major partners include Siskiyou Health Partnership, College of The Siskiyous, Siskiyou County Public Health, Family Resource Centers, McCloud Healthcare Clinic, Mercy Mt. Shasta and Lake Shastina Community Clinics, and Fairchild Medical Center in Yreka.

# COMMUNITY BENEFIT PLANNING PROCESS

## COMMUNITY HEALTH NEEDS ASSESSMENT PROCESS

Mercy Medical Center Mt. Shasta is committed to involving the residents of Southern Siskiyou County in a Community Needs Assessment Survey process every three years in fulfillment of California law for non-profit healthcare organizations. Our primary service area is the focus of the survey.

For the most recent assessment, in an attempt to be more fiscally responsible, the decision was made at the regional level to complete the health assessment internally rather than contracting the assessment with a private party as was done in previous years. In order to achieve this, we partnered with Simpson College Aspire Nursing Program Students who developed the survey instrument and a California State University, Chico Health Administration Intern who compiled primary and secondary data in addition to documenting the results.

The Community Needs Assessment process provides MMCMS with current, real-time information to use to better align the facility's budget and strategic goals. Progress toward meeting these goals is monitored throughout the year.

We looked to our community partners to represent their respective communities in the survey process. The following partners assisted us in conducting the needs assessment:

- **Mercy Medical Center Community Advisory Council** - This group of active community members represent all of the communities in our primary service area. They completed the survey in addition to identifying priorities once the data was compiled.
- **Siskiyou Health Partnership** – This group of health care professionals completed the survey and assisted in gathering surveys from their constituents.
- **Siskiyou County Community Resource Centers** – Assisted in gathering completed surveys from their clients in the various Resource Centers located in the communities that make up our primary service area.

To get the best insights into the communities MMCMS serves, two methods were used in conducting our 2011 Community Needs Assessment:

1. Hard copy and on-line surveys were developed and completed by local representatives in the communities we serve. Surveys were available in local clinics, community resource centers and at our hospital. Flyers, radio advertising, and local print were utilized to inform the public and ask for cooperation in completing the surveys.
2. Two community presentations were also held among representatives working in the community health arena. These medical professionals and community leaders allowed us to gather qualitative input from participants regarding their opinions and perceptions of health needs of the residents in Siskiyou County. Both of these focus groups were well attended.

In addition, a variety of existing (secondary) data sources were used, including public health morbidity and mortality statistics in the 2011 Community Needs Assessment.

Mercy Medical Center Mt. Shasta carefully considered how to identify and prioritize various community benefit initiatives. Once the unmet health needs were identified (through the CHNA), they were presented to the Hospital Advisory Council. After each Advisory Council member selected a priority health concern discussion ensued to select the priorities that should be the Community Benefit focus for the next three fiscal years.

Based on input from its Advisory Council, over the next three fiscal years Mercy Mt Shasta will:

- Develop interventions to address increasing physical activity and fitness; improve nutrition and help local community members from becoming overweight and to optimize their fitness;
- Increase preventative health screenings (including cancer screenings);
- Use the following areas as criteria to accept submissions for funding from the Dignity Health community grant program: Childhood Obesity Programs & Classes, Heart Health Program; Diabetes Programs, Cancer Programs & Classes.
- Consider funding requests from its community benefit donation program that align with the identified health priorities established in the 2011 Community Health Assessment.

The results of the 2011 Community Needs Assessment were very similar to the results found in the 2007 assessment. This finding further supports our work in relation to community health and the fact that it takes concerted effort and time to change the behaviors of a community.

The following health priorities represent recommended areas of intervention through our 2011 Community Needs Assessment process and the guidelines set forth in *Healthy People 2020*. From these data, opportunities for health improvement exist; however, focus on one or more of these issues is subject to the discretion of the facility as to “actionability” and priority.

The top seven individual health concerns identified in the survey include

- Aging problems (Arthritis, vision & hearing problems, lack of mobility)
- Cancer
- Mental Health
- Diabetes
- Heart Disease/Stroke
- Dental Problems
- Obesity

The perceived top seven behavioral health risks in our primary service area include

- Drug Abuse
- Alcohol Abuse
- Being Overweight
- Poor Eating Habits
- Lack of Exercise
- Tobacco Use
- All of the above

In addition to the identified chronic disease issues found in the assessment results, healthcare access continues to be an issue most especially for the low-income residents of Siskiyou County.

While the health needs and risks of substance abuse, homelessness and mental health were also identified in the Community Health Assessment, they were determined to be beyond the scope of our Critical Access hospital and we lacked the ability and resources to effect sustainable change.

A formal community asset assessment has not been conducted at this time; however it may be addressed in the future within the parameters of our collaboration with the Siskiyou Health Partnership. MMCMS remains committed to developing programs and services not only based on the outcomes from the Community Health

Assessment but also focused on the most vulnerable populations in our PSA. The intent of our community clinic strategy and community benefit initiatives is to bring affordable low/no cost health care to the rural communities of Southern Siskiyou County. With this combination we hope to have a sustainable impact on controlling the growth of community health care costs.

**Planning for the Uninsured/Underinsured Patient Population**

Mercy Medical Center Mt. Shasta is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured. Currently, 30.78% of our PSA is uninsured, followed by 19.12% who are enrolled in the Medicare program and 16.83% enrolled in Medi-Cal. MMCMS ensures that any planning for the uninsured or under-insured population is in accordance with the Dignity Health financial assistance/charity care policy (attached in appendix of this report).

Information about patient financial assistance is available from Dignity Health, including a toll free contact number. Information is also disseminated by the Dignity Health 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 within the facility.

# Plan Report and Update Including Measurable Objectives and Timeframes

Community Benefit Programs are developed in response to the current Community Health Assessment and are guided by the following core principles.

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

Listed below are key areas for community benefit programs that were operated or substantially supported by Mercy Medical Center Mt. Shasta in FY12.

## **Initiative 1: Cancer Prevention and Education & Support**

- Siskiyou Golden Fair Skin Cancer Screens
- Circles of Healing Retreat
- Local advertising for cancer prevention & education
- Partnered with Siskiyou Health Partnership with colorectal cancer screens

## **Initiative 2: Diabetes Prevention and Management**

- Partner with McCloud Healthcare Clinic Diabetes Prevention/Management Program
- Nurse Diabetic Educator in MMCMS Community Clinic
- Individualized Nutritional Counseling Program with MMCMS Registered Dietitian
- Senior Health Fair (north and south Siskiyou county)
- Community Glucose Screen Events
- Educational Health Talks – Lake Shastina/Mt. Shasta

## **Initiative 3: Heart Disease Awareness Campaign:**

- Heart Check Program
- Hearts & Hope Tea
- Health Tips in local newspapers
- Sponsorship of two Life Line screening events

## **Initiative 4: Childhood Obesity & Healthy Living**

- Garden Project with local Elementary Schools
- MMCMS Staff presentations in local schools
- Oral Health Dental Van
- Community grant support for Mt. Shasta Gymnastics
- Weed Family Resource Center Summer Day Camp
- Funding donated to Hoy Park for children's playground equipment

**Initiative 5: Scholarships for Health Professions Education**

- College of the Siskiyous – Sponsor scholarship opportunities for Advanced Nursing
- MMCMS and Mercy Auxiliary both offer scholarship opportunities to graduating high school seniors and continuing education students that are pursuing a healthcare related major.

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Dignity Health (formerly 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

<b>Cancer Programs &amp; Services</b>	
<b>Hospital CB Priority Areas</b>	<input checked="" type="checkbox"/> Cancer Programs & Services <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Diabetes Prevention & Management <input type="checkbox"/> Heart Disease Awareness <input type="checkbox"/> Childhood Obesity & Health Living
<b>Program Emphasis</b>	<input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input checked="" type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Broader Community, Increase Access to Care, Increase Awareness/Knowledge
<b>Program Description</b>	Provide comprehensive education and screening programs to increase awareness to identify cancer at its earliest stage for successful treatment regarding skin, breast, and colon cancer as well as invest resources in increasing awareness of signs of listed cancer conditions.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	Improve community awareness and opportunity to detect cancer at its earliest stages.
<b>2012 Objective Measure/Indicator of Success</b>	Develop comprehensive educational opportunities and screening programs to help identify cancer in its earliest stages.  Provide support group and grief counseling activities for both patients and caregivers.
<b>Baseline</b>	Cancer continues to be one of the top eight health concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
<b>Intervention Strategy for Achieving Goal</b>	1. Develop and promote external educational and screening events  2. Collaborate with local not for profit organizations to provide screenings in DUHN communities
<b>Result FY 2012</b>	1. Develop and promoted external educational and screening events. <ul style="list-style-type: none"> <li>o Newspaper, radio, and print advertising regarding programs and services.</li> <li>o Provided 95 free skin cancer screens and distributed educational materials at annual Fair</li> <li>o Hosted two six-week "Growing thru Grief" support group sessions (average attendance 17)</li> <li>o Provided 29 free mammograms and breast ultrasounds for low income women.</li> <li>o Sponsored Circles of Healing weekend retreat for cancer patients</li> <li>o Sponsored local climber in the Breast Cancer Fund Mt. Shasta climb event which raised over \$13,000 for free breast services in Siskiyou County.</li> </ul> 2. Collaborate with local not for profit organizations to provide screenings in DUHN communities Coordinated colon cancer screenings with Siskiyou County Public Health and the Siskiyou Health Partnership screenings were held at local RHC locations.
<b>Hospital's Contribution / Program Expense</b>	<b>\$8,610 Total</b> \$5,000 Circles of Healing \$1,000 Breast Cancer Fund \$ 900 Skin Cancer Screenings \$1,710 Advertising
<b>FY 2013</b>	
<b>Goal 2013</b>	Improve community awareness and opportunity to detect cancer at its earliest stages.
<b>2013 Objective Measure/Indicator of Success</b>	Develop comprehensive educational opportunities and screening programs to help identify cancer in its earliest stages.  Provide support group and grief counseling activities for both patients and caregivers.
<b>Baseline</b>	Cancer continues to be one of the top eight health concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
<b>Intervention Strategy for Achieving Goal</b>	Additional screening events in DUHN communities, work collaboratively with local Family Resource Centers to provided educational opportunities to those most in need, promote cancer awareness with local Health Tip section in local print media, continue partnership with Mercy Foundation North and local donors to provide free mammograms for women in need, continue sponsorship of Circles of Healing weekend retreat, continue active participation on the Siskiyou County Health Partnership.
<b>Community Benefit Category</b>	Category A – Health Improvement Services

<b>Diabetes Programs &amp; Services</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Cancer Programs & Services <input type="checkbox"/> Tobacco Cessation <input checked="" type="checkbox"/> Diabetes Prevention & Management <input type="checkbox"/> Heart Disease Awareness <input type="checkbox"/> Childhood Obesity & Health Living
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	Broader Community, Increase Access to Care, Increase Awareness/Knowledge
<b>Program Description</b>	<p>MMCMS seeks to address issues of Diabetes (pre-Diabetes, adult-onset Diabetes, childhood, and Type 1 and 2 Diabetes) through a variety of efforts.</p> <p>Newspaper/ radio/area TV educational info regarding Diabetes, including symptoms, treatment, management, etc.</p> <p>Provide free glucose screenings and educational information at various venues throughout the year (annual County Fair, College of the Siskiyous Health Day, etc.)</p> <p>Provide nutrition therapy outpatient services by our Registered Dietitian</p> <p>Continue our collaborative approach with Siskiyou County Community Resource Centers to offer glucose/cholesterol screenings/educational information on a periodic basis</p> <p>Two area programs received Community Grant Funds for Diabetes-related programs (McCloud/Mt. Shasta). MMCMS assists these programs as much as possible to help ensure successful implementation of their respective projects. .</p>
<b>FY 2012</b>	
<b>Goal FY 2012</b>	Continue to focus on addressing issues of Diabetes through a variety of efforts including community education, outreach, and screenings.
<b>2012 Objective Measure/Indicator of Success</b>	<p>Increase the community's awareness of symptoms and treatment related to issues of Diabetes.</p> <p>Collaborate with the Mt. Shasta Community Resource Center to provide monthly programs/support group to individuals whose lives have been touched by Diabetes.</p> <p>Serve as the area's key resource for information regarding diabetes.</p> <p>Through financial support (grant funds), provide focused Diabetes education and support, especially regarding nutrition, exercise, weight control, and medication management.</p> <p>Provide glucose and cholesterol screenings and educational information at various community events.</p>
<b>Baseline</b>	The most recent Community Health Assessment indicates that Siskiyou County residents suffer from diabetes related conditions nearly three times more than the national average.
<b>Intervention Strategy for Achieving Goal</b>	Intervention strategies to achieve this goal: <ul style="list-style-type: none"> <li>• Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee)</li> <li>• Continue to provide glucose screenings and educational information to the community</li> <li>• Continue collaborating with PSA Family Resource Center to provide educational community programs and support.</li> <li>• Collaborate with the Mercy Mt. Shasta Community Clinic to secure the services of a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues.</li> </ul>
<b>Result FY 2012</b>	<p>Provided \$14,570 in Community Grant funding to local non-profit organization that provides diabetes education, management and tracking programs in the community of McCloud.</p> <p>Provided a total of eight free glucose and cholesterol screening educational events. Venues included Community Resource Centers in McCloud, Dunsmuir, Weed and Mt. Shasta, Siskiyou Golden Fair, Senior Health Fairs in Yreka and Mt, Shasta and at College of the Siskiyous.</p>

	<p>Provided "Health Tip" newspaper articles focused on diabetes management written by local physicians.</p> <p>Nurse Diabetic Educator in the MMCMS Community Clinic continues to provide individualized diabetic education. In FY12, 141 patients participated in the program,</p> <p>MMCMS Registered Dietitian continues to meet with patients referred by their primary care physician providing nutritional consults, monthly contacts and tracking of progress. 109 patients benefited from this program in FY12.</p> <p>The Mt. Shasta Community Clinic donated 25 glucose meters and testing strips to local low income diabetics.</p> <p>Provided support and resources to the Mt. Shasta Community Resource Center in facilitating their monthly diabetes support group activities.</p>
<b>Hospital's Contribution / Program Expense</b>	<p><b>Total: \$16,376</b></p> <p>\$1506 Advertising \$ 300 Screenings Community Grant Funds: \$14,570</p>
<b>FY 2013</b>	
<b>Goal 2013</b>	Our most recent Health Needs Assessment demonstrates that three of the top eight health risks in Siskiyou County include being overweight; poor eating habits, and lack of exercise. All three behaviors are precursors to Type 2 Diabetes.
<b>2013 Objective Measure/Indicator of Success</b>	Offer specific interventions, educations opportunities, screenings and investments to increase awareness and identification of risk factors for the health conditions listed above.
<b>Baseline</b>	The most recent Community Health Assessment indicates that Siskiyou County residents suffer from diabetes related conditions nearly three times more than the national average.
<b>Intervention Strategy for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee)</li> <li>• Continue to provide glucose screenings and educational information to the community</li> <li>• Continue collaborating with Family Resource Center to provide educational community programs and support.</li> <li>• Collaborate with the Mercy Mt. Shasta Community Clinic in providing a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues. Develop focused marketing effort with local physicians to enhance the referral base.</li> <li>• Support McCloud Health Care Clinic's (FQHC) expansion into the Dunsmuir market by providing educational and screening events for local residents.</li> </ul>
<b>Community Benefit Category</b>	Category A - Health Improvement Services

<b>Heart Disease Awareness Campaign</b>	
<b>Hospital CB Priority Areas</b>	<input type="checkbox"/> Cancer Programs & Services <input type="checkbox"/> Tobacco Cessation <input type="checkbox"/> Diabetes Prevention & Management <input checked="" type="checkbox"/> Heart Disease Awareness <input type="checkbox"/> Childhood Obesity & Healthy Living
<b>Program Emphasis</b>	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input type="checkbox"/> Seamless Continuum of Care <input checked="" type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
<b>Link to Community Needs Assessment</b>	The 2011 Community Needs Assessment again ranks heart disease, stroke, and obesity in the top eight identified health concerns and behaviors.
<b>Program Description</b>	Provide services, programs that respond to the identified community need listed above to assist in improving community health.
<b>FY 2012</b>	
<b>Goal FY 2012</b>	Increase the broader community's awareness of heart healthy lifestyle through continuing to provide MMCMS "Heart Check" program, events, screenings and distribution of American Heart Association educational materials.
<b>2012 Objective Measure/Indicator of Success</b>	Increased participation in preventative heart health interventions and screenings.
<b>Baseline</b>	Our most recent Community Health Assessment identifies Heart Disease/Stroke as one of the top eight health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
<b>Intervention Strategy for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• Increase frequency of external/internal publicity (i.e., newspaper/radio/public access television/bulletin boards/flyers, etc.)</li> <li>• Continue partnership with NVCSS in sponsoring the Heart &amp; Hope Tea</li> <li>• Increase community screenings with expansion into the outlying areas of our PSA.</li> </ul>
<b>Result FY 2012</b>	<p>MMCMS "Heart Check" program is designed to educate the broader community (especially those age 50 and older) about the signs and symptoms of heart disease through the following steps: Individuals schedule an appointment with an MMCMS Cardiac-trained Registered Nurse; during that appointment, the individual completes a questionnaire, receives a CT scan to measure calcium deposits in coronary arteries, discusses the results of the questionnaire and scan with the RN, and receives American Heart Association educational information on nutrition/exercise/etc. Cost/individual is \$175.</p> <p>Main sponsor of Northern Valley Catholic Social Services "Hearts and Hope Tea," an event targeting all women in Siskiyou County. Educational speakers/information distributed at event.</p> <p>Provided free cholesterol screenings and American Heart Association information provided at no cost to the broader community at various venues, including County Fair, College of the Siskiyou Health Day, Family Resource Centers, and Senior Fall Festivals in both Mt. Shasta and Yreka.</p> <p>Major event sponsor of the 33<sup>rd</sup> annual 4<sup>th</sup> of July Fun Run where over 6,000 attendees participated in heart healthy activities.</p> <p>Sponsored several youth healthy living projects including: Hoy Park playground equipment and a community grant award to Mt. Shasta Gymnastics for additional equipment allowing for increased participation of local youth.</p> <p>Sponsored the Shasta Disabled Sports organization in their efforts to provide appropriate outdoor physical activities to increase the cardiovascular health of local disabled residents.</p> <p>Enrolled 20 participants into the Pulmonary Rehabilitation program which greatly enhances quality of life by prevention of readmission to the hospital.</p>

<b>Hospital's Contribution / Program Expense</b>	<b>Total: \$14,833</b> \$5000 Fun Run \$ 500 Hoy Park \$ 500 Shasta Disabled Sports \$ 500 NVCSS Heart & Hope Tea \$8333 Community Grant – Mt. Shasta Gymnastics Advertising dollars already reflected in Diabetes Programs & Services
<b>FY 2013</b>	
<b>Goal 2013</b>	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
<b>2013 Objective Measure/Indicator of Success</b>	Education, screenings or interventional programs designed to increase awareness for one of the following risk factors that contribute to heart disease: being overweight, physical activity, nutrition.
<b>Baseline</b>	Our most recent Community Health Assessment identifies Heart Disease/Stroke as one of the top eight health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
<b>Intervention Strategy for Achieving Goal</b>	<ul style="list-style-type: none"> <li>• Increase frequency of external/internal publicity (i.e., newspaper/radio/public access television/bulletin boards/flyers, etc.)</li> <li>• Continue partnership with NVCSS in sponsoring the Heart &amp; Hope Tea</li> <li>• Increase community screenings with expansion into the outlying areas of our PSA</li> <li>• Work with Primary Care Physicians in promotion and increased referrals for the Pulmonary Rehabilitation program.</li> <li>• Continue to be major sponsor in the 4<sup>th</sup> of July Fun Run</li> </ul>
<b>Community Benefit Category</b>	Category A – Community Health Improvement

This implementation strategy specifies community health needs that the Hospital has determined to meet in whole or in part and that are consistent with its mission. The Hospital reserves the right to amend this implementation strategy as circumstances warrant. For example, certain needs may become more pronounced and require enhancements to the described strategic initiatives. During the three years ending December 31, 2015, other organizations in the community may decide to address certain needs, indicating that the Hospital then should refocus its limited resources to best serve the community.

# COMMUNITY BENEFIT AND ECONOMIC VALUE

## CLASSIFIED SUMMARY

Mercy Medical Center Mt. Shasta Classified Including Non Community Benefit (Medicare) For period from 7/1/2011 through 6/30/2012						
	Persons	Total Expense	Offsetting Revenue	Net Benefit	% Exp.	% Rev.
<b>Benefits for Those Living in Poverty</b>						
Financial Assistance	451	939,727	0	939,727	2.1	1.9
Unpaid Cost of Medicaid	10,604	7,409,017	6,827,409	581,608	1.3	1.2
Means-Tested Programs	2,102	1,759,837	605,535	1,154,302	2.6	2.4
<b>Community Services</b>						
Community Benefit Operations	0	20,504	0	20,504	0	0
Community Health Improvement Services	454	0	0	0	0	0
Financial and In-Kind Contributions	367	275,734	0	275,737	0.6	0.6
Health Professions Education	21	496	0	496	0	0
<b>Totals for Community Services</b>	842	296,734	0	296,734	0.7	0.6
<b>Totals for Those Living in Poverty</b>	13,399	10,405,315	7,434,944	2,972,371	6.6	6.1
<b>Benefits for Broader Community</b>						
<b>Community Services</b>						
Community Building Activities	2	186	0	186	0	0
Community Health Improvement Services	909	54,748	1,935	52,813	0.1	0.1
Financial and In-Kind Contributions	26	26,228	0	26,228	0.1	0.1
Health Professions Education	6	20,066	0	20,066	0	0
<b>Totals for Community Services</b>	943	101,228	1,935	99,293	0.2	0.2
<b>Totals for Broader Community</b>	943	101,228	1,935	99,293	0.2	0.2
<b>Totals- Community Benefit</b>	<b>14,942</b>	<b>10,506,543</b>	<b>7,434,879</b>	<b>3,071,664</b>	<b>6.9</b>	<b>6.3</b>
Unpaid Cost of Medicare	20,935	19,297,499	16,360,178	2,937,321	6.6	6.1
<b>Totals with Medicare</b>	<b>35,877</b>	<b>29,804,042</b>	<b>23,795,057</b>	<b>6,008,985</b>	<b>13.4</b>	<b>12.4</b>

Note: Community benefit expenses are developed from direct expenses, donations, and a cost accounting method for patients receiving medical services including offsetting grants and other revenues.

**Telling the Community Benefit Story**

Mercy Medical Center Mt. Shasta will be using this report to help create a higher level of awareness of its community benefit activity. The report will be distributed to key internal and external stakeholders, including but not limited to: Dignity Health North State Board; Mercy Medical Center Mt. Shasta Advisory Council; employees, auxiliary members, and Medical Staff leadership. This report along with the most recent Community Health Needs Assessment will also be available in Dignity Health approved format on the hospitals web site at [www.mercymtshasta.org](http://www.mercymtshasta.org).

**DIGNITY HEALTH**  
SUMMARY OF PATIENT PAYMENT ASSISTANCE POLICY  
(June 2012)

**Policy Overview:**

**Dignity Health is committed to providing payment 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, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment 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 Payment Assistance:**

- Eligibility for payment 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 payment 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 Dignity Health 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 payment assistance and a determination of financial need occur prior to rendering of services. The need for payment 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 payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

### Patient Payment 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 termination 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 Dignity Health 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 Dignity Health 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 Dignity Health facility.

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

### Communication of the Payment Assistance Program to Patients and the Public:

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health 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 Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

### Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment 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:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health 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, Dignity Health management and Dignity Health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

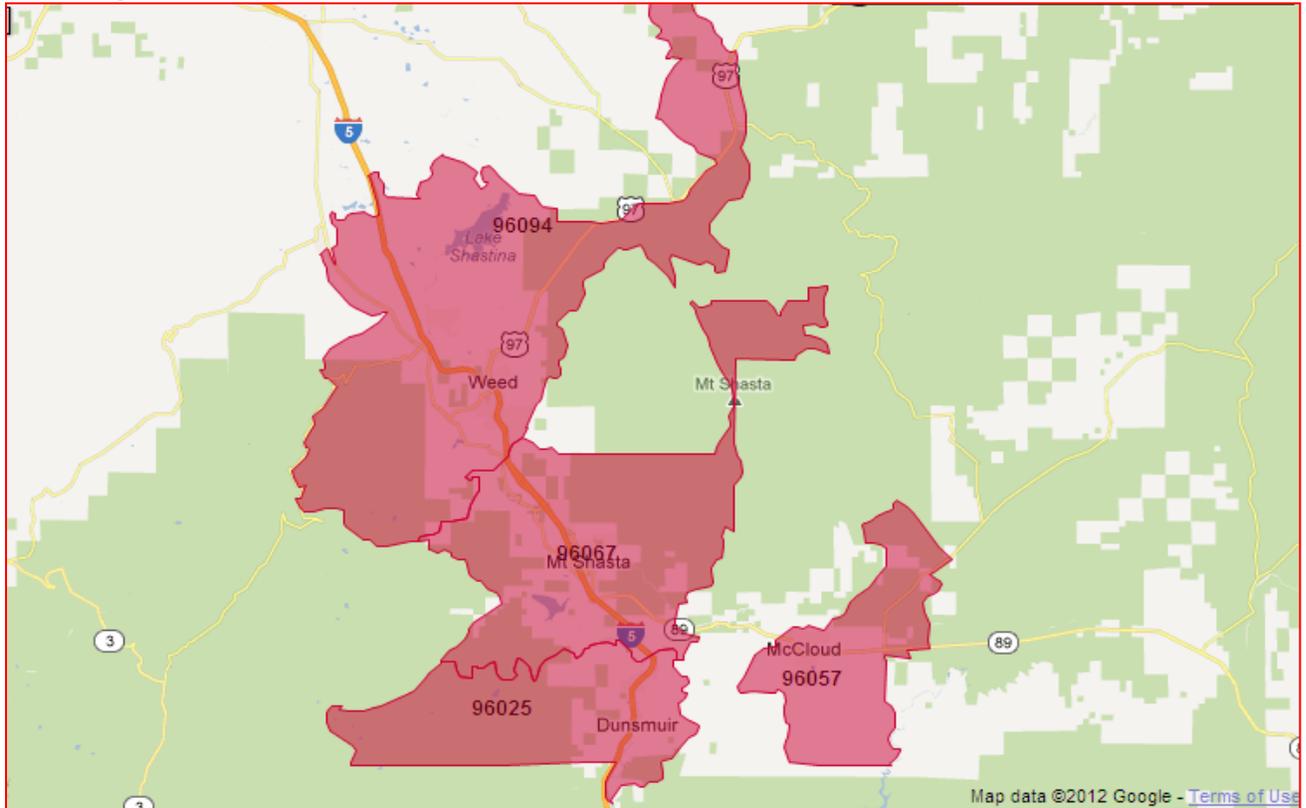
## **Mercy Medical Center Mt. Shasta COMMUNITY ADVISORY COUNCIL – FY12**

- Kenneth E.S. Platou, President, Mercy Medical Center Mt. Shasta
- Virginia Barham, Chamber of Commerce/Dunsmuir, retired Registered Nurse
- Bob Boston, Attorney-at-Law
- Diane Brickell, McCloud, Health Clinic Board member
- Bliss Bryan, Mt. Shasta Community Resource Center, Director
- Sr. Anne Chester, Director of Mission Services MMCMS
- Jim Cross, Mercy Foundation North Board member and large business owner
- Paul Engstrom, Mt. Shasta realtor
- Rita Green, Dunsmuir representative
- Lori Harch, School Board member
- Ray Horst, area Pastor
- Roger Kosel, Judge
- James Langford, retired teacher
- Mike Rodriguez, Mt. Shasta City Parks & Recreation Director
- Norma Stone, McCloud area representative, retired Mercy employee
- Sharon Stromsness, Mercy Mt. Shasta Auxiliary, retired teacher
- Karen Teuscher, CHW North State Service Area Board member

### **Other Participants:**

- Morris Eagleman, RN, MMCMS Vice President
- Sean Malee, MD, Hospitalist, MMCMS Chief of Staff
- Joyce Zwanziger, MMCMS Marketing/Community Relations/Volunteer Services Manager

# Mercy Medical Center Mt. Shasta



Lowest Need

Need

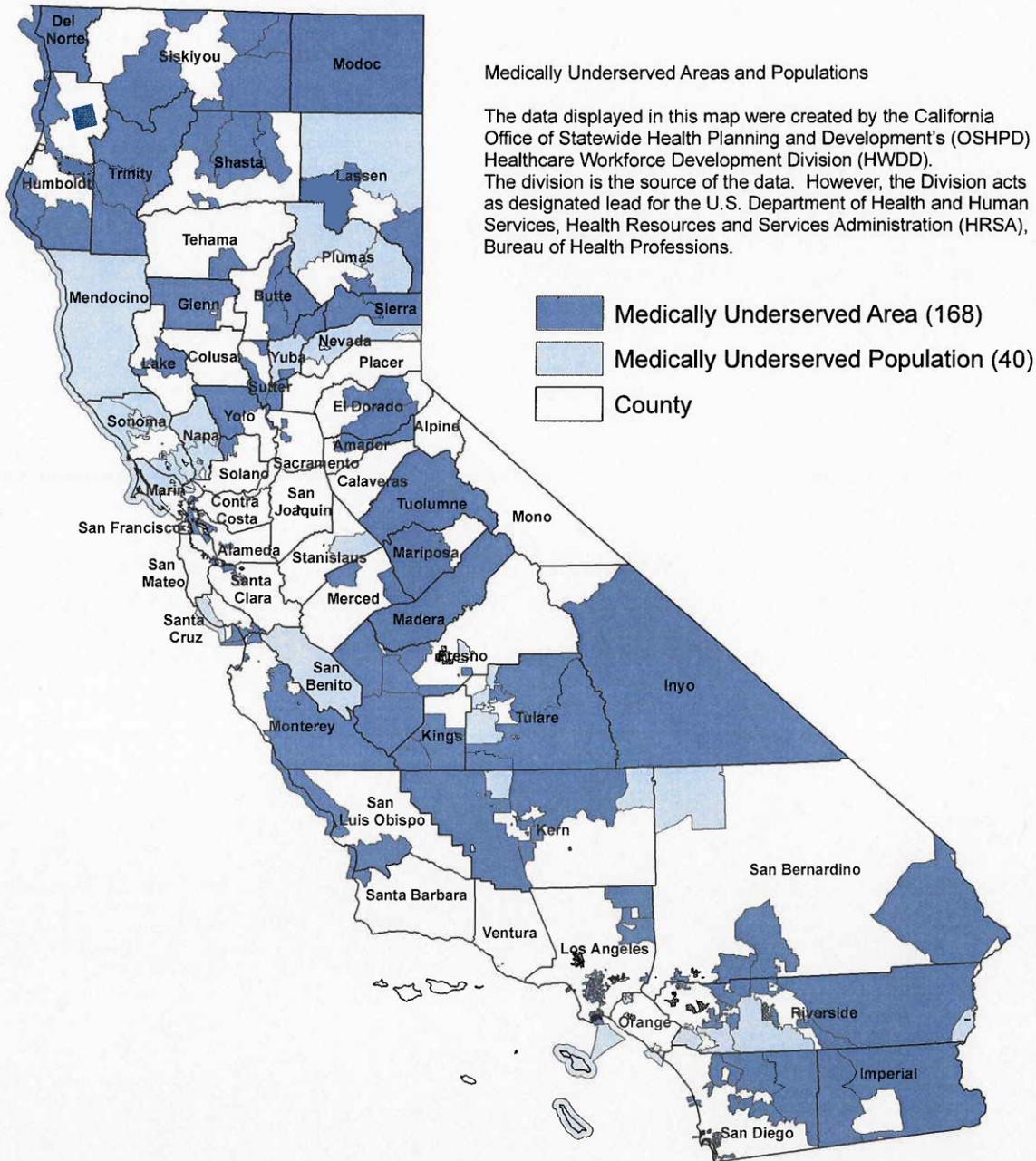
Highest

■ 1 - 1.7 Lowest 
 ■ 1.8 - 2.5 2nd Lowest 
 ■ 2.6 - 3.3 Mid 
 ■ 3.4 - 4.1 2nd Highest 
 ■ 4.2 - 5 Highest

Zip Code	CNI Score	Population	City	County	State
96025	3.8	2357	Dunsmuir	Siskiyou	California
96057	4	1418	McCloud	Siskiyou	California
96067	3.6	7404	Mount Shasta	Siskiyou	California
96094	4	6579	Edgewood	Siskiyou	California

CNI Score Median: 3.9

# Medically Underserved Areas and Populations



0 25 50 100 Miles

October 2010

