



St. Elizabeth Community Hospital

Community Benefit Report FY2012
Community Benefit Implementation Plan FY2013

A message from the President for St. Elizabeth Community Hospital
and the North State Service Area Community Board Chair

At St. Elizabeth Community Hospital 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 \$11 million in charity care, community benefits, and unreimbursed patient care.

At St. Elizabeth Community Hospital 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 North State Service Area Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 11, 2012 meeting.



Jon Hallhede, President
St. Elizabeth Community Hospital



Karen Teuscher, Chairperson
North State Service Area Community Board

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EXECUTIVE SUMMARY

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

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

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

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

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

A key component of rural health care services centers around successful physician recruitment. Primary Care is the linchpin of recruitment efforts as it is the most effective way to sustain community wellness. In FY12 SECH was successful in recruiting Dr. Carter, Pediatrician, to the Lassen Medical Group Staff. SECH continued to provide outreach laboratory draw services in Corning through our partnership with the Rolling Hills Health Clinic.

A great concern in rural communities is the need for specialists. A current example of this is directly related to the need in Siskiyou, Shasta and Tehama Counties to secure an Urologist, an ongoing search for the last 8 years. Due to this challenge, the legislation AB 648, allowing California hospitals to hire physicians or other methods such as rural health clinics, FQHC or the creation of a medical foundation is an important strategy for the North State. Therefore the launch of the CHW Medical Foundation in the North State Service Area is critical to assist in our commitment to provide adequate

services to our communities. The Medical Foundation is now actively pursuing the placement of several specialties for Tehama County including an orthopedist, cardiologist, general surgeon and urologist.

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

Regionally the three North State Region hospitals Mercy Medical Center Redding, Mercy Medical Center Mt. Shasta and SECH, are working together to leverage resources and examine best practices among the facilities. A main focus is on sharing and leveraging resources by presenting complementary community education seminars and collaboration on select patient education in a regional approach ultimately creating a value statement of trust, ***we've got you covered.*** Additional opportunities for regionalization and partnership are present in our chronic disease management programs, diabetes education and smoking cessation course offerings.

This report will describe how SECH serves the Tehama County community through our health care ministry support. During the fiscal year ending June 30, 2012, SECH provided approximately \$11 million (excluding shortfall from Medicare) in serving the poor and the broader community. This amount includes the hospital's reinvestment through community grants and other gifts/sponsorships made to serve the greater good of our community.

MISSION STATEMENT

Our Mission

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.

Our Vision

A vibrant, national healthcare system known for service, chosen for clinical excellence, standing in partnership with patients, employees and physicians to improve the health of all communities served.

Our Values

Dignity Health is committed to providing high-quality, affordable health care to the communities we serve. Above all else we value:

- **Dignity** - Respecting the inherent value and worth of each person.
- **Collaboration** - Working together with people who support common values and vision to achieve shared goals.
- **Justice** - Advocating for social change and acting in ways that promote respect for all persons and demonstrate compassion for our sisters and brothers who are powerless.
- **Stewardship** - Cultivating the resources entrusted to us to promote healing and wholeness.
- **Excellence** - Exceeding expectations through teamwork and innovation.

ORGANIZATIONAL COMMITMENT

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

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

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

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

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

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

well as providing nutrition and wellness presentations to larger employers such as the Wal Mart Distribution Center and local service clubs.

On the ecology forefront, SECH has been awarded the Green Award at the Green Health Summit and continues to be a leader in waste management and reduction. SECH partners with Tehama County Waste Management to provide SHARPS containers and collection as well as endorse a recycling program at the local fairgrounds, partnering with the Poor and the Homeless to gather and recycle containers during events held at the property. The Ecology team has created a hazardous materials business plan and continues to focus on improving our environment while cutting costs.

Finally, SECH is honored to be the recipient of the Thomson Reuters National 100 Top Hospital award for the sixth consecutive year. As a region, all three of the Dignity Health Hospitals also achieved the Avatar International Exceeding Patient Expectations award in May 2012.

COMMUNITY

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

The following demographics represent statistical data for the primary service area (PSA). The PSA has been defined as the zip codes that make up 80% of SECH's discharges.

- Population: 54,190 which is less than 1% of California's total
- Diversity:
 - ◆ Caucasian 68.2%
 - ◆ Hispanic 25.5%
 - ◆ Asian & Pacific Islander 1.2%
 - ◆ African American 0.6%
 - ◆ American Indian/Alaska Native & Other 4.5%
- Average Income: \$47,702
- Uninsured: 29.2%
- Unemployment: 5.6%
- No HS Diploma: 9.1%
- Renters: 33.8%
- CNI Score (see pg 18)
- Medicaid Patients: 23.2%
- Other Area Hospitals: Enloe Medical Center

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

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

COMMUNITY BENEFIT PLANNING PROCESS

Community Needs Assessment Process

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

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

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

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

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

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

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

Asset Management:

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

Community Benefit Report and Plan:

Upon completion of gathering the CHNA results, a ranking process was presented to the SECH Advisory Council who ranked the health concerns and behaviors in order of perceived importance based on the perceived seriousness of the health need and the potential impact of the hospital and known resources in the community. These rankings were compiled and priority topics were published to the SECH management team and Community Grants Selection Committee. The results were also presented to the community via a press release and the free grant writing workshop available to all non-profit agencies in the county. The results were not surprising as Obesity and related diseases were identified as the number one health concern. Analysis has indicated significant correlation between the CNI communities and preventable diseases and hospital admissions.

Planning for the Uninsured/Underinsured Patient Population:

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

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.

PLAN REPORT AND UPDATE INCLUDING MEASURABLE OBJECTIVES AND TIMEFRAMES

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

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

Initiative I: Improving Access to Healthcare

- Charity Care for uninsured/underinsured and low income residents
- Mammography assistance program
- Physician recruitment efforts
- Partnership with Rolling Hills Clinic, Federally Qualified Indian Health Clinic

- Health Spree free health fair and screenings including flu shots, cholesterol, blood pressure, respiratory, EKG and glucose testing
- Cinco de Mayo and Bi National Health Fairs participation offering nutrition services consultation, glucose and cholesterol testing

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

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

Initiative III: Improving physical activity and dietary habits

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

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

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

PROGRAM DIGEST

Diabetes: Reduction of Type II Diabetes Readmissions	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <ul style="list-style-type: none"> ✓ Obesity Drug Abuse ✓ Poor Eating Habits ✓ Diabetes Cancer
Program Emphasis	Please select the emphasis of this program from the options below: <ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Which identified community needs are you addressing? Diabetes is a dominant disease in our community. Additionally, contributing conditions including obesity and poor eating habits are directly related to diabetes.
Program Description	Beginning in 2008, all patients admitted to SECH with a primary diagnosis of diabetes receive diabetic and nutrition counseling and education prior to discharge. These patients are encouraged to attend our community diabetic education class and support group. Additionally, if desired, each patient receives a follow up phone call for a minimum of 6 months and is provided medical nutrition therapy outpatient services by a registered dietician.
FY 2012	
Goal 2012	SECH will continue to reduce the number of readmission of diabetic patients to the ED and hospital through early intervention.
2012 Objective Measure/Indicator of Success	We will monitor patients participating in this program via chart review and RN in charged of the follow-up phone program.
Baseline	Diabetes continues to show up on our health needs assessment. This health need is confirmed by the local physicians as well as the Tehama County Department of Education, school nurses.
Intervention Strategy for Achieving Goal	SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease i.e., diabetic cooking classes, prenatal diabetes education, and if resources permit expand the program to include a pediatric diabetic program.
Result FY 2012	Number of participates 235, number of participates admitted to the hospital or ED within 6 months of intervention 4, % of participants admitted to the hospital or ED within 6 months of intervention 1.7%
Hospital's Contribution / Program Expense	Total program expense: \$13,162.

FY 2013	
Goal 2013	SECH will continue to reduce the number of readmission of diabetic patients to the ED and hospital through early intervention.
2013 Objective Measure/Indicator of Success	We will monitor patients participating in this program via chart review and RN in charge of the follow-up phone program.
Baseline	Diabetes continues to show up on our health needs assessment. This health need is confirmed by the local physicians as well as the Tehama County Department of Education, school nurses.
Intervention Strategy for Achieving Goal	SECH will design and implement a diabetic teaching program that will teach clinical providers how to better identify, instruct and follow-up with high risk patients, especially women and women of childbearing age. The goal is to move this education to encompass a broader audience, by hosting a diabetic health fair in the fall of FY 2012-2013

CHF: Reduction of Congestive Heart Failure Readmissions	
Hospital CB Priority Areas	Please add the Hospital Priority Areas identified in the Community Needs Assessment for your hospital here <ul style="list-style-type: none"> ✓ Obesity Drug Abuse ✓ Poor Eating Habits ✓ Diabetes Cancer
Program Emphasis	Please select the emphasis of this program from the options below: <ul style="list-style-type: none"> ✓ Disproportionate Unmet Health-Related Needs ✓ Primary Prevention ✓ Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	Congestive Heart Failure (CHF) and heart disease is predominant among the community members and common for the Tehama County demographic. CHF can be directly linked to lifestyle and preventable diseases including poor eating habits, obesity and diabetes.
Program Description	Program consists of follow-up phone calls and discharge intervention to promote wellness, by a RN. Patients and public have access to our Cardiac Support Education classes. Upon discharge our CHF patients received a Self-care Handbook: Learning to Live with Heart Failure. Also available for charity care patients, scales to weigh themselves for unexpected rapid weight gain which indicates build-up of fluids.
FY 2012	
Goal 2012	SECH will continue to reduce the number of readmission of CHF patients to the ED and hospital through early intervention.
2012 Objective Measure/Indicator of Success	We will monitor patients participating in this program via chart review and RN assigned to the follow-up phone program.
Baseline	CHF continues to appear on our health needs assessment. This health need is confirmed by the local physicians. Although SECH does not have a specific cardiac program it is possible with this program to help CHF patients better manage their illness while at home thus reducing ED visits.
Intervention Strategy for Achieving Goal	SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease i.e., heart healthy cooking classes.
Result FY 2012	Number of participants 102, number of participants admitted to the hospital or ED within 6 months of intervention 24, % of participants admitted to the hospital or ED within Six months of the intervention 23.5%
Hospital's Contribution / Program Expense	Total expense \$610
FY 2013	
Goal 2013	SECH will continue to reduce the number of readmission of CHF patients to the ED and hospital through early intervention.
2013 Objective Measure/Indicator of Success	We will monitor patients participating in this program via chart review and RN assigned to the follow-up phone program.
Baseline	CHF continues to appear on our health needs assessment. This health need is confirmed by the local physicians. Although SECH does not have a specific cardiac program it is possible with this program to help CHF patients better manage their illness while at home thus reducing ED visits.
Intervention Strategy for Achieving Goal	SECH will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF inpatient is given a packet especially designed for the CHF patient, on how to manage his or her illness. Each patient is encouraged to enroll in our <i>Follow-up</i> phone program.

COMMUNITY BENEFIT AND ECONOMIC VALUE

III. COMMUNITY BENEFIT AND ECONOMIC VALUE

- A. Attach a copy of the Classified Summary of Un-sponsored Community Benefit Expense from CBISA Reports and Listings, Summaries.
- B. Please report on a separate line a brief description of how costs were estimated (e.g., cost-to-charge ratio or cost accounting methodology.)

Economic Value:

Economic value of community benefit is defined as the reporting responsibilities associated with providing charity care, unpaid costs of Medicaid, Medicare, and indigent programs, education and research, non-billed services, cash and in-kind donations. Using a cost accounting methodology, St. Elizabeth Community Hospital provided more than \$11 million in un-sponsored care and programs for the benefit of the community in FY12. Un-sponsored care includes cost of care for persons who are poor, the costs associated with caring for Medicare, Medicaid and other government program beneficiaries and costs for services the hospital subsidizes because the services are not offered anywhere else in the community. Listed below is the fiscal year 2012 Community Benefit Inventory for Social Accountability (CBISA) classified summary.

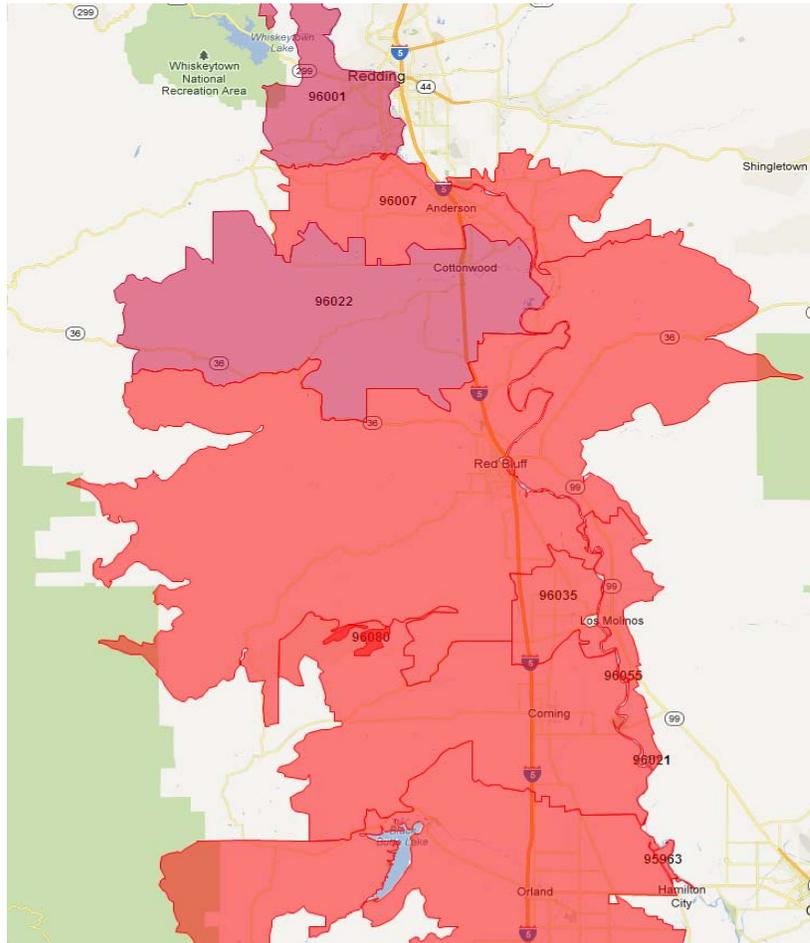
SECH shares the community benefit story in a variety of venues. Primarily, details of the community benefit programs are shared every other month with the Advisory Council during a designated community benefit update agenda item. Additionally, the Senior Director of Mission Integration provides detailed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

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

St. Elizabeth Community Benefit
Classified Summary Including Non Community Benefit (Medicare)
For period from 7/1/2011 through 6/30/2012

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization	
					Expenses	Revenues
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	647	1,735,860	0	1,735,860	2.4	2.0
Unpaid Costs of Medicaid	21,414	17,933,110	17,868,280	64,830	0.1	0.1
Means-Tested Programs	2,748	2,771,711	1,066,297	1,705,414	2.3	1.9
Community Services:						
Comm. Benefit Operations	0	64,316	0	64,316	0.1	0.1
Comm. Health Improvement Svcs.	620	3,678	0	3,678	0.0	0.0
Cash and In-Kind Contributions	54	696,211	0	696,211	0.9	0.8
Totals for Community Services	674	764,205	0	764,205	1.0	0.9
Totals for Living in Poverty	25,483	23,204,886	18,934,577	4,270,309	5.8	4.8
<u>Benefits for Broader Community</u>						
Community Services:						
Comm. Building Activities	1	75	0	75	0.0	0.0
Comm. Health Improvement Svcs.	559	55,498	50	55,448	0.1	0.1
Cash and In-Kind Contributions	32	41,068	0	41,068	0.1	0.0
Health Professions Education	6	20,782	0	20,782	0.0	0.0
Totals for Community Services	598	117,423	50	117,373	0.2	0.1
Totals for Broader Community	598	117,423	50	117,373	0.2	0.1
Totals for Community Benefit	26,081	23,322,309	18,934,627	4,387,682	6.0	5.0
Unpaid Cost of Medicare	29,065	32,025,683	25,358,863	6,666,820	9.1	7.5
Totals with Medicare	55,146	55,347,992	44,293,490	11,054,502	15.1	12.5

St. Elizabeth Community Hospital Community Needs Index Map



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	State
95963	4.6	16423	Glenn County	Glenn	California
96001	4	34342	Shasta County	Shasta	California
96007	4.4	23666	Redding	Shasta	California
96021	4.8	15483	Tehama County	Tehama	California
96022	3.4	16279	Cottonwood	Tehama	California
96035	5	3969	Gerber-Las Flores	Tehama	California
96055	4.2	3847	Tehama County	Tehama	California
96080	4.4	27912	Rancho Tehama Reserve	Tehama	California

CNI Score Median: 4.4



Dignity Health.

North State

Mercy Medical Center Mt. Shasta
Mercy Medical Center Redding
St. Elizabeth Community Hospital

Administration

2625 Edith Avenue, Suite E
P.O. Box 496009
Redding, CA 96049-6009

FY 2013
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS

Karen Teuscher, Chairperson

LeRoy Crye, Secretary

Jon W. Halfhide, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

Lisa Cheung, M.D.

Sister Nora Mary Curtin

Sandra Dole

Douglas Hatter, M.D.

Sutton N. Menezes, M.D.

Venita Philbrick

Sister Maura Power

Any communications to Board Members should be made in writing and directed to:

Lynn Strack, Executive Assistant
Dignity Health North State
P. O. Box 496009
Redding, CA 96049-6009
(530) 225-6103 phone
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7/1/12

FY 2012/2013
St. ELIZABETH COMMUNITY HOSPITAL
LOCAL ADVISORY COUNCIL MEMBERS

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Valerie Lucero, Chairperson Elect

Jolene Kemen, Secretary

Jon Halfhide, President

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Leroy Crye
Art Dowell
Dough Fairey
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