2013

Community Benefit Plan

(Submitted to OSHPD in February 2013 for calendar year 2012)

Prepared in Compliance with
California's Community Benefit Law S697
By
Kathi Sankey-Robinson, Vice President Business Development and Marketing
Deanna Stover, PHD, RN-BC, FNP-BC, CNS, Executive Director,
Community Based (Outreach) Programs and Services
Debbie Evans, MSW, Director Social Services and Pastoral Care

REDLANDS COMMUNITY HOSPITAL

350 Terracina Blvd. Redlands, CA 92373 * (909) 335-5500 * www.redlandshospital.org

C o n t e n t s

Part 1 – Community Benefit Plan Calendar Year 2012 Update

Executive Summary……...3

Background and Identifying Information…….3
Mission Statement…….3
Community Benefit Plan Update……..6
Community Benefits and Economic Value…….28
Non-quantifiable Benefits……...28

Part 2 – Community Needs Assessment (Submitted February 2011)……29

Introduction…….29
Scope of Community Healthcare Needs Assessment
Primary Goals of the Process
Hospital Mission, Vision, and Values Statement

Community…….31
Background
Communities Served and Geographic Location
Demographic Data Resources
Demographic Characteristics Within Service Area
Demographic Analysis

Needs Assessment Process……39
Methodology Used
Community Leaders Chosen
Questionnaire

Needs Identified During Assessment Interviews……...40
Summary of Responses
Detailed Notes of Responses to the Questions

Analysis of Key Findings……44
Linking Assessment Findings to Hospital Programs

Summary and Recommendations.……..46

Non-Quantifiable Community Benefits……..67
Leadership/Community Building
Collaborations/Community Partners
Community Health Resources Available

Financial Commitment to Community Benefits…….70

Redlands Community Hospital Charity Care Policy 2007…….78

Part 1: Community Benefit Plan Update Executive Summary

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), was passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment every three years and develop community benefit plans that are reported annually to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital has completed and submitted the following SB697 requirements:

<	July 1995 & 1997	Reaffirm hospital's mission statement
<	December 1995	Community Healthcare Needs Assessment
<	April 1996	Adopted a Community Benefit Plan
<	June 1997	Community Benefit Plan, Self assessment
<	December 1998	Community Healthcare Needs Assessment
<	February 1999	Community Benefit Plan Update
<	February 2000	Community Benefit Plan Update
<	February 2001	Community Benefit Plan Update
<	February 2002	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2003	Community Benefit Plan Update
<	February 2004	Community Benefit Plan Update
<	February 2005	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2006	Community Benefit Plan Update
<	February 2007	Community Benefit Plan Update
<	February 2008	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2009	Community Benefit Plan Update
<	February 2010	Community Benefit Plan Update
<	February 2011	Community Healthcare Needs Assessment & Benefit Plan Update
<	February 2012	Community Benefit Plan Update
<		

The next step required by SB 697 is that Redlands Community Hospital submit this February 2013 Community Benefit Plan Update, which includes the 2011 Community Healthcare Needs Assessment (submitted February 28, 2012), to the State of California OSHPD.

Mission Statement

The hospital's Mission, Vision and Value statements are integrated into the hospital's policy and planning processes including the Community Benefit Plan. A part of this planning process was to incorporate community benefits in the hospital's strategic plans.

Our mission is to promote an environment where members of our community can receive high quality care and service so they can be restored to good health by working in concert with patients, physicians, RCH staff, associates and the community.

Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care. We want to remain an independent not-for-profit, full-service community hospital and to continue to be the

major health care provider in our primary area of East San Bernardino Valley as well as the hospital of choice for our medical staff. We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Values

- We are Committed to Serving Our Community
- Our Community Deserves the Best We Can Offer
- Our Organization Will Be A Good Place to Work
- Our Organization Will Be Financially Strong

Community Needs Assessments 1995, 1998, 2002, 2005, 2008, 2011

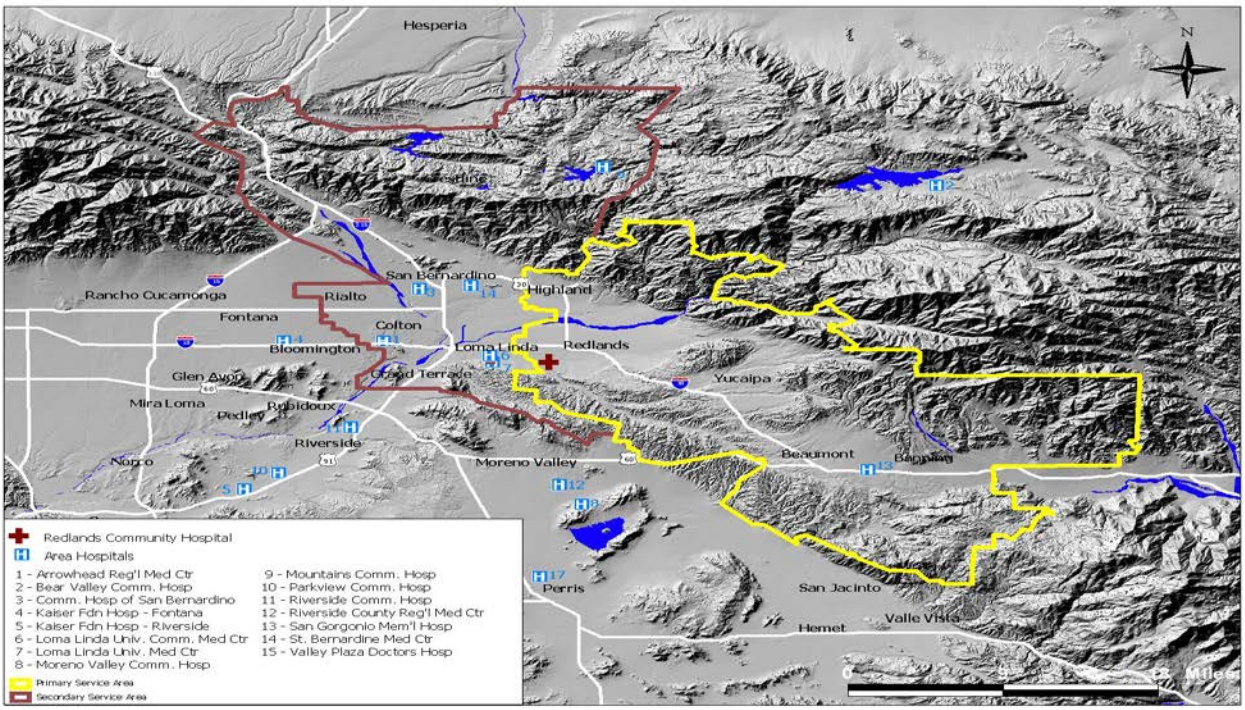
The hospital conducted a Community Needs Assessment in 1995, 1998, 2002, 2005, 2008 and 2011. Communities of vulnerable and at-risk populations with unmet health needs were identified and surveyed in all of the community needs assessments.

The 2011 Community Needs Assessment update identified populations having unmet needs as being those with:

- Lack of transportation – public and private
- Lack of access to healthcare access – Availability and cost
- Lack or healthcare insurance for minorities – Spanish language
- Need for preventative care, community outreach and prevention education

Geographic Service Area

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Cabazon, Colton, Calimesa, Forest Falls, Highland, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Bloomington, Bryn Mawr, Crestline, Fontana, Grand Terrace, Hemet, Loma Linda, Patton, Rialto, San Bernardino, and several mountain communities. *(service area map below)*



Community Benefit Plan Update 2012

The following programs and the problems they address are included in the Community Benefit Plan Update 2012:

1) Health Ministry Program addresses the problem of lack of access to health care by uninsured and underinsured populations and assists through providing guidance, health resource information, health education and screening programs through local parishes.

2) Redlands Community Hospital Family Clinic provides health care services for at-risk and underinsured, underserved children and adults;

3) Perinatal Service Program provides early prenatal care for low-income, uninsured women and teens and provides lactation education and mother/infant bonding support, as well as education for pregnant mothers with diabetes;

4) Community Case Management Program addresses the needs for at-risk, underinsured and complex healthcare issues as well as education on disease management and community resources;

5) The Pastoral Care Program assists concerned and grieving family members and patients;

6) Miscellaneous community benefit activities and programs of the hospital during calendar year 2012; and

7) Community Resources that addresses the problem of low-income and uninsured individuals' inability to access health resources through a variety of agencies.

Community Benefits and Economic Value

Summary information identified community benefit programs and contributions for fiscal year ending September 2012 at **$14,121,776.**

The total of costs not reimbursed for Medi-Cal, Medicare, county indigent and other services for 2012 audited was **$11,851,470.**

Non-quantifiable benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at **$265,800** annually. This represents expenses incurred by hospital staff providing leadership skills and bringing facilitator, convener and capacity consultation to various community collaboration efforts. These skills are an important component to enable the hospital to meet their mission, vision and value statements and Community Benefit Plan.

Part 1: Community Benefit Plan Update

Background and Identifying Information

As outlined in the proceeding Executive Summary, Redlands Community Hospital has completed all of the SB697 requirements dating back to California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), that was passed in 1994. The next step required by SB 697 is that Redlands Community Hospital submit this February 2013 Community Benefit Plan Update, covering programs and activities during calendar year 2012, along with the 2010 Community Healthcare Needs Assessment submitted February 28, 2011, to the State of California OSHPD.

Redlands Community Hospital
350 Terracina Boulevard
Redlands, CA 92373
Telephone: 909-335-5500
Fax: 909-335-6497

Redlands Community Hospital is a not-for-profit, stand-alone community hospital that began serving the Redlands area and neighboring communities in 1903, and built the first official hospital in 1904 on Nordina Street. In 1929, a new hospital building was completed at 350 Terracina Boulevard, where it has remained and expanded numerous times ever since.

Chairman of the Board of Directors
Peter Davis, 909-335-5505

President and Chief Executive Officer
James R. Holmes, 909-335-5515

Vice President Business Development & Marketing
Kathi Sankey-Robinson, 909-335-5593

Mission Statement

Our mission is to promote an environment where members of our community can receive high quality care and services so they can maintain and be restored to good health.

The Mission is accomplished by interacting with patients, physicians, employees, associates, and community. The hospital will be knowledgeable and responsible to the observations, traditions, philosophies, and customs of patients and their families, employees, and medical staff as the hospital delivers patient care, schedules appointments and displays or promotes healthcare services. The hospital has adopted the philosophy of "*Patients First*" whereby we see serving our patients our primary focus. As a result, RCH has made *"Patients First"* part of its core culture.

These Mission, Vision and Values are integrated into the hospital's policy and planning processes including the community benefits plan. A part of this planning process sets benchmarks to measure performance of the community benefits plan. Setting measurable objectives and time frames for programs and/or services for the community is the goal.

Employee benefits and the hospital's work environment also encourage employees to care for the members of the community. These statements encourage advocacy and collaboration within the hospital and community, as well as with community-based organizations and other not-for-profit entities.

Organizational Structure

A 21-member Board of Directors made up of volunteers from the community governs Redlands Community Hospital. Redlands Community Hospital Foundation has 24 members representing the community and is the fund-raising component of the not-for-profit hospital.

A Community Advisory Committee is composed of 32 individuals from the community as well as representation from the hospital's board and medical staff. These individuals serve as ambassadors from the community on health issues.

Redlands Community Hospital promotes an environment for a healthy community and community collaborations within the hospital's service area, by interacting with patients, physicians, employees, volunteers, associates and members of the community. Senior members of the hospital participate with the city of Redlands on the Healthy Redlands initiative and have staff serving on various sub-committees.

Redlands Community Hospital is a member of the Inland Empire Community Benefits Collaborative, a group that includes approximately 25 non-profit hospitals, healthcare providers and agencies that meet regularly to share information about their various community programs that benefit the health and quality of life of all people in this area.

Redlands Community Hospital is active in the San Bernardino County Health Coalition, which meets regularly at the San Bernardino County Medical Society, to share health-related information and programs that will benefit the community.

Redlands Community Hospital is an active participant in the Hospital Association of Southern California Community Benefits Stakeholders meetings, as well as the County of San Bernardino "Vision" Committee.

Community Benefit Plan Update

The Community Benefit Plan Update submitted February 2013 for Redlands Community Hospital includes the programs featured on the following pages. The programs described in this section include the problems to be addressed, community partners, and unreimbursed costs of the programs. The descriptions also include measurable objectives and time frames for each community benefit.

RCH HEALTH MINISTRY PROGRAM

Unmet Community Needs Addressed by Health Ministry

1. Lack of access to health care
2. Health care for uninsured and under-insured community members
3. Lack of knowledge regarding available community resources

Program Description

The RCH Health Ministry Program aims to assist churches in establishing a health cabinet and selecting a health minister (Faith Community Nurse) who will carry out the mission of health ministry as determined by each church. Each church can develop an individualized ministry program to promote healthy living and wellness utilizing data obtained through a needs assessment. Health activities and events supported by the health ministry program include health screenings, health fairs, health education, and resource and referrals. The Health Ministry program embraces the spiritual dimensions in disease prevention and wellness promotion in collaboration with local partnering churches.

The RCH Health Ministry Program offers services by embracing the values of caring and leadership. The Health Ministry program positively impacts the community through health screenings, health/wellness education, advocacy, referral, personal health counseling, education and training, and coordination of community volunteers.

Education and training for Faith Community Nurses is provided and routinely held on campus at the RCH Weisser Education Pavilion. The education provided covers various topics using internal and external presenters. In addition, general health screenings are held in the local churches (primary and secondary Service Areas) and community senior centers. Free Flu Clinics are held annually at locations within the community that serve the homeless and working poor populations, as identified by our community partners. The health ministry program coordinator (RN position) assists the Family Clinic with tuberculosis screening for the Redlands Unified School District.

The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2012 was $34,243.

Community Partners

American Heart Association
American Diabetes Association
Beaver Medical Group
Christian Counseling Services, Redlands
Healthy Redlands (City of Redlands)
Inland Empire Health Plan
Loma Linda University School of Public Health
SAC Health System
San Bernardino County Public Health Dept.
San Bernardino County Office of Homeless Services
American Cancer Society
Azusa Pacific University School of Nursing
Catholic Diocese, San Bernardino
Community Action Partnership
Inland Congregations United for Change
Loma Linda University School of Nursing
Redlands Area Interfaith Council
Salvation Army, Redlands
St. Bernardines Medical Center

Milestones Accomplished in 2012

Program statistics outlined in Table I reflect the number of volunteer hours spent on health ministry initiatives and the number of participants served. A comparison of FY 2011 and FY 2012 shows an overall decrease in the number of volunteer hours by 78% and decrease in participation of 60%.

Table I Program Statistics

Category	Volunteer Hours	Number of Participants
Parishioner Education/Information	15	29
Screenings	56.5	284
Support Groups	24.5	341
Personal Health Counseling	12.15	74
Visitation (Home, SNC, Hosp)	41	N/A
Telephone Calls	15.5	N/A
RCH Networking Meetings	6	N/A
Health Cabinet Meetings	0	23
Education Programs/CE	0	3
Preparation Time	0	N/A
Total Number of Referrals Made	N/A	0
Total Group	170.65	754

Program Development

In 2012, networking meetings were held to provide educational opportunities for the local faith community nurses and health ministers. The networking meetings provided community education on the following topics:

1. The Implications of Faith in Death and Dying (March)
2. Reaching Your Congregation's Youth Through Health Ministry (August)

REDLANDS FAMILY CLINIC

US Census Bureau (2012) reports that 33.1% of our population nationwide is uninsured or underinsured (Medicaid), and of the uninsured, 9.4% of children under the age of 18 do not have any form of health insurance. California ranked sixth amongst all states for the highest percentage (19.5%) of uninsured people. Barriers to health care such as culture and low socioeconomic status continue to be a serious issue. Redlands Community Hospital addresses this issue by providing patient-centered primary health care services for individuals living in our medically-underserved communities.

Purpose

A goal of the Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources; 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources, and 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. A largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. The California Wellness Foundation: provided grant funding for women's health services
2. Building a Generation: A not-for-profit organization with family resource centers located in local schools. They provide case management and parent-child education programs. Their mission is to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families.
3. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.
4. BioData Medical Laboratories: provides clinical laboratory services
5. Local Pharmacies

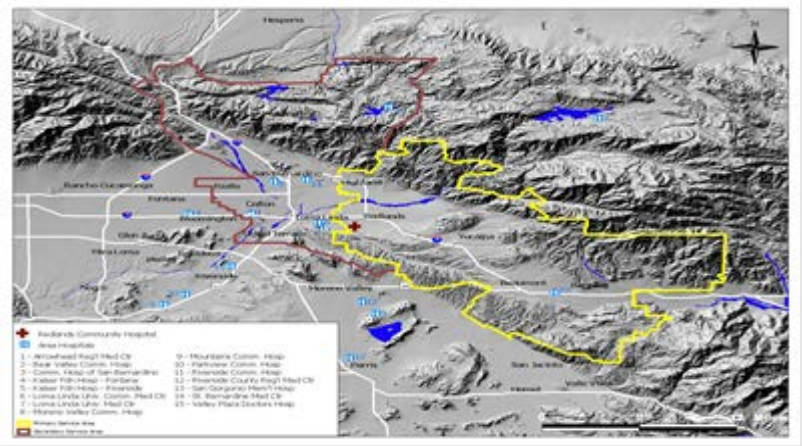
Goals and Milestones Accomplished in 2012

1. Enhanced primary care services
2. Provided and facilitated community educational offerings and health care screenings
3. Provided no-cost seasonal flu vaccinations to the community
4. Expanded awareness of the services provided by the Redlands Family Clinic
5. Supported Redlands Unified School District by providing employee TB screening

Top 10 medical diagnoses treated in clinic (highest to lowest)

Benign hypertension
Diabetes Mellitus
Hyperlipidemia
Hypothyroidism
Obesity
Anxiety
Gastritis and Gastroduodenitis
Pure Hyperglyceridemia
Depressive Disorder
Lump or mass in Breast

Redlands Family Clinic
Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa and Mentone.



Scope of Services

Hours of Operation	8:00-4:30 Monday through Friday
Personnel	Nurse Practitioners Licensed Vocational Nurses Medical Assistants Patient Account Representative Executive Director
Primary Services	Pediatrics (CHDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

Total Visits, 2009 to 2012

	2009	**2010**	**2011**	**2012**
Redlands Family Clinic	6,787	5,667	5,667	5,982
New Patients	1,987	1,834	1,671	1,701

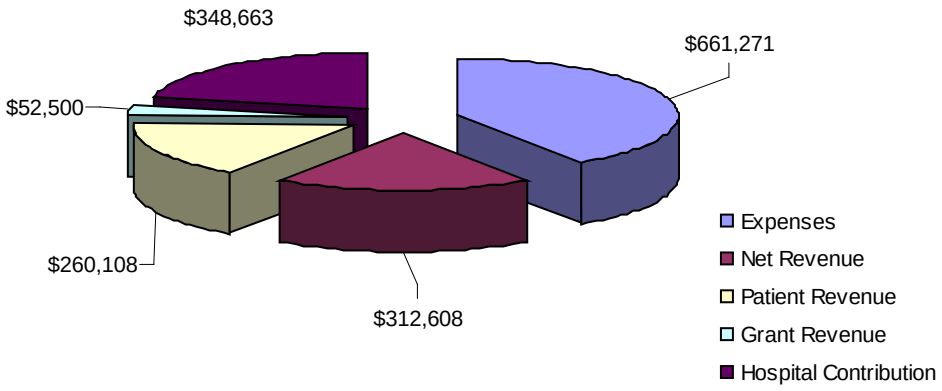
Patient visits increased by 5.6% during 2012. The total number of new patients seeking services at the Redlands Family Clinic remains stable. The Redlands Family Clinic provides accessible and low-cost healthcare services.

Total Visits – Historical

2002	2,400
2003	4,148
2004.	5,048
2005	10,244
2006	11,648 (Yucaipa Family Clinic closed 6/9/06)
2007	5,001
2008	5,833
2009	6,787
2010	5,667
2011	5,667
2012	5,982

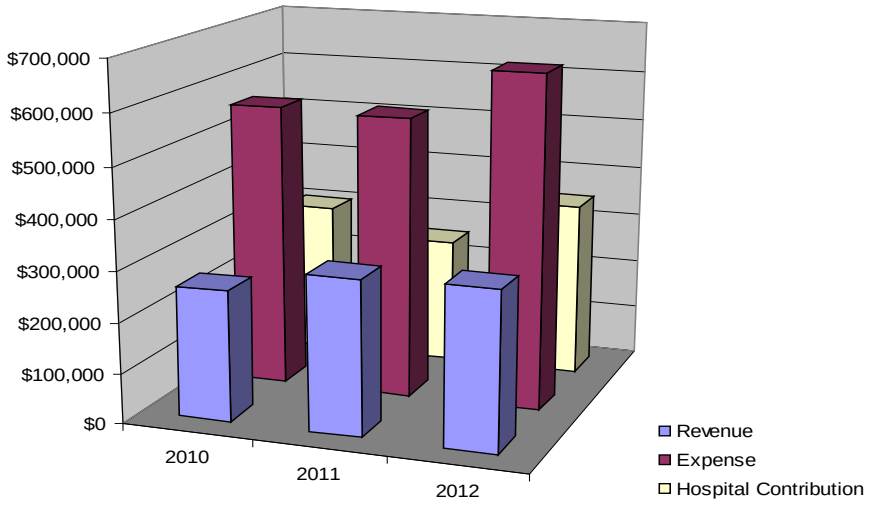
Financial Summaries Redlands Family Clinic, 2012

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2011 was $252,303.



Expenses		$661,271
Net Revenue		$312,608
Patient Revenue	$260,108	
Grant Revenue	$ 52,500	
Hospital Contribution		$348,663

Financial Summary Comparison, 2010, 2011, and 2012



	Revenue	Expense	Hospital Contribution
2010	$259,952	$563,296	$303,344
2011	$306,509	$558,812	$252,303
2012	$312,608	$661,271	$348,663

Goals and Objectives for 2013

1. Expand primary care services for low-income and underserved individuals
2. Secure funding sources for direct-care services and program materials
3. Continue to support community-based health programs
4. Enhance technology towards implementing electronic health records

Summary

During a time when healthcare dollars continue to shrink and increased financial risk is going to community hospitals, Redlands Community Hospital continues to demonstrate that healthcare resources can be made available to everyone. We at Redlands Community Hospital have not only proven it can be done, but witnessed the continuation and growth of services to the under-served population. We have addressed critical elements needed for early intervention by providing primary care services, controlled and reduced co-morbidities and made every attempt to prevent use of the Emergency Room as a source of primary health care services. Most importantly, we have demonstrated successfully how to help patients take control of their health care by providing patient-centered services and assisting with the transition to public assistance programs, whenever they qualify. If patients do not qualify for public assistance, we will continue to provide them with the healthcare they require.

We are encouraged by positive recognition the staff at the clinic receive from the patients and families served. During 2012 patients indicated 93% overall satisfaction. We will continue to network with the community to share our challenges and successes.

Our vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

PERINATAL SERVICES (MATERNAL/INFANT HEALTH)

The community based Perinatal Services Program offers several outpatient specialty education programs, Comprehensive Perinatal Services Program (CPSP), diabetes and pregnancy education, breastfeeding education, and childbirth education.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-natal care for low-income, uninsured or underinsured women and teens.

Program Description

The Comprehensive Perinatal Services Program (CPSP) provides a variety of services and education to women prior to delivery and up to sixty days after delivery. Goals of the program are to decrease the incidence of low birth weight in infants, to improve the outcome of every pregnancy, to give every baby a healthy start in life and to lower health care costs by preventing catastrophic and chronic illness in infants and children. The Comprehensive Perinatal Services Program is a Medi-Cal sponsored program for women who are pregnant and are enrolled in straight Medi-Cal or a Medi-Cal Managed Care Plan.

The Diabetes and Pregnancy Education Program provides education, evaluation and intervention for pregnant women with diabetes or for women with diabetes planning to become pregnant. The goal of the program is to improve pregnancy outcomes for women and to reduce fetal deaths and neonatal and maternal complications. Services include an initial evaluation and follow-up by a registered nurse and dietician.

The Breastfeeding program provides breastfeeding education and support for groups, and individual one-on-one education.

The Childbirth preparation courses prepare the pregnant women and family for childbirth. Classes are designed to provide practical and useful tools in preparation of childbirth.

Partnerships

1. First 5 San Bernardino
2. County of San Bernardino (Public Health/CPSP)
3. Participating CPSP medical groups and community physician offices
4. California Diabetes and Pregnancy Program Sweet Success
5. Inland Empire Health Plan

Goals and Outcomes Accomplished in 2012

1. Provided perinatal education services at three office locations in Redlands and Yucaipa.
2. Enhanced patient educational tools and further developed the educational program at the Yucaipa and Redlands facilities.
3. Expanded awareness of the education services provided by Perinatal Services to the local community and OB physicians.
4. Successfully recruited additional professional staff.
5. Increased access to services and realized 53% program growth.
6. Achieved 98% patient satisfaction rating.

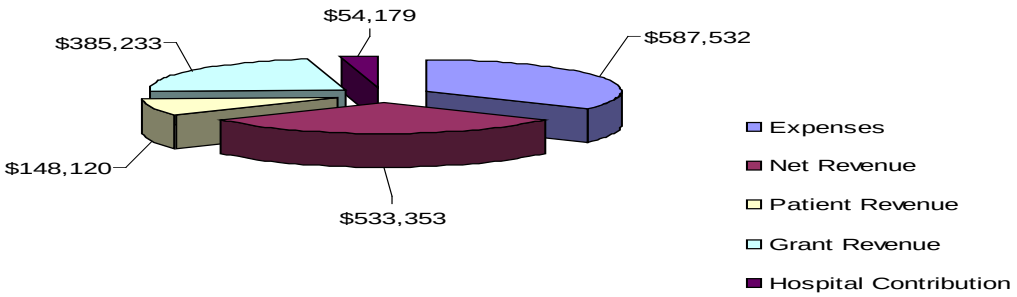
Goals and Outcomes set for 2013

1. Increase access to services at the Yucaipa office
2. Increase the programs productivity at the Yucaipa office
3. Meet or exceed patient expectations
4. Emphasize the benefit of the various education programs to our patients and the community at-large
5. Promote breastfeeding initiatives

Total Visits, 2008 through 2012

2008	**2009**	**2010**	**2011**	**2012**
1,544	1,293	1,138	1,429	2,181

Financial Summaries Perinatal Services, 2012
The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2012 was $54,179.



Expenses		$587,532
Net Revenue		$533,353
Patient Revenue	$148,120	
Grant Revenue	$385,233	
Hospital Contribution		$54,179

COMMUNITY CASE MANAGEMENT PROGRAM

The community Case Management Program addresses the needs for at-risk, underinsured and complex healthcare issues as well as education on disease management and community resources.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-hospital care for the underinsured, non-compliant and those with complex healthcare needs.

Program Description

The community case manager smooth's delivery of care throughout the patients' entire episode of illness and evaluates the delivery of care in terms of patient outcome and satisfaction.

The purpose of the community case management program is to provide high-quality service to people who do not know how to navigate the healthcare system be due to financial, cultural, lifestyle, or psychological barriers. An equally important focus is empowering the patient and family with disease specific education emphasizing promotion of health/ wellness, and the tools necessary to promote individualized health care decision making. The goals of the program are to decrease the incidence of readmissions, to educate regarding disease process and management, to provide community resources, to facilitate the relationship between the patient and their healthcare providers and improve patient healthcare outcomes.

Participants are identified through multiple points of entry by either the physician or a case manager. Criteria include but not limited to multiple hospitalizations for the same diagnosis, multiple co-morbidities, noncompliant patterns, new diagnosis of life threatening illness, assistance with coordination of services and limited understanding of medical needs.
Services include an in-home nursing assessment of needs, development of plan of care specifying goals with implementation and collaboration with team members and education of patient/family to enable successful management of care.

Goals and Outcomes Accomplished in 2012

1. Computerized documentation in the Meditech computer system.
2. Successfully educated participant on disease process and weight loss resulting in an 80 lbs weight loss and reduction in hospitalizations by 50%.
3. 85% of participants were found to have no incidents of hospitalizations after interventions.

Goals and Outcomes set for 2013

1. Increase referrals to the program
2. Develop a patient satisfaction tool
3. Meet or exceed patient expectations
4. Increase the programs productivity
5. Emphasize the benefit of the program to our physicians, patients and the community at-large
6. Decrease the number of in-patient and emergency room visits of program participants

Financial Summary of the Community Case Management Program

The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2012, which include nursing salary, mileage, monthly cell phone and various medical and office supplies, was $97,450.00.

PASTORAL CARE SERVICE – LAY MINISTRY – GRIEF PROGRAM

Clinical Chaplain

The RCH Clinical Chaplain performs and supervises multiple services which contribute to the spiritual well being of those within the hospital. The chaplain addresses the spiritual concerns of RCH preoperative patients who request pastoral support. The Chaplain additionally serves as a part of the ICU and preoperative clinical teams, providing professional spiritual assessment and support for patients and families. The chaplain also responds to referrals from health care professionals throughout the hospital to assist with addressing life threatening illnesses, end of life concerns and issues of spiritual distress. Pastoral Care also participated in the process to develop a Palliative Care Program and continues to be an active part of the Ethics Committee.

Lay Ministry

Volunteers serve the community by giving their time provide strength and support for patients at RCH. Pastoral Care Services offers the opportunity to persons of all faith traditions to become a Pastoral Care Visitor. In addition to making visits in a designated clinical area, Pastoral Care Visitors participate in 16 hours of initial training provided by the Chaplain and on-going evaluation by the Chaplain and peers. Participants report being 'stretched' as they work as a group to expand their theological/spiritual understanding, in the context of the larger community of faith.

Grief Recovery

Follow-up grief care is an important service for families who have lost loved ones at Redlands Community Hospital. Included in a personalized letter to surviving family members is a list of several local grief support groups. In some cases, the Chaplain initiates grief support, thereafter providing an appropriate referral to a local support group.

Interspiritual Formation

RCH Pastoral Care Services explore and promote the growing worldwide movement of interfaith dialogue, communication, and understanding. Frequent cultural displays are sponsored by the office since the RCH patient population has become more spiritually diverse.

Community Partners

The Office of Pastoral Care Services partners with spiritual care providers in the greater Redlands area to facilitate spiritual care. We host an annual Clergy Appreciation Luncheon to celebrate and strengthen our community's interfaith connectivity.

Goals and Milestones Accomplished in 2012

Pastoral Services at Redlands Community Hospital has been busy about the care of the spirit in the lives of hundreds of patients over the past year. We developed and hosted a 4 part grief workshop offered to the families of patients who have passed as well as to the community. Our lay program continues to have a visible presence at the bedside listening to the stories of our patients. These stories often include family problems long before the patient discusses their reason for being in the hospital. Listening to these stories aids in the healing process of our patients. 2012 also saw the continuation of our Volunteer Chaplain program. Our Volunteer Chaplains provide Chaplaincy Services when our Hospital Chaplain is not

available. Our visiting and volunteer chaplains are encouraged to participate in their spiritual development by being exposed to spiritual practices from many faith traditions and are encouraged to explore the significance for their own ministry. Participation in on going pastoral care training provides the framework for pastoral accountability and the development of skills which enhance the care of our patients. Pastoral Care of the people who come to our hospital has grown over the years and has become more diverse in its offerings. We provide sensitive spiritual care that is purposeful in its inclusiveness of all persons.

Over the past year the Pastoral Care Services at Redlands Community Hospital continued its mission to care for those requesting support. The Prayer Before Surgery Program was successful in helping patients with a sense of inner peace prior to entering the operating room. The chaplain was an integral part of the ICU rounds providing spiritual guidance to the team, the patient, and the family. The Chaplain also assists in providing patients with control over end of life issues through the Palliative Care Program. The Pastoral Care Team provides companionship and comfort to patients through The No One Dies Alone Program which was successfully launched last year for patients who have nobody with them as they prepare for leave this life. Listening is one the most important elements of service provided. Many times in our busy lives, no one takes the time to listen to others fears and concerns; the Pastoral Care team was able to take the much needed time to do just that. Touching our visitors and patients lives in meaningful ways to heal the spirit is as important as healing the body. Ones mind, spirit and body all need to be in harmony for true healing. Our goal in Pastoral Care is to be inclusive of all spiritual beliefs and to be able to support the patient's needs.

Unreimbursed costs to Redlands Community Hospital for the Pastoral Care Program during 2012 were $13,000.

Goals for 2013

1. Provide on-going spiritual care to RCH patients and families.
2. Support the Pastoral Care Visitor and Volunteer Chaplain in his/her personal ministry.
3. Facilitate interest in throughout the local Faith Community by meeting with local clergy and other faith community leadership.
4. Provide resources to area residents to facilitate improved end-of-life planning.
5. Further develop interfaith understanding through dialog and fellowship.
6. Develop a spiritual support team to focus on the spiritual needs of the maternal-child care areas.
7. Participate as a team member in the Palliative Care Team.
8. Guide RCH staff toward a deeper understanding of interfaith discussions which impact patient care.

BUILDING A GENERATION

Building a Generation (BAG), a not-for-profit organization with a volunteer Board of Directors, has a mission to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families. Staff and volunteers at BAG provide case management and parent-child education throughout the community.

Building a Generation has staff in Family Resource Centers located on site at four schools in the Redlands Unified School District. Children and parents are assisted at the Family Resource Centers through parenting classes, counseling, case management and referrals. Case managers provide the necessary follow through to make sure a family is getting the assistance they need.

Hospital Leadership:

In 2008, the hospital's Executive Director for Community Based (Outreach) Programs and Services was elected to the Board of Directors, replacing the hospital's President/CEO on the Board. Since 1998 and the inception of "Building a Generation", Redlands Community Hospital has taken a leadership role with Building a Generation. The hospital's President/CEO served as President of the organization and then on the Board from 2006 to 2008.

Problem:

Inadequate access and coordination of services for children and families.

Program description:

A collaboration of community-based organizations facilitates programs to assist families and youth with a variety of needs, from healthcare to social services to recreation programs to educational programs.

No cost to Redlands Community Hospital for this program, other than the Executive Director's time and the hospital's donations and sponsorships for the organization's fundraising events.

Goals and Milestones Accomplished in 2012:

1. Involved community leaders and community based organizations
2. Developed and refined processes to evaluate program effectiveness

Goals and Milestones set for 2013:

Continue to support and collaborate with Building a Generation to make a healthier community.

MISCELLANEOUS COMMUNITY BENEFIT ACTIVITIES IN 2012

Redlands Community Hospital is continually involved in a variety of activities and programs that benefit the community, some of which are outlined below:

Presence at Health Fairs/Screenings

A variety of health education information and health topics/services are offered to the community as Redlands Community Hospital participates in numerous health fairs throughout the year, including those at Senior Centers, Community Centers, large employers, children events, emergency preparedness fairs, community special events, health education classes at high schools, YMCA, etc.

- **Community Health Fairs**– participated in nine community health fairs in 2011, providing education about the hospital's programs and services:

    - Highland Senior Center
    - Jocelyn Senior Center
    - Redlands Senior Community Center
    - Sun Lakes Senior Living Community
    - Beaumont Senior Center Health Fair
    - Yucaipa Health Fair
    - Health Redlands Health Fair- YMCA
    - YMCA Kids Fair
    - YMCA Family Health Fair
    - Mission Commons Health Fair (Redlands Senior Housing Facility)
    - Yucaipa Emergency Preparedness Fair
    - Primeline Health Fair

Free Immunization Programs

The Marketing and Public Relations staff, Family Clinic Nurse Practioners, Community Health Nurses and Health Ministry Nurse Coordinator plan and administer:

- Free Flu Shots given to the patients, at Flu Shot Clinics, Rotary and Kiwanis Clubs, and more (Total number of flu shots given 2017.
- Flu shots and other immunizations are offered to underprivileged individuals at homeless shelters, soup kitchens, Salvation Army, church shelters, and other locations.
- Free seasonal/H1N1 flu educational flyers, posters and brochures were distributed to the public; educational information and public screening locations were advertised in local newspapers, a telephone information hotline was implemented and information was placed on the hospital website.

Senior Citizen Activities

- RCH funded several senior citizen newsletters in conjunction with the Jocelyn Senior Center which were mailed to seniors in various communities.
- RCH sponsored an information bulletin board at three senior centers in the area containing health information.
- Marketing / Public Relations and other hospital departments presented health programs to senior groups which included education on heart disease, high blood pressure (hypertension) and diabetes prevention and treatment.

- RCH sponsored special programs for seniors at various senior centers i.e. Redlands Community Senior Center), offering lunch or dinner, and a presentation by hospital staff on varying health topics.
- RCH also offered a variety of health screenings (such as eye vision testing), health information, and more.

Charity Care and Emergency Department Services

No patient with urgent health care needs is turned away from the RCH emergency department for inability to pay for health services. Admitting clerks seek to obtain health insurance or Medi-Cal coverage. After all avenues of financial payment have been exhausted, charity care is provided.

Community Outreach/Co-sponsored or Supported:

- **Blood Drive Event-** Sponsored a monthly blood drive event in collaboration with LifeSteam (Formally known as the Blood Bank of San Bernardino and Riverside Counties).
- **Conducted hospital tours for students and foreign visitors**– hosted guests and gave educational tours of hospital facilities and services.
- **Heart Health Month**– provided heart health information to the community in conjunction with national "Go Red Day."
- **Run Through Redlands First Aid Booth**– provided first aid treatment and water stations to participants of the event.
- **YMCA Children's Health Education**- including participation in their annual Kids Care Fair
- **Boys and Girls Club Kids Day** – provided health information booth
- **The Believe Walk-** provided a First Aid Station, refreshment stop and walking team as well as a health information booth at their Bash location.
- **The Redlands Bicycle Classic**- provided valuable health and wellness information and giveaway items.
- **Susan G**. **Komen Race For The Cure –** provided a health information booth and walking team
- **Community Outreach (Family Service Association)-** Throughout the year, Redlands Community Hospital continued to serve the needy within the community by:
    - Hospital-wide Food and Toy Drives
    - Thanksgiving Basket food Drive

Community Health Education Lectures:

Throughout the year, the hospital organized and supported community health education awareness programs, including:

- Grief Recovery Classes
- Adult CPR classes in San Bernardino and Riverside County
- Infant CPR for new parents
- Various health-related topics such as:

    Handling The Holidays- Grief seminar
    4 seminars on How To Get a Good Orthopedic Diagnosis
    3 Stroke Awareness Seminars
    Breast Cancer Fashion Show
    Diabetes Education community lecture
    Breast Cancer Awareness- women's health lecture
    Know Your Numbers – Men's Prostate Cancer Event
    Heart Awareness Month activities and lectures

Advanced treatment for gynecological diseases community lecture

- Hospital staff spoke at various community organization meetings about topics ranging from healthcare to expanding hospital facilities to meet the growing demand for health services.

Volunteer Services:

The volunteer program adds another dimension of care within our hospital and ultimately our community. The program has far reaching affects both within and outside the hospital's walls. Internally, the volunteers touch the lives of the patients and their families providing comfort and support; the relieve staff of volunteer appropriate duties and provide the volunteers themselves with a mechanism to feel useful and give to their community. As one example of their community service, volunteers assist patients in voting in national and regional elections. This involves getting patient names and going to their county registrar of voters offices to facilitate this valuable community service.

Externally, the volunteers are active community members who represent the hospital and cause through support in community functions such as health fairs and through partnering with external programs.

- Volunteers assist at numerous community events conducted by the hospital.
- In 2012 Volunteers raised and donated over $57,000 to the hospital Foundation to support hospital related community projects and services.

Community Sponsorships:

Donated funds, gift baskets, purchased tickets and attended nearly 100 various community non-profit events and fundraising efforts for agencies that help the community, including:

- Boys and Girls Club
- The Amputee Coalition of America
- Rotary Scholarship Events
- Yucaipa Senior Center
- The Children's Fund
- Bonnes Meres Auxiliary of Redlands
- The Redlands Bicycle Classic
- YMCA of Redlands
- The Redlands Bicycle Classic
- Stater Bros. Charities- The Believe Walk
- Kiwanis "Run Through Redlands" Marathon Fundraiser
- Redlands Northside Impact Committee Awards night for Hispanic community
- Joslyn Senior Center, Highland Community Center newsletter sponsorship
- Highland Senior Center services and programs
- Zonta Club gift baskets
- Susan G. Komen Race For The Cure
- Youth sporting events sponsorship through program ad support
- Redlands Symphony
- St. Bernardines Medical Center
- American Cancer Society Redlands "Relay For Life"
- Building A Generation Golf Fundraiser
- Redlands Daily Facts & San Bernardino Sun Newspapers In Education
- Redlands Baseball For Youth Sponsorship
- Redlands High School
- Redlands East Valley High School
- Family Service Association
- Adopt-A-Highway Beautification Project
- Redlands Symphony Annual Gala Fundraiser
- Highland Senior Center Golf Tournament fundraiser
- Highland Springs Medical Plaza
- Redlands Bowl Children's Summer Festival
- Redlands Police Officer's Association Fundraiser
- San Bernardino County Medical Society sponsor
- Calimesa Chamber of Commerce Sponsor
- Time For Change Foundation
- Yucaipa High School
- Redlands Unified School District
- Alpha Kappa Delta- University of Redlands
- Loma Linda Chamber of Commerce
- Loma Linda University Medical Center
- Loma Linda University
- Loma Linda University Medical Center Possibilities Program
- Primecare Golf Tournament
- Arrowhead Orthopedics Golf Tournament
- American Heart Association
- Lifestream (formally the Blood Bank of San Bernardino County) blood drives

- The National Health Foundation
- Beaumont Chamber of Commerce
- Calimesa Chamber of Commerce
- Highland Chamber of Commerce
- Redlands Chamber of Commerce
- Yucaipa Chamber of Commerce
- Loma Linda Chamber of Commerce

Emergency Planning:

Redlands Community Hospital continues to collaborate with area agencies to conduct County and City Emergency Drills. Hospital administrators, directors, safety, security and Emergency Department staff participated in numerous drills conducted throughout the year by the county, city and hospital. Different scenarios were staged to test cooperative functions between regional emergency agencies.

2012- Year in Review

2,017 free flu shots were given to the public by the hospital
4,200 people came to our booths at community health fairs
143 children and adults received a free tour of the hospital
2,526 babies were born at the hospital
11,841 patients stayed in the hospital
6,367 patients received surgery at the hospital
43,944 patients came through our 24-hour Emergency Department
103,755 patients came in for outpatient visits, excluding emergency department visits
823 pints of blood were donated by community & RCH staff at hospital Blood Drives
49,000 work hours and **over $57,000** were donated to the hospital by over **350** active volunteers

…and thousand of visitors passed through our doors in 2012!

Community Resource Repository

The hospital's community needs assessment demonstrated individuals are unaware of health and human resources available to them. Additionally, they have some fear of the system, not knowing how to access the appropriate services they may need. Community organizations are not aware of all the programs and services provided by other agencies. There are gaps in services and duplication of other services.

Problem:

At-risk members of the community and the vulnerable populations are unable to access programs and services for assistance.

Program description:

The Inland Hospital Community Benefit Collaboration has identified over 9,000 resources available throughout the Inland Empire. This coalition is developing a mechanism to maintain a resource database and determining how this information can be accessible to various populations in the community.

Partners include:

Community Hospital of San Bernardino
Kaiser Permanente, Fontana
Pomona Valley Hospital, Pomona
Medi-Cal health educators
Redlands Community Hospital, Redlands
Riverside Community Hospital, Riverside
San Antonio Community Hospital, Upland
St. Bernardine's Medical Center, San Bernardino
Arrowhead Medical Center, San Bernardino
California State University, San Bernardino
Mt. Baldy United Way
Parkview Community Hospital, Riverside
Riverside County Public Health Officer
Arrowhead United Way Agency
Healthcare Association of Southern California
San Bernardino County Public Health Officer
Corona Regional Medical Center, Corona
United Way Agency of East Valley
Loma Linda University Medical Center, Loma Linda

Goal and Milestones Accomplished in 2011:

- Maintained communication with all entities via internet updates.

Goal and Milestones Set for 2012:

- Expand Redlands Community Hospital's Health Ministries Program to include more involvement by other members of the collaborative.
- Utilize the various web sites to obtain information about collaborative programs and results.
- Continue working closely with members of the "Community Health Coalition of San Bernardino County" which meets regularly at the San Bernardino County Medical Society.
- Continue meeting with the Inland Empire Community Benefit Collaborative to identify and assess areas of need in our region.

Community Benefits and Economic Value

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2012 for Redlands Community Hospital.

A. Medical Care Services	Audited 2012	
Medicare	$ 3,930,507	
MediCal, Co.-indigent & Other	$ 7,920,963	
Unreimbursed care		$11,851,470
B. Community Outreach unreimbursed care		$ 437,081
Health Ministries	$ 34,239	
Family Clinic	$ 348,663	
Perinatal Services	$ 54,179	
C. Community Case Management		$ 97,450
D. Pastoral Services		$ 75,160
C. Community Benefits		$ 390,346
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
D. Volunteer Services value of 49,000 hours donated*		$ 1,067,710
E. Hospital Board value of volunteer hours*		$ 12,584
F. Medical Staff value of volunteer hours*		$ 56,937
G. Funds donated to hospital by employees		$ 77,171
H. Funds donated to hospital by Volunteer Services		$ 57,000
	TOTAL	**$14,121,776**

* This value is based on the "independentsector.org" national estimated hourly value for hospital volunteer service: $21.79 per hour.

Non-Quantifiable Benefits

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at **$265,800** annually. Hospital staff who are providing leadership skills and bringing facilitator, convener and capacity consultation to the community collaboration efforts, incurs these expenses. These skills are an important component to enable the hospital to meet their mission, vision and value statements and community benefit plan. Leadership, advocacy and participation in community health planning costs are **$265,800.**

Part 2 - Community Needs Assessment Process Conducted In 2011

I. INTRODUCTION

California's Community Benefit Law (Senate Bill 697), sponsored by California Association of Hospitals and Health Systems (CAHHS) and the California Association of Catholic Hospitals (CACH), and was passed in 1994. It required all private, not-for-profit hospitals in California to conduct a community needs assessment and develop community benefit plans that are annually reported to the California Office of Statewide Health Planning and Development (OSHPD).

Redlands Community Hospital (RCH) conducted Community Needs Assessments for reporting periods 1995, 1998, 2002, 2005, 2008 and 2011. Communities of vulnerable and at-risk populations were identified and participated in the surveys.

Redlands Community Hospital continually strives to be aware of the changing healthcare needs of the people in the local communities. To help us identity the changing or unmet needs, understand the problems and opportunities, and to enable us to better respond to those changing needs, the hospital conducted a Community Needs Assessment in 2010 in accordance with the Community Benefit Law SB 697. The assessment process allowed the hospital to evaluate the needs, resources and gaps in healthcare services in our local communities.

Through consultation with community members, the goal of Redlands Community Hospital was to collect information which could enable the hospital to identify:

- Unmet health needs and problems
- Vulnerable and at risk populations
- Resources and services available
- Barriers to service and unmet needs
- Possible solutions to the identified needs and challenges

REDLANDS COMMUNITY HOSPITAL MISSION, VISION, AND VALUES

MISSION STATEMENT

Our mission is to promote an environment where members of our community can receive high quality care and service so they can maintain and be restored in good health.

We will accomplish our mission by interacting with the following groups:

Our Patients

Our patients are not just customers, but are fellow humans in need. From their first encounter, we will treat our patients with dignity and compassion, comfort their family and friends, and

endeavor to make their stay with us as rewarding as possible. We will provide whatever services we can, in and outside of the hospital, to maintain and restore the health of those who came to us for care.

Our Physicians
We shall strive to anticipate and meet the needs of the physicians who have chosen to affiliate with our Hospital. Together with us, they shall govern themselves and continue to maintain and assure a superior standard of conduct and patient care.

Our Employees
Our employees are health professionals, trained not just to accomplish their job, but to realize that the purpose of every job is to benefit the patient.

Our Associates
Those who have had the faith in us to invest in our future and those with whom we do business deserve a return of that trust. We shall conduct our business efficiently for that purpose.

Our Community
We are an integral part of our community. Therefore, we will listen to our community and its leaders to help us assess the community's health needs and we will work with them to develop a plan to address those needs to the best of our abilities and resources.

Our Vision

Our vision is to be recognized for the quality of service we provide and our attention to patient care.

We want to remain a non-for-profit, full-service community hospital and to continue to be the major health care provider in our primary service area of East San Bernardino Valley as well as the hospital of choice for our medical staff, We recognize the importance of remaining a financially strong organization and will take the necessary actions to ensure that we can fulfill this vision.

Our Values

We Are Committed To Serving Our Community.
Our services will make a difference in the quality of life in the communities we serve. It is our responsibility to assess the needs of out patients, physicians, employees, and others, and, to the best of our ability and resources, respond to those needs.

Our Community Deserves The Best We Can Offer.

We will provide efficient caring services to our patients and others in a courteous and professional way. We will strive to provide high quality, cost-efficient health care. We will continue to develop new services and eliminate obstacles to demonstrate our commitment of being responsive to the needs of our community.

Our Organization Will Be A Good Place To Work.

As an organization, we value the participation of each employee, physician, volunteer, and Board member. We will encourage suggestions, listen attentively, and follow through. Recognizing the importance of everyone who works here, we expect to treat one another, and to be treated, with respect and a sense of importance of team work. Our greatest asset is the people who are committed to our organization.

Our Organization Will Be Financially Strong.

We will be a financially strong and creative organization with the people, facilities, and finances to provide our best service. We will create and maintain a financial environment that will support and encourage our values.

II. BACKGROUND

Redlands is located in Southern California in the east valley of the San Bernardino Mountains. This century-old city is known for its Victorian homes and historic public buildings, a thriving downtown, tree-lined streets, orange groves, mountain views, and cultural richness. It is home to the University of Redlands, a top-ranked private university, which offers the community a full cadre of social and cultural events.

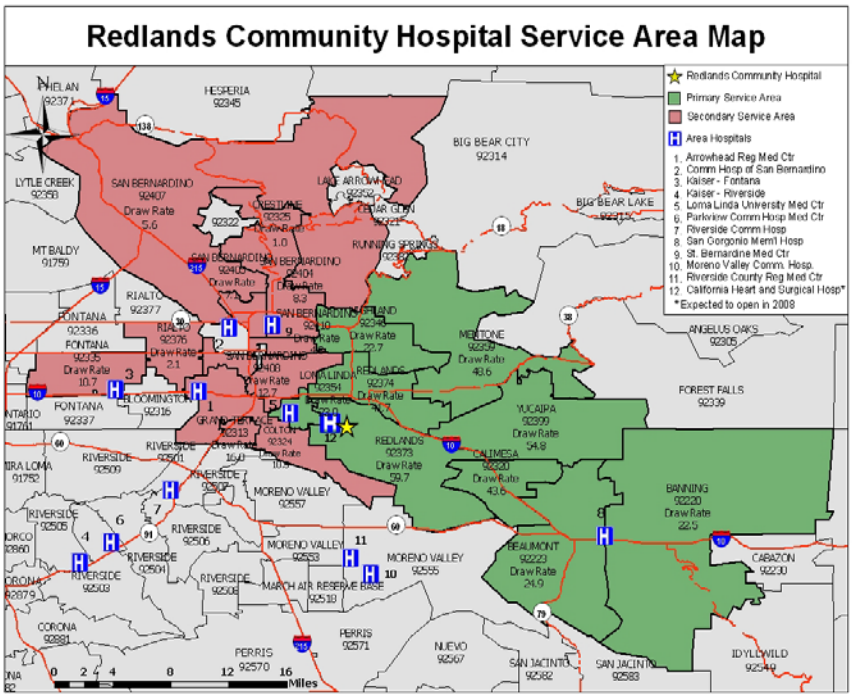
Yet, just like many other communities, there are groups of people, neighborhoods, or individuals who are struggling financially and lack adequate healthcare. As our service to the community, we strive to reach out to those in need of healthcare through a variety of community service programs.

Founded in 1904, Redlands Community Hospital is a non-profit, 205 bed healthcare facility located in the east San Bernardino Valley of Southern California. The hospital offers acute healthcare, diagnostic testing, outpatient and home healthcare services. The hospital operates a community-based Family Clinic for low-income and underinsured community members. The clinic originated in an elementary school, however it out grew the location and now resides at a free-standing location in a high-risk area of Redlands. As a community hospital, we take pride in our ability to provide personal care, comprehensive care, and, high quality services. Our public relations department, Emergency Department, Family Clinic, Perinatal Services Program, Health Ministry Program, and several other departments throughout the hospital are involved in offering and providing a variety of community services and charity care. Individuals throughout our large service area depend on us for 24-hour emergency care, the professional delivery of healthcare and community outreach programs.

COMMUNITIES SERVED

Analyzing historical patient origin data derived from the hospital's statistical information identified the geographic service area of Redlands Community Hospital. Located in the most densely populated area of San Bernardino County, communities identified as being in the primary service area of the hospital are Banning, Beaumont, Calimesa, Highland, Loma Linda, Mentone, Redlands and Yucaipa. The secondary service area is comprised of the cities of Colton, Crestline, Fontana, Grand Terrace, Rialto, San Bernardino, and several mountain communities.

Figure 1.
Redlands Community Hospital Service Area Map



DEMOGRAPHIC CHARACTISTICS PRIMARY AND SECONDARY SERVICE AREA

Figure 2.
Redlands Community Hospital Patient Origin

Redlands Community Hospital
Patient Origin
CY 2008 - Annualized 2010 (1)

		CY 2008			CY 2009			CY Annualized 2010 (1)		
ZIP Code	Community	Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent	Discharges	Percent of Total	Cumulative Percent
Primary Service Area										
92399	Yucaipa	2,401	19.0%	19.0%	2,483	19.5%	19.5%	2,489	19.2%	19.2%
92373	Redlands	1,581	12.5%	31.5%	1,512	11.9%	31.3%	1,652	12.8%	32.0%
92374	Redlands	1,553	12.3%	43.8%	1,520	11.9%	43.2%	1,639	12.7%	44.7%
92346	Highland	996	7.9%	51.6%	984	7.7%	50.9%	981	7.6%	52.3%
92223	Beaumont	689	5.4%	57.1%	794	6.2%	57.2%	823	6.4%	58.6%
92220	Banning	636	5.0%	62.1%	624	4.9%	62.1%	643	5.0%	63.6%
92354	Loma Linda	330	2.6%	64.7%	295	2.3%	64.4%	295	2.3%	65.9%
92359	Mentone	349	2.8%	67.5%	376	2.9%	67.3%	297	2.3%	68.2%
92320	Calimesa	367	2.9%	70.4%	411	3.2%	70.5%	389	3.0%	71.2%
Subtotal		*8,902*	*70.4%*		*8,999*	*70.5%*		*9,208*	*71.2%*	
Secondary Service Area										
92324	Colton	486	3.8%	74.2%	452	3.5%	74.1%	428	3.3%	74.5%
92404	San Bernardino	368	2.9%	77.1%	360	2.8%	76.9%	324	2.5%	77.0%
92407	San Bernardino	279	2.2%	79.3%	270	2.1%	79.0%	265	2.1%	79.1%
92410	San Bernardino	148	1.2%	80.5%	141	1.1%	80.1%	153	1.2%	80.2%
92313	Grand Terrace	167	1.3%	81.8%	166	1.3%	81.4%	180	1.4%	81.6%
92408	San Bernardino	93	0.7%	82.6%	121	0.9%	82.4%	113	0.9%	82.5%
92405	San Bernardino	135	1.1%	83.6%	140	1.1%	83.5%	135	1.0%	83.6%
92376	Rialto	137	1.1%	84.7%	149	1.2%	84.6%	133	1.0%	84.6%
92325	Crestline	88	0.7%	85.4%	63	0.5%	85.1%	63	0.5%	85.1%
92335	Fontana	49	0.4%	85.8%	58	0.5%	85.6%	60	0.5%	85.5%
Subtotal		*1,950*	*15.4%*		*1,920*	*15.1%*		*1,855*	*14.3%*	
All Other		1,795	14.2%	100.0%	1,838	14.4%	100.0%	1,871	14.5%	100.0%
TOTAL		**12,647**	**100.0%**		**12,757**	**100.0%**		**12,933**	**100.0%**	

Source: Redlands Community Hospital
https://sharepoint.thecamdengroup.com/Clients/Redlands Community Hospital/Strategic Plan 2010/Planning/[Patient Origin_2008-YTD_2010.xlsx]Trend
Note: Excludes normal new borns (MS-DRG 795)
(1) Annualized based on nine months of data

Figure 3.
Primary Service Area – Ethnic Profile

Redlands Community Hospital
Primary Service Area versus the State of California - Ethnic Profile
CY 2010 and 2015

Ethnicity	CAGR[1]	Estimated 2010 Number	Estimated 2010 Percent of Total	Projected 2015 Number	Projected 2015 Percent of Total
Primary Service Area					
Hispanics	4.6%	97,186	33.0%	121,547	37.3%
Non-Hispanics					
White	-0.1%	149,675	50.8%	148,841	45.7%
Black	1.4%	14,666	5.0%	15,713	4.8%
American Indian/Alaskan/Aleutian	1.4%	2,664	0.9%	2,859	0.9%
Asian/Hawaiian/Pacific Islander	4.0%	21,263	7.2%	25,863	7.9%
Other	3.2%	9,257	3.1%	10,854	3.3%
Total Non-Hispanics	0.7%	*197,525*	*67.0%*	*204,130*	*62.7%*
TOTAL	2.0%	**294,711**	**100.0%**	**325,677**	**100.0%**
California					
Hispanics	2.4%	14,046,343	37.1%	15,851,443	39.5%
Non-Hispanics					
White	-0.3%	15,487,385	40.9%	15,246,120	38.0%
Black	0.3%	2,230,449	5.9%	2,263,901	5.6%
American Indian/Alaskan/Aleutian	0.7%	188,566	0.5%	195,614	0.5%
Asian/Hawaiian/Pacific Islander	2.2%	4,689,717	12.4%	5,233,764	13.0%
Other	2.1%	1,210,970	3.2%	1,345,722	3.4%
Total Non-Hispanics	0.4%	*23,807,087*	*62.9%*	*24,285,121*	*60.5%*
TOTAL	1.2%	**37,853,430**	**100.0%**	**40,136,564**	**100.0%**

Source: Claritas, Inc.
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 4.
Secondary Service Area – Ethnic Profile

Redlands Community Hospital
Secondary Service Area versus the State of California - Ethnic Profile
CY 2010 and 2015

Ethnicity	CAGR[1]	Estimated 2010 Number	Estimated 2010 Percent of Total	Projected 2015 Number	Projected 2015 Percent of Total
Secondary Service Area					
Hispanics	2.9%	291,536	63.1%	335,640	68.1%
Non-Hispanics					
White	-3.5%	91,141	19.7%	76,277	15.5%
Black	-0.1%	50,534	10.9%	50,336	10.2%
American Indian/Alaskan/Aleutian	-1.5%	2,063	0.4%	1,916	0.4%
Asian/Hawaiian/Pacific Islander	2.1%	16,927	3.7%	18,752	3.8%
Other	0.3%	9,840	2.1%	9,987	2.0%
Total Non-Hispanics	-1.6%	*170,505*	*36.9%*	*157,268*	*31.9%*
TOTAL	1.3%	**462,041**	**100.0%**	**492,908**	**100.0%**
California					
Hispanics	2.4%	14,046,343	37.1%	15,851,443	39.5%
Non-Hispanics					
White	-0.3%	15,487,385	40.9%	15,246,120	38.0%
Black	0.3%	2,230,449	5.9%	2,263,901	5.6%
American Indian/Alaskan/Aleutian	0.7%	188,566	0.5%	195,614	0.5%
Asian/Hawaiian/Pacific Islander	2.2%	4,689,717	12.4%	5,233,764	13.0%
Other	2.1%	1,210,970	3.2%	1,345,722	3.4%
Total Non-Hispanics	0.4%	*23,807,087*	*62.9%*	*24,285,121*	*60.5%*
TOTAL	1.2%	**37,853,430**	**100.0%**	**40,136,564**	**100.0%**

Source: Claritas, Inc.
(1) CAGR is the compound annual growth rate, or the percent change in each year

Figure 5.

Primary Service Area – Population by Age Cohort

Redlands Community Hospital
Primary Service Area versus the State of California - Population by Age Cohort
CY 2010 and 2015

Age Cohort (Years)	CAGR[1]	Estimated 2010 Number	Estimated 2010 Percent of Total	Projected 2015 Number	Projected 2015 Percent of Total	Percent Change 2010 - 2015
Primary Service Area						
0 - 14	2.2%	60,272	20.5%	67,290	20.7%	11.6%
15 - 44	1.6%	126,532	42.9%	136,820	42.0%	8.1%
45 - 64	2.2%	67,110	22.8%	74,876	23.0%	11.6%
65 +	2.7%	40,797	13.8%	46,691	14.3%	14.4%
Total	2.0%	**294,711**	**100.0%**	**325,677**	**100.0%**	10.5%
Women 15 - 44	1.4%	63,800	21.6%	68,523	21.0%	7.4%
Median Age	0.5%		34.5		35.3	2.5%
California						
0 - 14	1.2%	7,970,985	21.1%	8,470,429	21.1%	6.3%
15 - 44	0.2%	16,321,056	43.1%	16,494,987	41.1%	1.1%
45 - 64	1.9%	9,228,513	24.4%	10,137,421	25.3%	9.8%
65 +	3.0%	4,332,876	11.4%	5,033,727	12.5%	16.2%
Total	1.2%	**37,853,430**	**100.0%**	**40,136,564**	**100.0%**	6.0%
Women 15 - 44	0.2%	7,887,933	20.8%	7,958,962	19.8%	0.9%
Median Age	0.5%		35.1		36.0	2.5%

Source: Claritas, Inc.
(1) CAGR is the compound annual grow th rate, or the percent change in each year
https://sharepoint.thecamdengroup.com/Clients/Redlands Community Hospital/Strategic Plan 2010/Planning/Claritas/[PSA Pop by Age and Sex.xls]Pop Table

Figure 6.

Primary Service Area – Socioeconomic Profile

Redlands Community Hospital
Primary Service Area versus the State of California - Socioeconomic Profile
CY 2010 and 2015

Socioeconomic Indicator	CAGR [1]	Estimated 2010	Projected 2015	Percent Change 2010 - 2015
Primary Service Area				
Population	2.0%	294,711	325,677	10.5%
Households	1.9%	104,226	114,335	9.7%
Average Household Size	0.1%	2.8	2.8	0.7%
Median Household Income	1.9%	$54,673	$60,116	10.0%
Average Household Income	2.2%	$72,084	$80,450	11.6%
Income Distribution				
Under $25,000	-0.5%	21.7%	19.3%	-2.8%
$25,000 - $49,999	0.5%	24.7%	23.1%	3.0%
$50,000 - $99,999	1.5%	32.3%	31.8%	9.5%
$100,000 +	5.9%	21.2%	25.8%	41.1%
California				
Population	1.2%	37,853,430	40,136,564	6.0%
Households	1.1%	12,653,856	13,342,972	5.4%
Average Household Size	0.1%	2.9	2.9	0.7%
Median Household Income	1.7%	$62,401	$67,780	8.6%
Average Household Income	2.0%	$84,690	$93,434	10.3%
Income Distribution				
Under $25,000	-0.9%	18.9%	17.1%	-5.3%
$25,000 - $49,999	-0.5%	22.1%	20.4%	-2.9%
$50,000 - $99,999	0.5%	31.6%	30.7%	2.9%
$100,000 +	4.1%	27.4%	31.7%	27.0%

Source: Claritas, Inc.
(1) CAGR is the compound annual grow th rate, or the percent change in each year
https://sharepoint.thecamdengroup.com/Clients/Redlands Community Hospital/Strategic Plan 2010/Planning/Claritas/[Socioeconomic.xls]Household Table

LEADING CAUSES OF DEATH
United States, California, and San Bernardino County

TEN LEADING CAUSES OF DEATH UNITED STATES (2007)
(http://www.cdc.gov/NCHS/data/nvsr/nvsr58/nvsr58_19.pdf, January 10, 2011)

Diseases of heart
Malignant neoplasm (Cancer)
Cerebrovascular diseases (Stroke)
Chronic lower respiratory Diseases
Accidents (Unintentional Injuries)
Alzheimer's disease
Diabetes mellitus
Influenza and pneumonia
Nephritis, nephrotic syndrome and nephrosis (Kidney disease)
Septicemia

TEN LEADING CAUSES OF DEATH HISPANIC/LATINO POPULATION, UNITED STATES, 2006
(http://www.cdc.gov/omhd/Populations?HL/HL.htm, January 10, 2011)

Heart Disease
Cancer
Unintentional Accidents
Stroke
Diabetes
Chronic liver disease and cirrhosis
Homicide
Chronic lower respiratory disease
Influenza and pneumonia
Certain conditions originating in the perinatal period

TEN LEADING CAUSES OF DEATH CALIFORNIA (2008)
(http://www.cdph.ca.gov/data/statistics/Documents/VSC-2008-0508.pdf, January 10, 2011)

Diseases of heart
Malignant neoplasm
Cerebrovascular diseases
Chronic lower respiratory Diseases
Accidents
Alzheimer's disease
Diabetes mellitus
Influenza and pneumonia
Chronic liver disease and cirrhosis
Intentional self-harm

TEN LEADING CAUSES OF DEATH SAN BERNARDINO COUNTY RESIDENTS, 2008
(Information Services, County of San Bernardino Department of Public Health, January 11, 2011)

Diseases of heart
Malignant neoplasms
Chronic lower respiratory diseases
Cerebrovascular diseases
Accidents (Unintentional injuries)
Diabetes mellitus
Alzheimer's disease
Influenza and pneumonia
Chronic liver disease and cirrhosis
Intentional self-harm (Suicide)

HISPANIC HEALTH STATUS INDICATORS

- The Hispanic population in the primary service area is expected to grow at double the rate of the state, and combined with the projected decline in the white subset, will bring their share of the total to within 10 percentage points of the white subset by 2015 (Figure 3, page 8).

- For the State of California, the Hispanic population accounted for 37% of all reported cases of Tuberculosis during 2009, in comparison to White/Not Hispanic 9% and Black/Not Hispanic 8%.
  (http://www.cdph.ca.gov/data/statistics/documents/TBCB_Report_2009.pdf, February 7, 2011)

- In California during 2008, the percentage of AIDS/TB case rates among Hispanics increased 16 percentage points (41% to 57%).
  (http://www.cdph.ca.gov/data/statistics/documents/TBCB_Report_2009.pdf, February 7, 2011)

- In San Bernardino County (2009) 7.7% of Hispanics have been diagnosed with diabetes. Risk factors associated with diabetes include, smoking, being overweight, obesity, lack of physical activity (California Diabetes Program Report, 2009).

- In San Bernardino County (2009) for the Hispanic population, 15.5% have high blood pressure, 19% have high cholesterol, and 2.3% have heart disease (California Diabetes Program Report, 2009).

- In San Bernardino County (2009) for the Hispanic population, 7.8% have Medicare, 18.3% have Medi-Cal, and 33% are un-insured (California Diabetes Program Report, 2009).

- The Susan G. Komen for the Cure, Community Profile Report (2009) indicated the incidence rate of invasive Breast Cancer for Hispanic women in the Inland Empire was 83.7/100,000 women. This represents a higher incidence rate when compared to the Asian population, but less than other ethnic groups. Similarly for Breast Cancer in-situ, the incidence rate for Hispanic women was 17.2/100,000 women, which represents less incidence compared to all other ethnic groups.

- According to the CDC (2010), in the United States, the incidence of cervical cancer for Hispanic women is 11.5/100,000 which represents the highest incidence amongst all ethnicities. The death rate for the same population related to cervical cancer is 4/100,000 women (http://www.cdc.ca.gov/features/dscervicalcancer, February 7, 2011).

- In San Bernardino County (2010) Hispanic women are less likely than White or Asian women to receive prenatal care during their first three months of pregnancy. Access to and receiving prenatal care can improve birth outcomes and decrease negative outcomes of pregnancy. In addition, San Bernardino County (80.6%) as a whole falls below the Healthy People 2010 Objective of 90% for the prenatal care determinant (San Bernardino County 2010 Community Indicators Report).

- The Hispanic birth rate in San Bernardino County (2010) is the largest amongst all ethnic groups, making up 60% of all births (San Bernardino County 2010 Community Indicators Report).

DEMOGRAPHIC ANALYSIS

With the variety of ethnic groups representing all age ranges, healthcare shall be provided in concert with cultural values, in various languages, and accessible to all. The following analysis is drawn from a review of the data:

- The Hispanic population continues to be the fastest growing population in our primary service area. The Hispanic population in our Primary Service Area was reported as 33% in 2010 and is projected to increase to 37.3% in 2015 (Figure 3, page 8).

- The percentage of the population over the age of 45 in the primary service area is estimated to increase 26 % over the next five years, with the largest growth estimated at 14.4% for individuals 65 years and older (Figure 5, page 9). This growth will require sustained healthcare services and availability. As shown in Figure 5, the 15-44 age group declines in population as a whole from an estimated 42.9% in 2010 to 42 % in 2015; the 45-64 age group is estimated to increase from 22.8% in 2010 to 23% in 2015, and the 65 years and up will increase from 13.8% in 2010 to 14.3% in 2015.

- The population growth in our primary service area is expected to grow by 10.5% over the next five years and the household size will remain constant at 2.8 people per household (Figure 6, page 9). Although household income growth is estimated to exceed that of the state overall, the primary service area median and average household incomes will continue to be below those of the state in 2015.

- Women's health programs are imperative to prevent morbidity and mortality related to negative outcomes of pregnancy and breast and cervical cancer. Prenatal screening and education is a valuable resource and should be available to the community-at-large. Breast and cervical cancer screening is essential for early detection and treatment.

III. COMMUNITY HEALTHCARE NEEDS ASSESSMENT PROCESS

METHODOLOGY

To expand our knowledge of the community, hospital staff obtained the beliefs and perceptions of community members at-large and select key community leaders via focus groups. . Key community leaders were carefully chosen for participation at focus groups due to their community involvement and demonstrated leadership experience. The goal was to obtain both perception and knowledge of health needs, resource availability, barriers and solutions.

Completing the 2010 community healthcare needs assessment involved coordinating and conducting focus groups and distributing an anonymous survey. The anonymous survey was developed using available data from County, State and other relevant databases (Appendix A). The tool was professionally translated into Spanish and was distributed in both English and Spanish at various locations throughout our primary and secondary service areas. Focus groups were held on-and off-site, in order to meet the intended goals of the assessment (Appendix B).

A total of 54 people participated in the four focus groups, and 406 anonymous surveys were received from community participants.

FOCUS GROUPS

Focus Groups were conducted with the following key community leaders:

- Redlands Community Hospital, Foundation Board (*N*=16)
- Redlands Community Hospital, Community Advisory Committee (*N*=24)
- Family Services Association of Redlands (*N*=6)
- Boys and Girls Club of Redlands(*N*=8)

ANONYMOUS COMMUNITY HEALTHCARE NEEDS ASSESSMENT SURVEY

Surveys were distributed to community members at-large at the following locations:

- Banning Community Center, Banning, CA.
- Beaumont Presbyterian Church, Beaumont, CA.
- Blessed Keteri Church, Beaumont, CA.

- Boys and Girls Club, Redlands and Mentone, CA.
- Cabazon Community Center, Cabazon, CA.
- Cornerstone Lutheran Church, San Bernardino, CA.
- Redlands Community Hospital (Emergency department, main lobby, surgical waiting room, and volunteer department)
- Redlands Community Hospital, Perinatal Services (Community outreach program)
- Redlands Community Hospital, Redlands Family Clinic (Community outreach department)
- Redlands Family Services Association, Redlands, CA.
- Salvation Army, Redlands, CA.
- Sun Lakes Senior Living Community, Banning, CA.
- Visiting Nurse Association of the Inland Counties, Banning, CA.

DEMOGRAPHIC ANALYSIS OF ANONYMOUS SURVEY PARTICIPATION

Figure 6.
Age

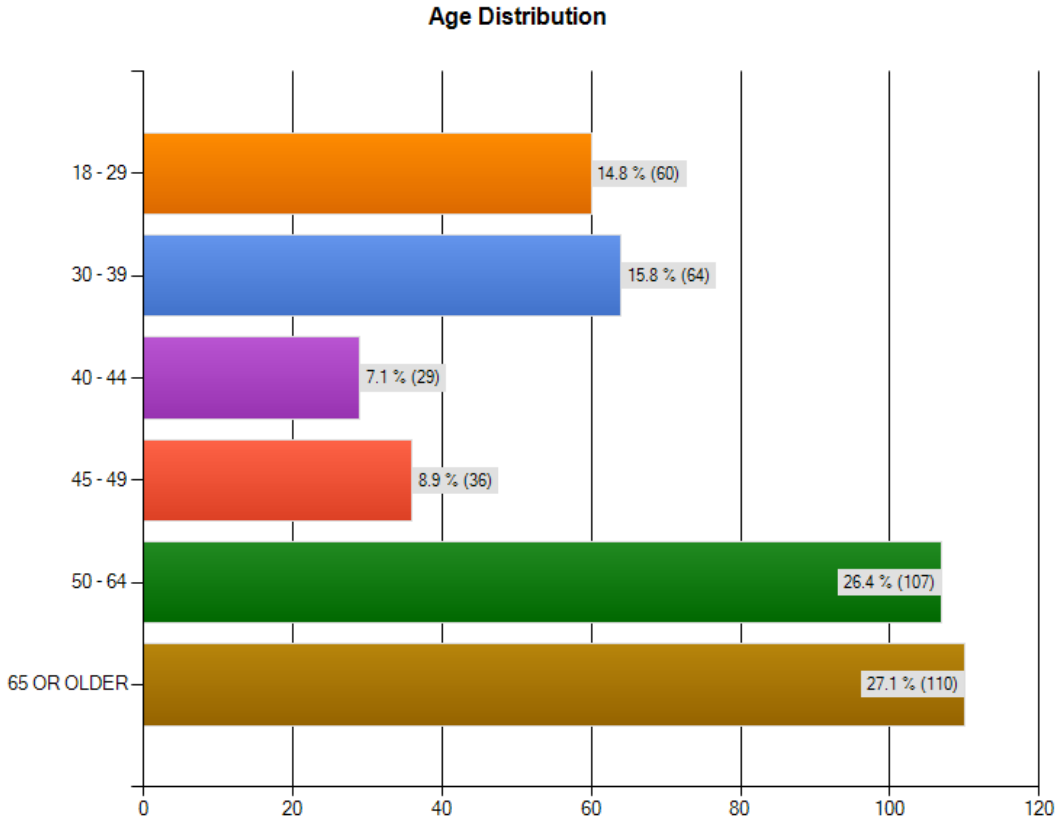


Figure 7.
Ethnicity

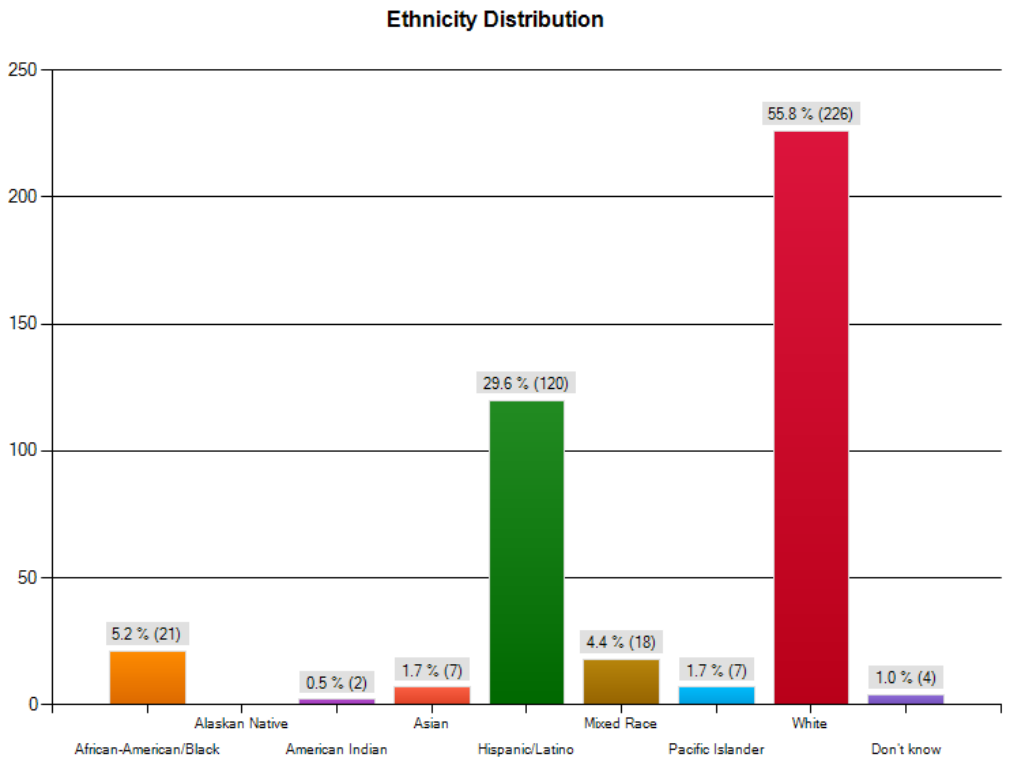


Figure 8.
Spoken Language

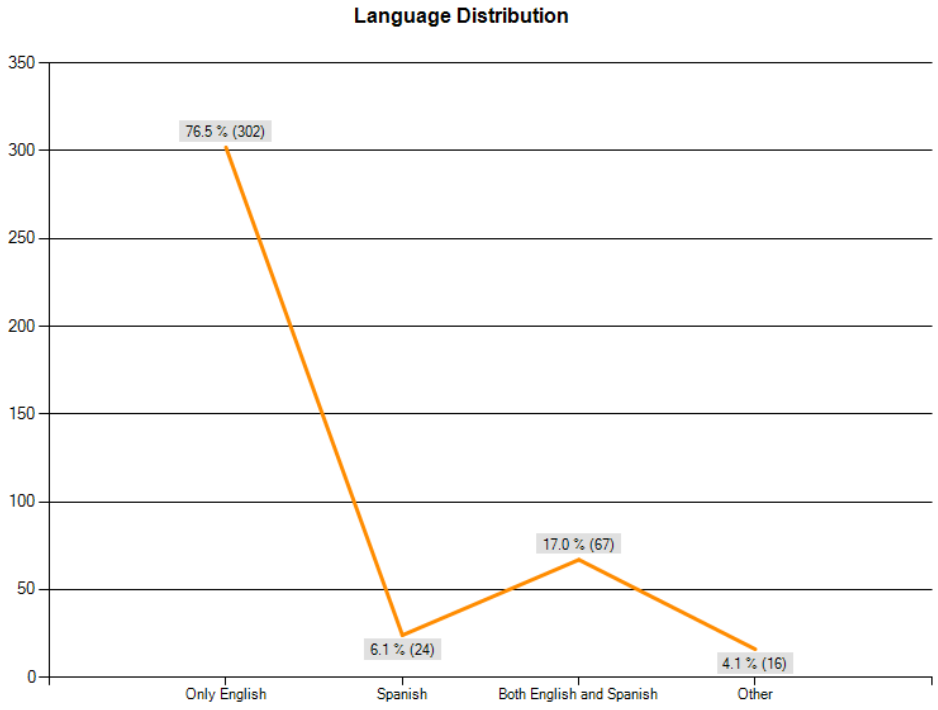
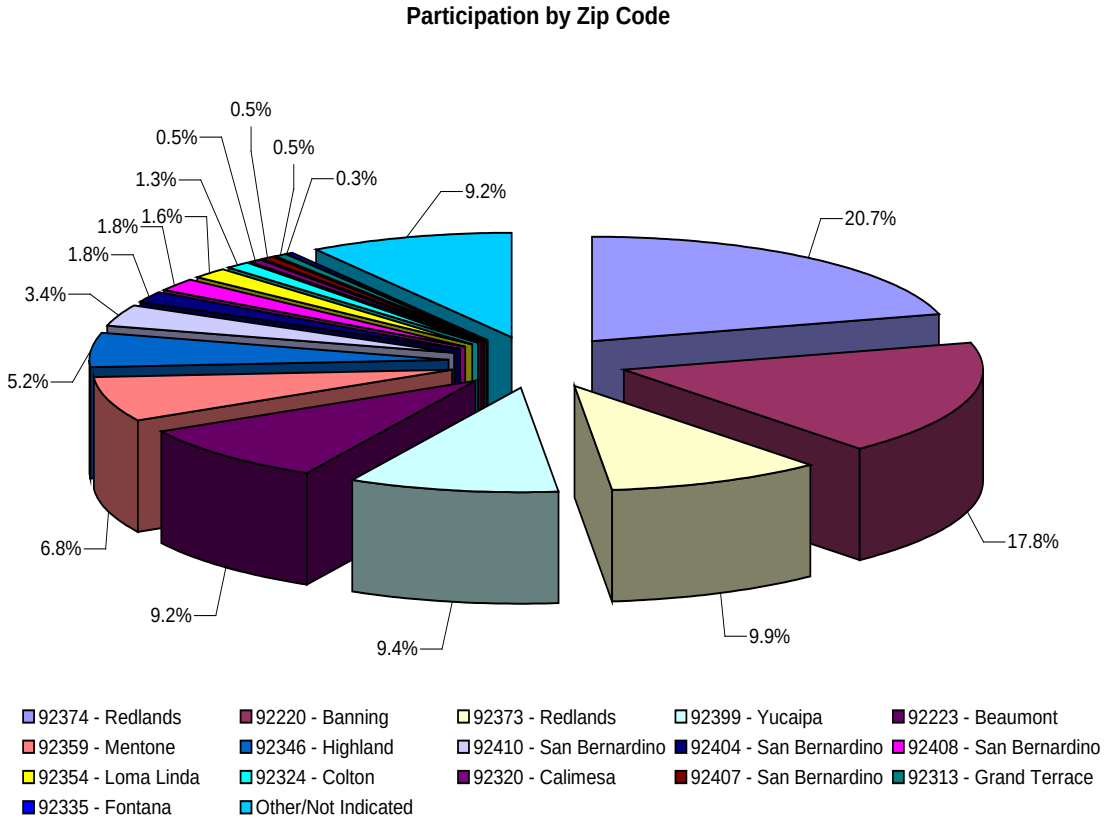


Figure 9.
Zip
Code



Zip Code - City	Percentage/Count
92374 - Redlands	20.7% (79)
92220 - Banning	17.8% (68)
92373 - Redlands	9.9% (38)
92399 - Yucaipa	9.4% (36)
92223 - Beaumont	9.2% (35)
92359 - Mentone	6.8% (26)
92346 - Highland	5.2% (20)
92410 - San Bernardino	3.4% (13)
92404 - San Bernardino	1.8% (7)
92408 - San Bernardino	1.8% (7)
92354 - Loma Linda	1.6% (6)
92324 - Colton	1.3% (5)
92320 - Calimesa	0.5% (2)
92407 - San Bernardino	0.5% (2)
92313 - Grand Terrace	0.5% (2)
92335 - Fontana	0.3% (1)
Other/Not Indicated	9.2% (35)

IV. ANALYSIS OF DATA

FOCUS GROUP OUTCOMES

The top three responses from all focus groups combined, for each of the questions on the focus group questionnaire are indicated in Table 1.

Table 1.
Top Three Responses for Each Question– Focus Groups

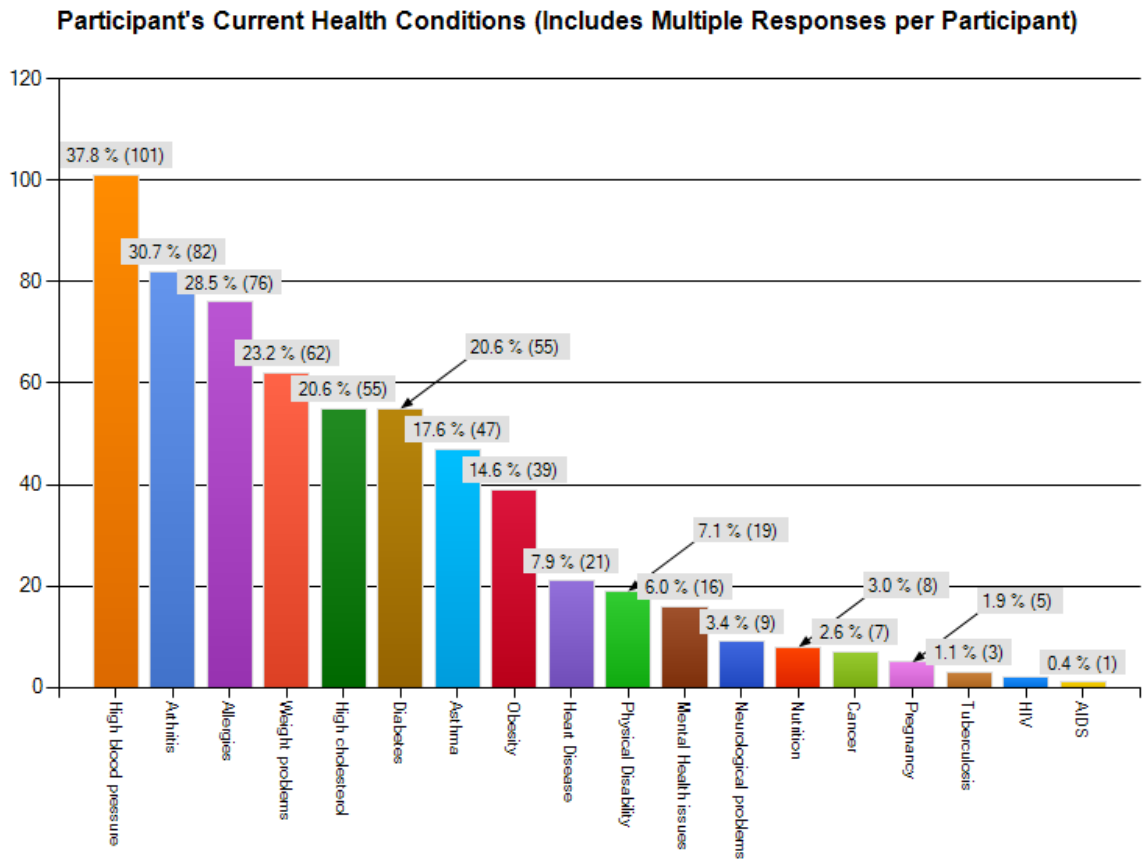
Describe what you believe are the primary healthcare issues are in our community (e.g. diabetes, access to care, lack of insurance, poor quality of care?). *Lack of Insurance* *Diabetes* *Obesity*
Describe what group or groups of people are most at-risk because they do not receive adequate healthcare (e.g. elderly, children, ethnic minorities, disabled, uninsured). *Minorities* *Language Barriers* *Lack of Insurance*
Describe what you believe are barriers to why people do not or cannot obtain healthcare in our community (e.g. transportation, lack of insurance, difficulty navigating services). *Transportation* *Navigating Services* *Fear/Lack of trust*
Describe or provide suggestion of what may be done to better meet the healthcare needs of the community? (Transportation and Community Outreach Programs had the same number of responses) *Prevention Education* *Preventative Care* *Transportation* *Community Outreach Programs*
Describe what Redlands Community Hospital can do to better meet the healthcare needs of the communities. *Community Outreach Programs* *Increase Parking at the Hospital* *Expand the use of Technology for communicating RCH services, providing educational programs, use social media i.e. Facebook, and telemedicine services*

ANONYMOUS SURVEY OUTCOMES

Current Health Concerns

Participants reported high blood pressure (37.8%) as the dominate current health condition. Arthritis (30.7%) was reported as the second most common health condition, followed by Allergies (28.5%) and weight problems (23.2%).(Table 2). Daily medication, excluding vitamins and supplements are taken by 56.3% of the participants, and 52.9% also reported taking medications at least weekly.

Table 2.
Current Health Concerns



Access to Healthcare

Emergency rooms were utilized by 37.8% of the participants for healthcare during the past twelve months. Hospitalizations requiring at least an overnight stay within the last twelve months were reported by 12.5 % of the participants. Responses show that 20.9% of the participants were seen by a doctor in the past twelve months.

The majority of participants (73.8%) drive their own car to medical appointments, 11.8% utilize a bike, walk, or are driven by or use another person's car. Public transportation was utilized by 7.7% of the participants.

Less than half of the participants indicated they have health insurance (44.4%). Medicare was reported by 15.8% as the primary method for paying for healthcare, and 15.1% have Medi-Cal. Paying cash for healthcare was reported by 12.1 % and 3.1% seek healthcare at the Veterans Administration.

When asked "is there a place that you usually go when you are sick or need advice about health", 55.4% indicated they go to their doctor's office, 11% indicated they go to an emergency room, 9.2% indicated other location, followed by 7.1% indicating other clinic.

SUMMARY AND RECOMMENDATIONS

Solutions identified by Redlands Community Hospital to mitigate and reduce the unmet health needs and problems are outlined in Table 3. Redlands Community Hospital

Table 3.
Solutions Identified for Unmet Health Need and Problems

Solutions	Unmet Health Needs and Problems
Redlands Community Hospital continues to use hospital owned vans to transport clients to and from the Behavioral Medicine Outpatient Day Program. Patients are picked up from locations throughout the community and are transported to the hospital and returned to their homes at the end of the afternoon. This service has reduced transportation difficulties for individuals that need to participate in this program. Taxi vouchers, local non-medical transport services, and public transportation are routinely utilized at the hospital's expense for transporting patients after receiving services at the hospital. Redlands Community Hospital will consider re-submitting a recommendation to San Bernardino Associated Governments to re-instate a bus stop in close proximity to the hospital.	Transportation – Public and Private

Continue our commitment to own and operate the Redlands Family Clinic and Perinatal Services Program located in service need areas of Redlands and Yucaipa. Explore the potential for establishing a Family Clinic in other service need areas.	Healthcare Access – Availability and Cost Lack of Insurance Healthcare for Minorities - Spanish Language Preventative Care
During 2010 the hospital expanded participation at health fairs, provided community-based health screening, and focused community education in the senior community. The hospital provides community education via dissemination of a community-wide newsletter (*Well Aware*) and conducted community health seminars at various locations. The hospital provided community education using local media outlets, such as the American Health Journal. The hospital plans to continue and expand community-based education programs. In 2010 the hospital joined the Hospital Association of Southern California sponsored San Bernardino County Hospital Community Benefits Collaborative. This collaborative includes membership from area hospitals along with the San Bernardino County Public Health Department Health Officer and public health staff. Meeting on a regular basis, the goal of the collaborative is to discuss healthcare issues, collaboration opportunities, and implementation of regional strategies to improve health and wellness of the communities. The hospital is currently developing a Stroke and Congestive Heart Program, that will include a community based prevention education component. Community education will continue on topics such as diabetes prevention and treatment, obesity, stroke, cancer, heart health and other prevention education topics. Redlands Community Hospital will continue to provide influenza and pneumonia vaccines and education.	Community Outreach Prevention Education

V. OVERVIEW OF HOSPITAL COMMUNITY BENEFIT PROGRAMS

Following is a summary of some of the community service/charity care in which the hospital is involved:

RCH HEALTH MINISTRY PROGRAM

Making a Difference

The Redlands Community Hospital Health Ministry Program provides support to the Health Ministry program at the Cornerstone Nazarene Church in San Bernardino. Individuals and families rely on the church's health ministry for clothes, food and health screenings. On dedicated Mondays, the church offers the community blood pressure screenings and health education provided by their Faith Community Nurse.

On one particular Monday, the Faith Community Nurse and the Redlands Community Hospital Health Ministry Program Coordinator, working together, provided health counseling to a Hispanic male who was seeking solutions for his personal crisis and stress filled life. It was through the Blood Pressure screening at the church that he learned he had high blood pressure. He received a referral for healthcare and was provided healthy lifestyle education and information to reduce his blood pressure. He said to the two nurses, "Just talking with you and hearing about the different things I can do to manage my life has made me feel relaxed and less anxious". With great gratitude he thanked both of the nurses heartily. "This has made an important difference in my life," he said to them in Spanish. He shook their hands warmly and left with a lightness in his step and a greater sense of self-respect.

Unmet Community Needs Addressed by Health Ministry

1. Lack of access to health care
2. Health care for uninsured and under-insured community members
3. Lack of knowledge regarding available community resources
4. Undiagnosed or untreated hypertension and/or diabetes

Program Description

The RCH Health Ministry Program aims to assist churches in establishing a health cabinet and selecting a health minister (Faith Community Nurse) who will carry out the mission of health ministry as determined by each church. Each church can develop an individualized ministry program to promote healthy living and wellness utilizing data obtained through a needs assessment. Health activities and events supported by the health ministry program include health screenings, health fairs, health education, and resource and referrals. The Health Ministry program embraces the spiritual dimensions in disease prevention and wellness promotion in collaboration with 31 partnering churches.

The RCH Health Ministry Program offers services by embracing the values of caring and leadership. The Health Ministry program positively impacts the community through health

screenings, health/wellness education, advocacy, referral, personal health counseling, education and training, and coordination of community volunteers.

Education and training for Faith Community Nurses is provided and routinely held on campus at the RCH Weisser Education Pavilion. The education provided covers various topics using internal and external presenters. In addition, general health screenings are held in the local churches (primary and secondary Service Areas) and community senior centers. The health ministry program coordinator (RN position) assists the Family Clinic with tuberculosis screening for the Redlands Unified School District.

The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2010 was **$86,005.**

Community Partners

American Heart Association
American Diabetes Association
Beaver Medical Group
Christian Counseling Services, Redlands
Healthy Redlands (City of Redlands)
Inland Empire Health Plan
Loma Linda University School of Public Health
SAC Health System
San Bernardino County Public Health Dept.
San Bernardino County Office of Homeless Services
American Cancer Society
Azusa Pacific University School of Nursing
Catholic Diocese, San Bernardino
Community Action Partnership
Inland Congregations United for Change
Loma Linda University School of Nursing
Redlands Area Interfaith Council
Salvation Army, Redlands
St. Bernardines Medical Center

Milestones Accomplished in 2010

Program statistics outlined in Table I reflect the number of volunteer hours spent on health ministry initiatives and the number of participants served. A comparison of FY 2010 and FY 2009 shows a decrease in the number of volunteer hours 11% and decease in participation of 52%.

Table I Program *Statistics*

Category	Volunteer Hours	Number of Participants
Parishioner Education/Information	71.5	2046
Screenings	455.25	2693
Support Groups	62.5	855
Personal Health Counseling	470.8	373
Visitation (Home, SNC, Hosp)	572.50	1142
Telephone Calls	202.25	N/A
RCH Networking Meetings	79.5	N/A
Health Cabinet Meetings	27.5	48
Education Programs/CE	46	N/A
Preparation Time	150	N/A
Total Number of Referrals Made	N/A	1359
Total Group	**2137.80**	**8,516**

Program Development

In 2010, networking meetings were held to provide educational opportunities for the local faith community nurses. The networking meetings provided community education on the following topics:

1. Medicare Update
2. End of Life Issues
3. The Role of Blessing in Self Care
4. Blood Pressure Screening: Practice Update
5. Hypertension and Dietary Issues in the Faith Community
6. Solving the Food Label Mystery
7. Infection Prevention Today
8. Spiritual Care and the Turkish Culture
9. End of Life and Palliative Care
10. Home Health and Hospice
11. Pharmaceutical Update

Goals and Objectives for 2011

1. To be viewed by the community as a valuable resource
2. Provide solutions for evaluating healthy living.
3. Provide high-quality services.
4. Work in collaboration with community organizations.
5. Provide routine consultation and on-going services at no-cost.

Redlands Family Clinic

US Census Bureau (2010) reports that 32.4% of our population nationwide is uninsured or underinsured (Medicaid), and of the uninsured, 10% of children under the age of 18 do not have any form of health insurance. California ranked fourth amongst all states for the highest percentage (18.9%) of people without health insurance. Barriers to health care such as culture and low socioeconomic status continue to be a serious issue. Redlands Community Hospital addresses this issue by providing patient-centered primary health care services for individuals living in our medically-underserved communities.

Purpose

A goal of the Family Clinic is to provide high-quality, low-cost health care services to people who do not otherwise have access which may be due to financial, cultural, lifestyle, or psychological barriers. An equally important goal is to provide disease specific patient/family education, with emphasis on promoting health and wellness, and the support necessary to promote individualized health care decision making. Our ongoing objectives are to: 1) Provide an opportunity for low-income, the uninsured and underinsured to receive primary and preventive care, early medical problem identification and treatment and access to health care resources, 2) Reduce disparity in health care services within the community; 3) Develop health related programs and enhance the quality of services provided; 4) Provide health care for all ages, children to the elderly; 5) Assist with the application process and obtaining eligibility for public assistance programs; 6) Provide and promote community resources; and, 7) Provide and facilitate community health services such as flu shots and other health care screenings

Unique and Innovative Methods

We view our program to be unique and innovative based on the following characteristics:

1. The services are provided by a not-for-profit Community Hospital based clinic utilizing skilled family practice nurse practitioners and support staff
2. The services are managed by Redlands Community Hospital's Board of Directors not associated with other organizations
3. Primarily funded, operated and managed by the hospital
4. Collaborative relationships with community organizations providing a variety of services
5. A largely Hispanic population including recent migrants to the area
6. Bilingual clinical staff
7. Patients are uninsured or underinsured
8. Provides access to other health care services offered by the hospital

Our Partners and Providers

1. The California Wellness Foundation: provided grant funding for women's health services
2. Calico Horse: provided funding for women's health services
3. Building a Generation: A not-for-profit organization with family resource centers located in local schools. They provide case management and parent-child education

programs. Their mission is to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families.

4. Family Services Association of Redlands: A not-for-profit organization serving low-income and homeless families utilizing a management-based case management approach and personal contact. Their mission is to alleviate poverty, encourage self-sufficiency and promote the dignity of all people. Services provided include transitional housing, clothing, and food.
5. BioData Medical Laboratories: provides clinical laboratory services
6. Local Pharmacies

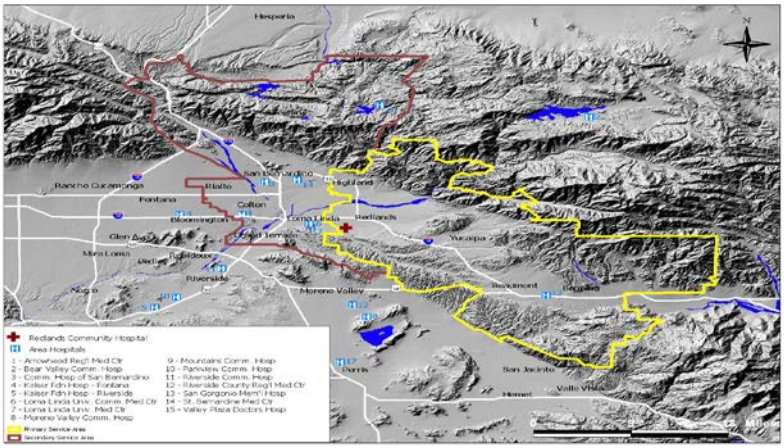
Goals and Milestones Accomplished in 2010

1. Enhanced primary care services
2. Provided and facilitated community educational offerings and health care screenings
3. Provided no-cost seasonal flu and H1N1 flu shots
4. Expanded awareness of the services provided by the Redlands Family Clinic
5. Supported Redlands Unified School District by providing employee TB screening

Top 10 medical diagnoses treated in clinic (highest to lowest)

Benign hypertension
Diabetes Mellitus
Hyperlipidemia
Anxiety
Gastritis and Gastroduodenitis
Depressive Disorder
Hypothyroidism
Obesity
Allergy

Redlands Family Clinic
Serving communities of Redlands, Loma Linda, San Bernardino, Highland, Yucaipa and Mentone.



Scope of Services

Hours of Operation	8:00-4:30 Monday through Friday
Personnel	Nurse Practitioners Medical Assistants Patient Account Representative Executive Director
Primary Services	Pediatrics (CHDP)
	Young adult – school exams and primary care
	Adult/Middle Age (cancer screening and detection)
	Acute and chronic primary medical care – all ages
Other Services onsite	Laboratory
	Social Services
	Dietician
Other Services at RCH	Pharmacy
	Cardio pulmonary
	Emergency room
	Inpatient Services
	Special procedures
Referred Services	ARMC outpatient, acute and specialty care
	Specialty care providers within the community
	Community resource agencies

Total Visits, 2008 to 2010

	2008	**2009**	**2010**
Redlands Family Clinic	5,833	6,787	5,667
New Patients	1,730	1,987	1,834

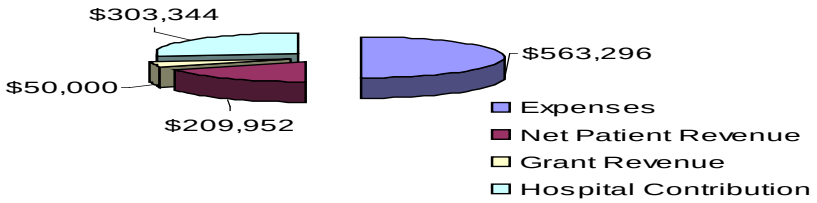
Patient visits grew markedly during 2009, and declined during 2010. The total number of new patients seeking services at the Redlands Family Clinic remains stable. The Redlands Family Clinic provides accessible and low-cost healthcare services.

Total Visits - Historical

2002	2,400
2003	4,148
2004.	5,048
2005	10,244
2006	11,648 (Yucaipa Family Clinic closed 6/9/06)
2007	5,001
2008	5,833
2009	6,787
2010	5,667

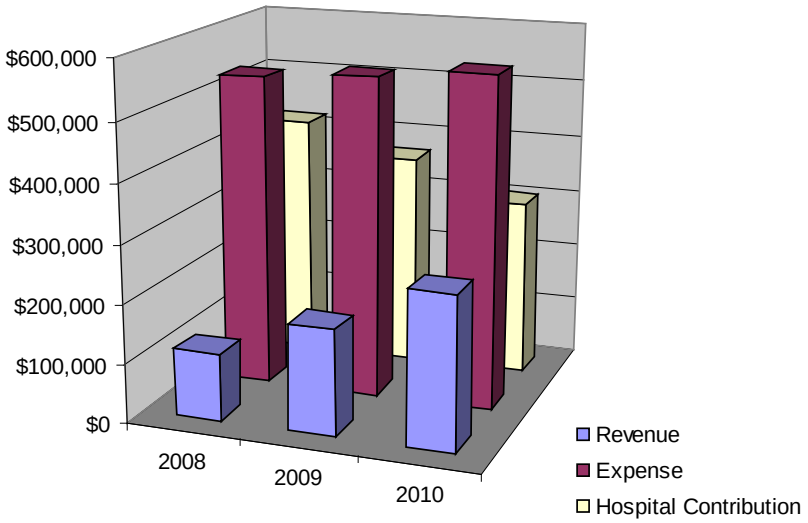
Financial Summaries Redlands Family Clinic, 2010

The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2010 was **$303,344.**



Expenses		$563,296
Revenue		$259,952
Patient Revenue	$209,952	
Grant Revenue	$50,000	
Hospital Contribution		$303,344

Financial Summary Comparison 2008, 2009 and 2010



	Revenue	Expense	Hospital Contribution
2008	$115,471	$534,144	$418,673
2009	$180,339	$546,889	$366,550
2010	$259,952	$563,296	$303,344

Goals and Objectives for 2011

1. Continue to operate and expand services at the Redlands Family Clinic
2. Continue to support community-based health programs
3. Enhance technology towards implementing electronic health records
4. Seek funding sources for direct-care services and educational programs e.g. diabetes

Summary

During a time when healthcare dollars are shrinking and increased financial risk is going to community hospitals, Redlands Community Hospital continues to demonstrate that healthcare resources can be made available to everyone. We at Redlands Community Hospital have not only proven it can be done, but witnessed the growth and expansion of services to the under-served population. We have addressed critical elements needed for early intervention by providing primary care services, controlled and reduced co-morbidities and made every attempt to prevent use of the Emergency Room as a source of primary care services. Most importantly, we have demonstrated successfully how to help patients take control of their health care by providing patient-centered services and assisting with the transition to public assistance programs, whenever they qualify. If patients do not qualify for public assistance, we will continue to provide them with the healthcare they require.

We are encouraged by positive recognition the staff at the clinic receive from the patients and families served. We will continue to network and share our challenges and successes.

Our vision for the future is to continue to provide community based high-quality, low-cost health care services to low-income, uninsured and underinsured individuals and families.

Perinatal Services (Maternal/Infant Health)

The community based Perinatal Services Program offers several outpatient specialty education programs, Comprehensive Perinatal Services Program (CPSP), diabetes and pregnancy education, breastfeeding education, and childbirth education.

Problem

Real and perceived barriers (access, financial, transportation, etc.) to pre- and post-natal care for low-income, uninsured or underinsured women and teens.

Program Description

The Comprehensive Perinatal Services Program (CPSP) provides a variety of services and education to women prior to delivery and up to sixty days after delivery. Goals of the program are to decrease the incidence of low birth weight in infants, to improve the outcome of every pregnancy, to give every baby a healthy start in life and to lower health care costs by preventing catastrophic and chronic illness in infants and children. The Comprehensive Perinatal Services Program is a Medi-Cal sponsored program for women who are pregnant and are enrolled in straight Medi-Cal or a Medi-Cal Managed Care Plan.

The Diabetes and Pregnancy Education Program provides education, evaluation and intervention for pregnant women with diabetes of for women with diabetes planning to become pregnant. The goal of the program is to improve pregnancy outcomes for women and to reduce fetal deaths and neonatal and maternal complications. Services include an initial evaluation and follow-up by a registered nurse and dietician.

The Breastfeeding program provides breastfeeding education and support for groups, and individual one-one-one education.

The Childbirth preparation courses prepare the pregnant women and family for childbirth. Classes are designed to provide practical and useful tools in preparation of childbirth.

Partnerships

1. First 5 San Bernardino
2. County of San Bernardino (Public Health/CPSP)
3. Participating CPSP medical groups and physician offices
4. Loma Linda University Children’s Hospital (California Diabetes and Pregnancy Program)
5. Verizon foundation: provided grant funding for women’s health services

Goals and Outcomes Accomplished in 2010

1. Provided perinatal education services at three office locations in Redlands and Yucaipa
2. Enhanced patient educational tools and further developed the educational program at the Yucaipa and Redlands facilities
3. Expanded awareness of the education services provided by Perinatal Services to the local community and OB physicians
4. Expanded the program to include the childbirth educator and hospital-based lactation specialist.

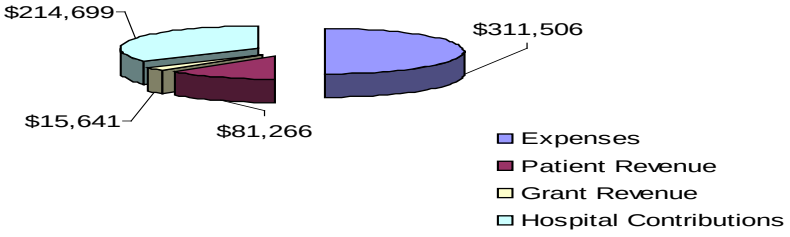
Goals and Outcomes set for 2011

1. Continue to recruit and hire high-quality staff
2. Increase access to services
3. Meet or exceed patient expectations
4. Increase the programs productivity
5. Emphasize the benefit of the various education programs to our patients and the community at-large
6. Promote breastfeeding initiatives

Total Visits, 2008 to 2010

2008	**2009**	**2010**
1,544	1,293	1,138

Financial Summaries Perinatal Services, 2010
The following graph shows the financial distribution and un-reimbursed cost. The Redlands Community Hospital contribution (un-reimbursed cost) for this program in 2010 was **$214,699.**



Expenses		$311,506
Revenue		$96,807
Patient Revenue	$81,166	
Grant Revenue	$15,641	
Hospital Contribution		$214,699

Building a Generation

Building a Generation (BAG), a not-for-profit organization with a volunteer Board of Directors, has a mission to serve children and parents by providing personalized education, support, and connections to community resources, enabling them to become healthy and self-sufficient families. Staff and volunteers at BAG provide case management and parent-child education throughout the community.

Building a Generation has staff in Family Resource Centers located on site at four schools in the Redlands Unified School District. Children and parents are assisted at the Family Resource Centers through parenting classes, counseling, case management and referrals. Case managers provide the necessary follow through to make sure a family is getting the assistance they need.

Hospital Leadership Participation

Since 1998 and the inception of "Building a Generation", Redlands Community Hospital has taken a leadership role with Building a Generation. The hospital's President/CEO served on the Board since 1998 and was the Chairman of the Board in 1997 through 2000. In 2008, the hospital's Executive Director for Community Based (Outreach) Programs and Services was elected to the Board of Directors, replacing the hospital's President/CEO. The Executive Director continues to serve on the Board.

Problem

Inadequate access and coordination of services for children and families.

Program description

A collaboration of community-based organizations facilitates programs to assist families and youth with a variety of needs, from healthcare to social services to recreation programs to educational programs.

Redlands Community Hospital supports Building a Generation with the Executive Director's participation and donations and sponsorships for the organization's community fundraising events.

<u>Goals and Milestones Accomplished in 2010</u>

3. Expanded the Board with involved community leaders
4. Developed and refined processes to evaluate program effectiveness

<u>Goals and Milestones set for 2011</u>

Continue the support and collaboration with Building a Generation to make a healthier community.

Pastoral Care Service – Lay Ministry – Grief Program

Clinical Chaplain

The RCH Clinical Chaplain performs and supervises multiple services which contribute to the spiritual well being of those within the hospital. The chaplain addresses the spiritual concerns of RCH preoperative patients who request pastoral support, seeing an average of 12 patients per day. The Chaplain additionally serves as a part of the ICU clinical team, providing professional spiritual assessment and support for patients and families. The chaplain also responds to referrals from health care professionals throughout the hospital to assist with addressing life threatening illnesses, end of life concerns and issues of spiritual distress. Pastoral Care also participated in the process to develop a Palliative Care Program and continues to be an active part of the Ethics Committee.

Hospice Chaplain

The Hospice Chaplain provides services to those nearing the last days of life. In addition to ministering to the dying person, pastoral services are provided to the family. Grief support is provided to family members up to one year after the loss of the loved one.

Lay Ministry

Volunteers serve the community by giving their time provide strength and support for patients at RCH. Pastoral Care Services offers the opportunity to persons of all faith traditions to become a Pastoral Care Visitor. In addition to making visits in a designated clinical area, Pastoral Care Visitors participate in 25 hours of initial training provided by the Chaplain and on-going evaluation by the Chaplain and peers. Participants report being ‘stretched’ as they work as a group to expand their theological/spiritual understanding, in the context of the larger community of faith.

Grief Recovery

Follow-up grief care is an important service for families who have lost loved ones at Redlands Community Hospital. Included in a personalized letter to surviving family members is a list of 15 local grief support groups. In some cases, the Chaplain initiates grief support, thereafter providing an appropriate referral to a local support group.

Interspiritual Formation

RCH Pastoral Care Services explore and promote the growing worldwide movement of interfaith dialogue, communication, and understanding. Frequent cultural displays are sponsored by the office since the RCH patient population has become more spiritually diverse.

Community Partners

The Office of Pastoral Care Services partners with spiritual care providers in the greater Redlands area to facilitate spiritual care. Pastoral Care Services are an integral support to the RCH Health Ministry program.

Goals and Milestones Accomplished in 2010

Pastoral Services at Redlands Community Hospital has been busy about the care of the spirit in the lives of hundreds of patients over the past year. Our lay program continues to have a visible presence at the bedside listening to the stories of our patients. These stories often include family problems long before the patient discusses their reason for being in the hospital. Listening to these stories aids in the healing process of our patients. Our visitors are encouraged to participate in their spiritual development by being exposed to spiritual practices from many faith traditions and are encouraged to explore the significance for their own ministry. Participation in a formation group provides the framework for pastoral accountability and the development of skills which enhance the care of our patients. Faith Community Nursing continues to serve hundreds of people in the Inland Empire. Touching lives in meaningful ways to nurture spirit, body and soul. Pastoral Care of the people who come to our hospital has grown over the years and has become more diverse in its offerings. We provide sensitive spiritual care that is purposeful in its inclusiveness of all persons.

Over the past year the Pastoral Care Services at Redlands Community Hospital continued its mission to care for those requesting support. The *Prayer Before Surgery Program* was successful in helping patients with a sense of inner peace prior to entering the operating room. The chaplain was an integral part of the ICU rounds providing spiritual guidance to the team, the patient, and the family. The Chaplain also assists in providing patients with control over end of life issues through the Palliative Care Program.

Listening is one the most important elements of service provided. Many times in our busy lives, no one takes the time to listen to others fears and concerns; the Pastoral Care team was able to take the much needed time to do just that. Touching our visitors and patients lives in meaningful ways to heal the spirit is as important as healing the body. Ones mind, spirit and body all need to be in harmony for true healing. Our goal in Pastoral Care is to be inclusive of all spiritual beliefs and to be able to support the patient's needs.

Unreimbursed costs to Redlands Community Hospital for the Pastoral Care Program during 2010 was **$29,363.**

Goals for 2011

- Provide on-going spiritual care to RCH patients and families.
- Support the Pastoral Care Visitor in his/her personal ministry ~~practice~~.
- Facilitate interest in Faith Community Nursing by meeting with local pastors.
- Provide resources to area residents to facilitate improved end-of-life planning.
- Further develop interfaith understanding through dialog and fellowship.
- Develop the *No One Dies Along Program*.
- Participate as a team member in the Palliative Care Team.
- Guide RCH staff toward a deeper understanding of interfaith discussions which impact patient care.

Additional Community Benefit Activities, 2010

Redlands Community Hospital is continually involved in a variety of activities and programs that benefit the community.

Health Fairs and Health Screenings

Redlands Community Hospital participates in a wide variety of community events and provides health related services for the community at Senior Centers, churches, large employers, children events, emergency preparedness fairs, community events, high schools and the YMCA. An array of health education and health services are offered to the public.

Community Health Fairs
During 2010, the Hospital participated in nine community health fairs providing education on the hospital's programs and services:

Highland Senior Center
Jocelyn Senior Center
Redlands Senior Community Center
Jennie Davis Park
Sun Lakes Senior Living Community
Beaumont Health Fair
Redlands Mall Health Fair
Yucaipa Health Fair
Health Redlands Health Fair- YMCA
YMCA Kids Fair
YMCA Family Health Fair
Mission Commons Health Fair (Redlands Senior Housing Facility)
Yucaipa Emergency Preparedness Fair

Free Immunization Programs
The Hospital provides free immunizations at various times during the year with the assistance from Marketing and Public Relations staff, Family Clinic medical and nursing staff, and the Health Ministry Program Nurse Coordinator. Flu shots were administered in 2010 as follows:

- Free Flu Shots administered to the employees and patients at various community locations including the Rotary and Kiwanis Clubs - 1,514 YTD.
- Flu shots and other immunizations were offered to underprivileged individuals at homeless shelters, the Salvation Army, and churches - 409 YTD.
- Free seasonal/H1N1 flu educational flyers, posters and brochures were distributed to the public; educational information and public screening locations were advertised in local newspapers and on the hospital website.

Senior Citizen Activities

- RCH funded several senior citizen newsletters in conjunction with the Jocelyn Senior Center which were mailed to seniors in various communities.
- RCH sponsored an information bulletin board at three senior centers in the area containing health information.
- Marketing / Public Relations and other hospital departments presented health programs to senior groups which included education on heart disease, high blood pressure (hypertension) and diabetes prevention and treatment.
- RCH sponsored special programs for seniors at various senior centers i.e. Redlands Community Senior Center), offering lunch or dinner, and a presentation by hospital staff on varying health topics.
- RCH also offered a variety of health screenings (such as eye vision testing), health information, and more.

Community Outreach/Co-sponsored or Supported:

- Blood Drive Event- Sponsored a month-long blood drive event in collaboration with LifeSteam (Formally known as the Blood Bank of San Bernardino and Riverside Counties).
- Conducted hospital tours for students and foreign visitors, including Chinese Physicians– hosted guests and gave educational tours of hospital facilities and services.
- Heart Health Month– collaborated with the YMCA, and Dream Dinners conducted events to create greater awareness about heart health, particularly women's heart health.
- Run Through Redlands First Aid Booth– provided first aid treatment and water stations to participants of the event.
- YMCA Children's Health Education- including participation in their annual Kids Care Fair
- Community Outreach (Family Service Association)- Throughout the year, Redlands Community Hospital continued to serve the needy working in conjunction with the Family Services Association of Redlands by:
  - Hospital-wide Food and Toy Drives
  - Thanksgiving Basket food Drive
  - Adopt a Family Thanksgiving programs

Community Health Education Lectures

Throughout the year, the hospital organized and supported community health education awareness programs, including:

- Grief Recovery Classes
- Adult CPR classes in San Bernardino and Riverside County
- Infant CPR for new parents
- Various health-related topics such as:

Handling The Holidays- Grief seminar
Healthy Cooking Demonstrations
Erectile Dysfunction community lecture
3 seminars covering women's health (partnership with Intuitive Surgical and Curves of Redlands, Highland and Loma Linda)
Breast Cancer Fashion Show
Diabetes Education community lecture
How to read food labels community lecture
Breast Cancer Awareness- women's health lecture
Infection prevention community lecture
Advanced treatment for gynecological diseases community lecture

- Hospital staff spoke at various community organization meetings about topics ranging from healthcare to expanding hospital facilities to meet the growing demand for health services.

Volunteer Services

The volunteer program adds another dimension of care within our hospital and ultimately our community. The program has far reaching affects both within and outside the hospital's walls. Internally, the volunteers touch the lives of the patients and their families providing comfort and support; the relieve staff of volunteer appropriate duties and provide the volunteers themselves with a mechanism to feel useful and give to their community. As one example of their community service, volunteers assist patients in voting in national and regional elections. This involves getting patient names and going to their county registrar of voters offices to facilitate this valuable community service.

Externally, the volunteers are active community members who represent the hospital and cause through support in community functions such as health fairs and through partnering with external programs.

- Volunteers assist at numerous community events conducted by the hospital.
- In 2010, Volunteers raised and donated over $72,000 to the hospital Foundation to support hospital related community projects and services.

Community Sponsorships

Donated funds, gift baskets, purchased tickets and attended nearly 100 various community non-profit events and fundraising efforts for agencies that help the community, including:

- Boys and Girls Club
- The Amputee Coalition of America
- Rotary Scholarship Events
- Yucaipa Senior Center
- The Children's Fund
- Bonnes Meres Auxiliary of Redlands

- YMCA of Redlands
- The Redlands Bicycle Classic
- Kiwanis “Run Through Redlands” Marathon Fundraiser
- Redlands Northside Impact Committee Awards night for Hispanic community
- Joslyn Senior Center, Highland Community Center newsletter sponsorship
- Highland Senior Center services and programs
- Zonta Club gift baskets
- Youth sporting events sponsorship through program ad support
- Redlands Symphony
- St. Bernardines Medical Center
- San Bernardino County Firefighters fund and Burn Center
- American Cancer Society Daffodil Days
- American Cancer Society Redlands “Relay For Life”
- Building A Generation Golf Fundraiser
- Redlands Daily Facts & San Bernardino Sun Newspapers In Education
- Redlands Baseball For Youth Sponsorship
- Redlands High School
- Redlands East Valley High School
- Family Service Association
- Adopt-A-Highway Beautification Project
- Redlands Symphony Annual Gala Fundraiser
- Highland Senior Center Golf Tournament fundraiser
- Highland Springs Medical Plaza
- The Great American Youth YMCA Circus
- Redlands Bowl Children's Summer Festival
- Redlands Police Officer' Association Fundraiser
- San Bernardino County Medical Society sponsor
- Calimesa Chamber of Commerce Sponsor
- Time For Change Foundation
- Yucaipa High School
- Redlands Unified School District
- Alpha Kappa Delta- University of Redlands
- Loma Linda Chamber of Commerce
- Loma Linda University Medical Center
- Loma Linda University
- Loma Linda University Medical Center Possibilities Program
- American Heart Association
- Lifestream (formally the Blood Bank of San Bernardino County) blood drives
- The National Health Foundation
- Beaumont Chamber of Commerce
- Calimesa Chamber of Commerce
- Highland Chamber of Commerce
- Redlands Chamber of Commerce
- Yucaipa Chamber of Commerce

- Loma Linda Chamber of Commerce

Charity Care and Emergency Department Services

No patient with urgent health care needs is turned away from the RCH emergency department for inability to pay for health services. Admitting clerks seek to obtain health insurance or Medi-Cal coverage. After all avenues of financial payment have been exhausted, charity care is provided.

Emergency Planning

Redlands Community Hospital collaborates with area agencies to conduct County and City Emergency Drills. Hospital administrators, directors, safety, security and Emergency Department staff participated in numerous drills conducted throughout the year by the county, city and hospital. Different scenarios were staged to test cooperative functions between regional emergency agencies.

2010 - Year in Review

1,923	Free Flu Shots were given to the public by the hospital
5,500	People came to our booths at community health fairs
100	Children received a free tour of the hospital
2,546	Babies were born at the hospital
12,159	Patients stayed in the hospital
6,505	Patients received surgery at the hospital
44,430	Patients came through our 24-hour Emergency Department
104,284	Patients came in for outpatient visits, excluding emergency department visits
1,311	Pints of blood were donated by community & RCH staff at hospital Blood Drives
44,496	Work hours and $72,000 were donated to the hospital by 249 active volunteers

VI. OBJECTIVES FOR THE FUTURE

CONCLUSION

Redlands Community Hospital will continue to expand current community benefit programs and add programs as needed and identified in this healthcare assessment. We will monitor community perception and the impact of programs on an ongoing basis. Many of the needs identified overlap and plans to respond to those needs will be integrated throughout the hospital's communication and marketing activities.

Redlands Community Hospital will continue to expand existing programs and looks for ways to develop new programs and services to address the unmet healthcare needs identified in this Community Healthcare Needs Assessment. These services and programs will be provided

within the financial capabilities of the hospital and will continue to include multiple community partnerships.

COMMUNICATION EXPANSION PLAN

Focus communication efforts on those topics identified by the participants in the community healthcare needs assessment process, along with other hospital services wherever the demand and need exists, utilizing:

- Ongoing advertising of hospital services and health features in newspapers and periodicals throughout the primary and secondary service areas; and ongoing submission of feature stories and editorial articles in newspapers and periodicals.

- Continue mailing of the hospital's community newsletter, "Well Aware" (a glossy color 8-page newsletter) to 40,000 homes three times a year.

- Maintain displays and signs throughout the hospital and community publicizing health and wellness activities, promoting a healthy lifestyle to all ages.

- Expand upon using the hospital's Website: www.redlandshospital.org to communicate more information to the public and translate areas of information to Spanish on an ongoing basis.

- Continue publishing the bi-monthly internal hospital newsletter distributed to hospital staff and volunteers to keep them informed of hospital programs and plans.

- Through monthly reports, keep the hospital's board of directors informed of community benefit activities.

- Expand efforts to communicate to the Hispanic/Latino population with Spanish brochures, advertisements, displays, and programs.

- Increase attendance and participation at community events where goals involve reaching the Hispanic population, i.e. Cinco de Mayo events, ethnic neighborhood events, Police Department cultural activities, etc.). Seek a variety of ways and opportunities to communicate health awareness and services to the Hispanic/Latino community.

- Concentrate on promoting awareness about health issues most pertinent to the Latino population, i.e. Diabetes, Heart Disease, and others identified in this report.

- Utilize the services of the Health Ministry Program wherever, an whenever, possible as they go out to homeless shelters, soup kitchens, drug and alcohol rehabilitation centers, by offering such services as Free Flu Shot Clinics, vaccinations, low cost physicals for children and adults, free health screenings, and more.

- Expand the services offered at our Family Clinics, thereby reducing the transportation barrier and need for transportation to receive healthcare services elsewhere.

- Continue seeking ways to mitigate the transportation issues, primarily by offering more outreach services throughout our service area.

- Provide health educational information and programs to all ages through the communication programs outlined on the previous page.

- Provide assistance through awareness and sponsorship of community organizations which benefit the quality of life for the general public in need, i.e. Family Services Association and others as identified in this report.

- Reach out to the community in a variety of ways, offering free health screenings and educational materials.

- Expand the hospital's CPSP and continue offering and expanding prenatal education programs for mothers of all ages, making this information accessible to mothers of all ages and throughout our service area.

VII. NON-QUANTIFIABLE COMMUNITY BENEFITS

LEADERSHIP/COMMUNITY BUILDING

Many hospital administrators and staff members are involved in community service work, including:

- Assisting the Redlands Family Services Association in providing health and human services to needy or underprivileged children and families in our service area communities
- Working with youth organizations, the school district, Boys and Girls Club, YMCA, and others to offer pro-active youth
- Anti-violence programs, neighborhood health and recreation programs, and others
- Volunteer community service work through service clubs and other non-profit organizations
- Assisting at fundraising events where the funds raised are used to help needy individuals

Community leaders, those serving on various hospital boards and committees, and leaders of community-based organizations are involved in the planning of services and programs that are expanded and/or created by the hospital to meet the unmet needs of members of the community.

The hospital's governing board is made up of community leaders who volunteer their expertise and time to provide direction for the hospital. Additionally, the hospital has a Community Advisory Committee which is comprised of business leaders and the general public who provide ongoing information to the hospital's governing board regarding the status of the community.

COLLABORATIONS/COMMUNITY PARTNERS

Redlands Community Hospital will continue to work collaboratively with other community-based organizations to improve the quality of life and health for those people most in need.

Continue working with healthcare-based collaboratives within the hospital's service area and the Inland Empire, specifically the Inland Empire Community Benefits Collaborative, which meets monthly at various hospitals and health organizations throughout the Inland Empire for the purpose of sharing ideas and ways to improve healthcare services in all areas.

In 2010 the hospital joined the Hospital Association of Southern California sponsored San Bernardino County Hospital Community Benefits Collaborative. This collaborative includes membership from area hospitals along with the San Bernardino County Public Health Department Health Officer and public health staff. Meeting on a regular basis, the goal of the collaborative is to discuss healthcare issues, collaboration opportunities, and implementation of regional strategies to improve health and wellness of the communities.

On the following pages are listings of collaborative health and human service organizations which meet on a regular basis for the sole purpose of sharing ideas and concern for the betterment of the population. Some of those include, but are not limited to:

- Inland Empire Community Benefit Collaborative, Healthy Cities
- Building a Generation
- Redlands Family Services Association
- Rotary Club of Redlands
- Kiwanis Club of Redlands
- Redlands Unified School District
- YMCA Cardiac Monitoring Program
- Health-oriented non-profit organization, such as American Cancer Society, etc.
- San Bernardino County Blood Bank
- City of Redlands, Police and Recreation Departments
- San Bernardino Children's Fund
- University of Redlands Student Community Service Committee
- Area churches and youth groups

SUPPORT GROUPS (PARTIAL LISTING)

- Alcoholic's Anonymous, (909) 825-4700
- Al-Anon & Alateen, (909) 824-1516
- Alzheimer's Support, (909) 793-9500, Co-Sponsored By Rch
- Amputee Connection Of Redlands, (909) 235-5941
- Arthritis Foundation, (909) 320-1540
- Bereavement Support, (909) 580-6360
- Breast Feeding Follow-Up, "Transitions: Mothering Today" (909) 335-5556
- Cancer Support Group, (909) 683-6415

- Child Advocacy Program, (909) 881-6760
- Compassionate Friends Bereavement Group, (909) 792-6358
- D.A.S.H. (Elder Care Support), (909) 798-1667
- Diabetes Education, (909) 335-4131; At Beaver Medical Clinic (909) 793-3311
- Fibromyalgia (Chronic Fatigue), (909) 793-2837
- Inland Empire Lupus Support Group, (909) 874-9257
- Mothers of Multiples, (909) 882-5031
- Narcotics Anonymous, (909) 795-0464
- New Beginnings Breast Cancer Support Group, (909) 335-5645
- Option House - Counseling For Women In Domestic Violence, (909) 381-3471
- Over-Eaters Anonymous, (909) 887-7972
- Resolve Through Sharing Premature Pregnancy/Child Loss, (909) 335-5645
- Toughlove International, (714) 665-6565
- United Way - Offers Full Range of Community Resources, (909) 793-2837

Hospital staff is also involved by participating through volunteering and on the boards of several other member agencies:

- American Red Cross
- Audio-Vision Radio Reading Service for the Blind
- Boys & Girls Club of Redlands
- Boy Scouts of America
- Building a Generation
- Campaign for Alcohol Free Kids
- Campfire Boys & Girls Club
- Compassionate Friends
- Developing Aging Solutions with a Heart (Dash)
- Family Service Association
- First Steps Child Development Center
- Frazee Community Center
- Girl Scouts of San Gorgonio Council
- Information and Referral Service
- Inland Aids Project
- Inland Harvest
- Kiwanis Club of Redlands
- Option House
- Partnership with Industry
- Redlands Day Nursery
- Redlands Recreation Bureau
- Redlands/Yucaipa Guidance Clinic
- Rolling Starts, Inc.
- Rotary Club of Redlands
- Salvation Army
- San Bernardino Child Advocacy Program

- San Bernardino Sexual Assault Services
- Second Harvest Food Bank
- Silverlake Youth Services
- Sac Health Systems
- The Unforgettable Foundation
- YMCA Of Redlands, Highland, Yucaipa
- Yucaipa Teen Center

VIII. FINANCIAL COMMITMENT TO COMMUNITY BENEFITS

COMMUNITY BENEFITS AND ECONOMIC VALUE

Summary information below identifies community benefit programs and contributions for fiscal year ending September 2010 for Redlands Community Hospital.

A. Medical Care Services	Audited 2009	
Medicare	$ 2,286,276	
MediCal, Co-indigent & Other	$ 10,432,050	
Unreimbursed care		$12,718,326
B. Family Clinic unreimbursed care		$ 303,344
C. Community Benefits		$ 586,904
Sponsorship of specific community benefit programs		
In-kind sponsorship to general community benefit		
In-kind staff hours for community benefit		
D. Volunteer Services value of 44,496 donated		$ 927,742
E. Hospital Board value of volunteer hours		$ 42,075
F. Medical Staff value of volunteer hours		$ 135,000
G. Funds donated to hospital by employees		$ 39,217
H. Funds donated to hospital by Volunteer Services		$ 72,000*
TOTAL		**$14,824,608**

* This value is based on the "Independentsector.org" national estimated hourly value for hospital volunteer service: $20.85 per hour.

NON-QUANTIFIABLE BENEFITS

The non-quantifiable benefits are the costs of bringing benefits to the at-risk and vulnerable populations in the community that are not listed above and are estimated at $265,800 annually. Hospital staff, who are providing leadership skills and bringing facilitator, convener and capacity

consultation to the community collaboration efforts, incurs these expenses. These skills are an important component to enable the hospital to meet their mission, vision and value statements and community benefit plan.

Redlands Community Hospital has demonstrated its commitment to helping the community through its variety of community benefit programs, unpaid Medi-Cal and Medicare payments, humanitarian service through Charity Care to people in need, and its ongoing community service projects. Community donations of time, money and leadership further show the hospital's commitment to benefit the community.

IX. REDLANDS COMMUNITY HOSPITAL CHARITY CARE POLICY

RCH is committed to caring for patients in need of urgent or emergent service regardless of their ability to pay. This commitment reflects RCH's value of providing services to residents of our community. RCH will balance its obligation to provide charity with its need to remain financially strong.

The Redlands Community Hospital's Administrative Policy No. A.F2, Financial (Patient) Policy, is provided in Appendix C.

Appendix A

Redlands Community Hospital

2010 COMMUNITY HEALTH SURVEY

To help Redlands Community Hospital identify the healthcare needs of the people in our region and to assess the resources available to meet those needs, Redlands Community Hospital is currently conducting a Community Needs Assessment (Survey) and the outcome of the survey will be reported to the California Office of Statewide Health Planning and Development.

Please do not write your name on the survey as the completion of the survey is anonymous.

We would appreciate a little your time to completed the questions below. Please answer all questions honestly as your opinion and perspective are very important.

1. What is your current age range?
   - ☐ 18 - 29
   - ☐ 30 - 39
   - ☐ 40 - 44
   - ☐ 45 - 49
   - ☐ 50 - 64
   - ☐ 65 OR OLDER

2. What is your gender?
   - ☐ Female
   - ☐ Male
   - ☐ Other

3. Are you?
   - ☐ Married
   - ☐ Living with a Partner
   - ☐ Widowed
   - ☐ Divorced
   - ☐ Separated
   - ☐ Never Married
   - ☐ Don’t Know

4. What is your ethnicity?
   - ☐ African-American/Black
   - ☐ Alaskan Native
   - ☐ American Indian
   - ☐ Asian
   - ☐ Hispanic/Latino
   - ☐ Mixed Race
   - ☐ Pacific Islander
   - ☐ White
   - ☐ Don't know

5. What language(s) do you speak with your friends? (Check all that apply)
   - ☐ Only English
   - ☐ Spanish
   - ☐ Both English and Spanish
   - ☐ Other _____

6. What city do you live in? _____

7. What is your ZIP code? _____

8. What is your current living situation?
   - ☐ Homeless
   - ☐ Own the house you live in
   - ☐ Renting
   - ☐ Other

9. Is there a place that you usually go to when you are sick or in need of advice about your health?
   - ❑ Does not apply-I do not go anywhere when I am sick or need health advice
   - ☐ Emergency Room
   - ☐ My doctor's office
   - ☐ Redlands Community Hospital
   - ☐ Redlands Family Clinic
   - ☐ Other Clinic
   - ☐ No one place
   - ☐ Other: _____

10. How do you presently get to your healthcare provider appointments?
    - ☐ Does not apply -I do not go to healthcare provider appointments
    - ☐ Bus
    - ☐ Bike
    - ☐ Walk
    - ☐ Car (not yours)
    - ☐ Your own car
    - ☐ Other

11. How do you presently pay for your healthcare?
- ☐ Health insurance (e.g. private insurance, Blue Shield HMO)
- ☐ Indian Health Services
- ☐ Medi-Cal
- ☐ Medicare (non-HMO)
- ☐ Medicare HMO
- ☐ Pay cash (no insurance)
- ☐ Veteran's Administration
- ☐ I have not attended a healthcare appointment in over two years
- ☐ Other:_____

12. How is your general health?
- ☐ Excellent
- ☐ Very good
- ☐ Good
- ☐ Fair
- ☐ Poor

13. What health concerns do you currently have? _____

_____

_____

14. How can Redlands Community Hospital assist with your health concerns? _____

_____

_____

15. Do you have any of the following conditions? (Check all that apply)

☐ AIDS	☐HIV	☐Neurological problems
☐Asthma	☐High cholesterol	☐Nutrition
☐Allergies	☐Heart Disease	☐Obesity
☐Arthritis	☐Physical Disability	☐Pregnancy
☐Cancer	☐High blood pressure	☐Weight problems
☐Diabetes	☐Mental Health issues	☐Tuberculosis

16. Do you take medications every day (not including vitamins or supplements) ☐Yes ☐No

17. Do you take medications at last once a week? ☐Yes ☐No

18. During the past 12 months, have you sought care at a hospital emergency room or urgent care clinic? ☐Yes ☐No

19. During the past 12 months, were you admitted to the hospital overnight or longer?
☐Yes ☐No

20. During the past 12 months, how many days of work/school did you miss due to illness?
____ Days

21. How many times in the past 12 months have you been seen by a doctor? _____ times

22. During the past 12 months, have you fallen to the ground more than once? ☐Yes ☐No

23. Did you receive medical care because of your falls? ☐Yes ☐No

24. Would you say that each week you spend at least 10 minutes doing moderate physical activity during your free time? A few examples of moderate physical activity is walking bicycling, swimming, dancing or gardening, etc. for at least 10-15 minutes each week.
☐ Yes ☐ No

25. Do you smoke? ☐Yes If yes, please answer question 26 below.
☐No

26. On the average, how many cigarettes do you smoke each day? _____Cigarettes/day
☐ N/A– I do not smoke cigarettes

27. Do you drink alcoholic beverages? ☐Yes If yes, please answer question 28 below.
☐ N/A I do not drink alcoholic beverages

28. On the average, how many alcoholic beverages do you drink in a week? ___Drinks/week
☐ N/A I do not drink alcoholic beverages

29. In the past year, did you seek help for an alcohol or drug problem? ☐Yes ☐No

30. Do you currently have an alcohol or drug problem? ☐Yes ☐No

31. How often during the last 30 days did you feel nervous?
☐ All of the time
☐ Most of the time
☐ Some of the time
☐ A little of the time
☐ None of the time
☐ I have not felt nervous in the last 30 days

32. During the last 30 days, how often did you feel hopeless?
- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time
- ☐ I have not felt hopeless in the last 30 days

33. During that last 30 days, how often did you feel so depressed that nothing could cheer you up?
- ☐ All of the time
- ☐ Most of the time
- ☐ Some of the time
- ☐ A little of the time
- ☐ None of the time
- ☐ I have not felt hopeless in the last 30 days

34. Is there anything else you would like us to be aware of or bring to our attention? _____

_____

_____

_____

Thank you for taking your time to help Redlands Community Hospital provide high quality care and services to our community.

Appendix B

2010 Community Needs Assessment
Focus Group Questions

To help Redlands Community Hospital identify the healthcare needs of the people in our region and to assess the resources available to meet those needs, Redlands Community Hospital is currently conducting a Community Needs Assessment (Survey) and the outcome of the survey will be reported to the California Office of Statewide Health Planning and Development.

The purpose of the focus group is to evaluate responses in an effort to determine the healthcare needs of our local community.

1. Describe what you believe are the primary healthcare issues are in our community (e.g. diabetes, access to care, lack of insurance, poor quality of care?).

2. Describe what group or groups of people are most at-risk because they do not receive adequate healthcare (e.g. elderly, children, ethnic minorities, disabled, uninsured).

3. Describe what you believe are barriers to why people do not or cannot obtain healthcare in our community (e.g. transportation, lack of insurance, difficulty navigating services).

4. Describe or provide suggestion of what may be done to better meet the healthcare needs of the community?

5. Describe what Redlands Community Hospital can do to better meet the healthcare needs of the communities.

Appendix C

REDLANDS COMMUNITY HOSPITAL

ADMINISTRATIVE POLICY

SUBJECT: FINANCIAL (PATIENT) POLICIES

REFERENCE: California Administrative Code, Title 22, Section 707179(a)

ATTACHMENTS:
A. Self-Pay and Charity Care Discounts
B. Endowment Funds for Charity Care
C. OB Cost Saver Package Plan
D. Community Based (Outreach) Programs and Services

PURPOSE

To define Redlands Community Hospital's ("*RCH's*") philosophy and rules governing charitable care, special payment arrangements and general hospital business practices regarding patient financial responsibilities.

POLICY

1. RCH recognizes to the extent it is financially able, a responsibility to provide quality health care services to persons regardless of their source of payment.

2. It is RCH's philosophy that the need for charitable care or for special payment arrangements should be determined prior to the delivery of that care whenever possible. Early and deliberate efforts of RCH staff to contact the patient, resolve problems, discuss, counsel and make arrangements for payment are encouraged.

3. The cost of accounts not paid must be borne by the paying patient. Proper business practices blended with the compassion in a charitable institution into patient financial policies will enable RCH to fulfill its responsibilities to those patients and third parties who pay in full for services rendered.

4. Hospital business practices regarding patient financial responsibilities shall be defined as follows:

I. General Guidelines for All Patients

The billing of private insurance is considered a courtesy to the patient; however, the patient/guarantor remains responsible for the balance.

A. RCH will bill secondary and supplemental carriers as a courtesy, however, the patient/guarantor remains responsible for the balance.

B. New patients are to be pre-registered and receive financial counseling regarding insurance verification and co-payments, coinsurance, and/or deductibles due prior to services being rendered. Description of services and estimated costs of services are to be available to all outpatients from the departments.

C. Extended Terms - Patients with an outstanding balance post discharge will be referred to the Business Office for counseling.

Payment arrangements without interest can be extended to all Self-Pay patients by the department staff not to exceed 6 months from the date of service. Upon a supervisor's review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

RCH will not revoke a patient's eligibility for extended payment terms unless the patient has failed to make all consecutive payments due in a 90-day period. Before revoking eligibility for extended payment terms, RCH, or any collection agency or other assignee of the patient's account, will make a reasonable attempt to contact the patient by phone and give notice by writing that the extended payment plan may be revoked and the patient has the opportunity to renegotiate the extended payment plan. RCH, the collection agency or other assignee will attempt to renegotiate the extended payment plan if requested by the patient. Adverse information shall not be reported to a consumer credit reporting agency and civil action shall not be commenced against the patient or other responsible party prior to the time the extended payment plan is revoked.

In the event that the patient has a pending appeal for coverage of services, so long as the patient makes a reasonable effort to communicate with the hospital about the progress of the pending appeal, the 90-day nonpayment period described above shall be extended until a final determination of the appeal is made. "Pending appeal" includes the following:

1) A grievance against a contracting health care service plan, as described in Chapter 2.2 of Division 2 of the Insurance Code, or against an insurer, as described in Chapter 1 of Part 2 of Division 2 of the Insurance Code;

2) An independent medical review, as described in Section 10145.3 or 10169 of the Insurance Code;

3) A fair hearing for review of a Medi-Cal claim pursuant to Section 10950 of the Welfare and Institutions Code;

4) An appeal regarding Medicare coverage consistent with federal law and regulations.

II. Inpatient Practice

RCH will accept insurance benefits as follows:

A. Medicare - with proper eligibility.

B. Medi-Cal - with proper eligibility. Share of cost payments must be made by the patient along with the hospital billing Medi-Cal.

C. Commercial Insurance - with verified coverage, assignable benefits and deductibles met.

D. Private Insurance - with verified coverage, assignable benefits and deductibles met.

E. Workers' Compensation - with verified coverage.

F. HMO/PPO/Capitation - with verified coverage.

III. Outpatient Practice

A. Same Day Surgery

B. MRI

C. Lab

D. X-ray

E. Therapy Services

F. Emergency Department

G. All other ancillary departments

Insurance Coverage

RCH will accept insurance benefits as follows:

1) Medicare - with proper eligibility.

2) Medi-Cal - with proper eligibility.

3) Commercial Insurance - with an insurance card.

4) Private Insurance - with verified coverage, assignable benefits and deductibles met.

5) Workers' Compensation - with verified coverage.

6) HMO/PPO/Capitation - with verified coverage.

All insurance coverage will be verified prior, and authorization obtained where necessary prior, to the provision of services. Co-pays and deductibles will be collected prior to services being rendered.

IV. Bad Debt / Collection Policy

When required insurance coverage documentation and/or patient balance payments per agreement are not provided, RCH will transfer the account to a Bad Debt file and the reserve for Bad Debt will be charged. Bad Debt accounts may be referred to a collection agency at the discretion of the Collection Supervisor and Director of Patient Financial Services.

A. RCH will recognize any account as a Bad Debt when the account is older than 120 days except as follows:

1) The account is pending insurance payment for a known reason.

2) Extended payment terms have been authorized. Payment arrangements can be extended to all Self-Pay patients by department staff not to exceed 6 months from the date of service. Upon a supervisors review approval these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

3) The Director of Patient Financial Services or Collection Supervisor has documented a good reason for maintaining the account.

4) The account has been recognized and documented as “high risk” and a prior determination made by the Director of Patient Financial Services or Collection Supervisor that the account should be aggressively followed by an outside agency.

B. RCH and its assignees of any patient Bad Debt, including collection agencies, will not report adverse information to any consumer credit reporting agency prior to 150 days from initial billing.

C. RCH will require all assignees of any patient Bad Debt, including collection agencies, to agree to comply with the AB 774 and the SB 350 requirements regarding all collection activity. A written agreement requiring compliance with AB 774 and SB 350, and RCH’s standards and scope of practice will be required on all collection agency agreements.

D. RCH and its assignees of any patient Bad Debt, including collection agencies, will not use wage garnishments or liens on primary residences as a means of collecting unpaid hospital bills for patients whose income is below 350% of the Federal Poverty Level.

E. A collection agency, or other assignee that is not an affiliate or subsidiary of RCH, shall not use sale of the patient's primary residences as a means of collecting unpaid hospital bills of patients whose income is below 350% of the Federal Poverty Level unless both the patient and his or her spouse have died, no child of the patient is a minor and no adult child of the patient who is unable to take care of himself or herself is residing in the house as his or her primary residence.

F. Bad Debt approval thresholds:

Account Balances between 0.01 – 999.99	Patient Account Rep.
Account Balances between 1,000.00 – 19,999.99	Supervisor
Account Balances between 20,000.00 – 49,999.99	Director of P.A.
Account Balances over $50,000.00 per account:	Vice President/ Cheif Financial Officer or President/CEO

G. Prior to commencing collection activities against a patient, RCH and its assignees of any patient Bad Debt, including collection agencies, shall provide the patient with a clear and conspicuous notice containing both of the following:

1) A plain language summary of the patient's rights pursuant to AB 774 and SB 350, the Rosenthal Fair Debt Collection Practices Act, and the federal Fair Debt Collection Practices Act of Chapter 41 of Title 15 of the United States Code, and a statement that the Federal Trade Commission enforces the federal act.

2) A statement that nonprofit credit counseling may be available.

V. Endowment

Application of Endowment Funds for Charity Care, see **Attachment B**.

VI. Charity Care, AB 774, SB 350 and Prop 99

Application for Self-Pay/Charity Care/Prop 99 Funds, see **Attachment A**.

VII. Employment Courtesy Allowances

No courtesy allowances for RCH employees or their dependents are allowed except as provided for under **Attachments A**, **B** or **C**, or as described under Section I above

VIII. RCH Medical Staff Courtesy Allowances

No courtesy allowances for staff physicians or their dependents are allowed except as provided for under **Attachments A**, **B** or **C**, or as described under Section I above.

IX. Other Courtesy / Administrative Allowances

A. From time to time it is necessary to adjust patient accounts on case by case based on a patient's financial ability, physical ability, mental capability or other related circumstances to make payment, as a courtesy. Approvals are as follows:

Allowance amount	0.01 – 499.99	Patient Accounting Rep.
Allowance amount	500.00 – 1,499.99	Supervisor
Allowance amount	1,500.00 – 4,999.99	Business Office Manager
Allowance amount	5,000 – 9,999.99	Director of P.A.
Allowance amount	=> 10,000.00	Vice President/ Chief Financial Officer or President/CEO

B. Small balance allowances of $14.99 and under that have been billed at least once may be written off by the Business Office.

C. OB Cost-Saver Package Plan, see **Attachment C**.

D. Self-Pay and Charity Care Discounts, see **Attachment A**.

E. Community Based (Outreach) Programs and Services, see **Attachment D**.

X. Overpayment on Patient Accounts

A. Insurance Overpayments

RCH will refund insurance overpayments in a reasonable manner, after review and a determination that refund is appropriate.

B. Patient Overpayment

RCH will refund overpayments of $5.00 or more to the responsible party after determining that no accounts for which the party is responsible have an outstanding balance. For patients retroactively presenting valid Medi-Cal cards, patient payments may be refunded after all retroactive documentation has been approved by the Department of Health Services. RCH reserves the right not to accept retroactive Medi-Cal.

C. Deviations from Policy

The President/CEO, Vice President/CFO or designee may authorize a deviation from any of the above policies.

Responsibility for review and maintenance of this policy is assigned to: Vice President/Chief Financial Officer.

REVIEWED BY: _____
Director, Business Office

APPROVED: _____
James R. Holmes, President

EFFECTIVE:	09/01/80	
REVIEWED:	09/23/82	
REVIEWED:	01/30/86	
REVIEWED:	05/01/88	
REVIEWED:	01/21/92	
REVIEWED:	10/15/93	
REVISED:	02/24/95	
REVISED:		11/21/97
REVISED:	12/20/00	
REVISED:		02/13/04
REVISED:		02/20/07
REVISED:		02/15/08
REVISED		04/10/09
REVISED		12/18/09
REVISED		09/01/10

ATTACHMENT A

SELF-PAY AND CHARITY CARE DISCOUNTS

The Self-Pay and Charity Care Discount policies provided herein is intended to comply with California Assembly Bill 774 (Health and Safety Code § 127400 *et seq.*) and California Senate Bill 350 (Chapter 347, Statutes of 2007) effective January 1, 2008.

DEFINED TERMS

1. "*Bad Debt*" means an account of a patient who demonstrates an ability to pay but who refuses to pay after repeated requests for payment.
2. "*Charity Care*" means any medically necessary inpatient or outpatient hospital service provided to a patient whose responsible party has an income below 350% of the "*Federal Poverty Level*" or "*FPL*" (as defined below).
3. "*Federal Poverty Level*" or "*FPL*" means the poverty guidelines updated periodically in the Federal Register by the United States Department of Health and Human Services.
4. "*Financially Qualified Patient*" means a patient who is: (1) a "*Self-Pay Patient*" (as defined below) or a patient with "*High Medical Costs*" (as defined below), and (2) a patient who has a family income that does not exceed 350% FPL.
5. "*Patient's Family*" for the purpose of determining family income and size, means, for persons 18 years of age or older: spouse, domestic partner and dependent children under 21 years of age; and for persons under the age of 18: parent or caretaker and other children under 21 years of age.
6. "*Patient with High Medical Costs*" means a patient whose family income does not exceed 350% FPL if that person does not receive a discounted rate from the hospital as a result of the patient's third- party coverage. For the purpose of this policy, "*High Medical Costs*" means: (1) annual out of pocket costs incurred by the individual at RCH exceed 10% of the patient's family income for the prior 12 months, or (2) annual out of pocket expenses that exceed 10% of the family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patient's family in the prior 12 months.
7. "*RCH*" means Redlands Community Hospital.
8. "*Self-Pay Patient*" means a patient who does not have third-party coverage from a private health insurer or government entity.
9. "*Self-Pay Discount*" means a discount applied by RCH for any medically necessary inpatient or outpatient hospital service provided to a Patient with High Medical Costs who is uninsured or underinsured, requires assistance in paying their hospital bill, but whose documented income exceeds 350% FPL.

POLICY

All Self-Pay patients who do have an ability to pay and whose income exceeds 350% FPL will receive the standard Self-Pay Discount. All Self-Pay patients whose documented income falls below the 350% FPL threshold will be considered for Charity Care. All Self-Pay Patients will

be screened for linkage to any appropriate form of assistance, including but not limited to Medi-Cal, Healthy Family's, San Bernardino Medically Indigent Adult program, Section 1011 or, any 3rd party liability insurance (Automobile Insurance, Workers' Compensation, Home Owners Insurance, etc.). If linkage to any payor source is found, the patient must pursue this linkage first to receive eligibility for the Charity Care. Any such linkage that is not pursued by the patient or if the patient is denied eligibility for failure to comply may result in the patient not being eligible for RCH's Charity Care / Self-Pay Discount programs. RCH reserves the right to review these instances on a case by case basis.

STANDARD SELF-PAY DISCOUNT

For qualifying Self-Pay Patients who receive medical procedures (excluding implants and high cost drugs, which are billed at cost plus 5%) a 50% discount will be applied to charges at the time of final billing. Self-Pay Discounts offered by RCH may be offered based on financial ability, mental capability, physical ability, or other related reasons (see Eligibility below). An additional prompt-pay discount of 10% may also be offered if full payment is made promptly. Any Self-Pay Discounts that exceed the standard Self-Pay Discount and prompt-pay discount must be approved by the Business Services management team.

Payment arrangements without interest can be extended to Self-Pay Patients by the department staff, typically not to exceed 6 months from the date of service. Upon a supervisors review and approval, these payment arrangements without interest can be extended to 12 months. RCH reserves the right to extend payment arrangements beyond these thresholds based on patient circumstances.

CHARITY CARE / PROP 99

RCH is committed to providing appropriate medical care to patients in its service area to ensure that a patient in need of non-elective care will not be refused treatment because of his or her inability to pay. Therefore, it is the policy of RCH to provide charity care for those who demonstrate an inability to pay.

Eligibility Criteria and Application Requirements

1. Financially qualified patients and patients without third party coverage from a health insurer, health care service plan, Medicare, Medi-Cal, Healthy Families or other government sponsored health program.

2. Patients with High Medical Costs who are at or below 350% FPL, as defined above, are eligible to apply for Charity Care.

3. In determining eligibility for Charity Care, RCH may consider income and monetary assets of the patient and/or family. These assets include bank accounts and assets readily convertible to cash including stocks. Monetary assets shall not include

retirement or deferred compensation plans. The first $10,000 of a patient's monetary assets shall not be counted in determining eligibility, nor shall 50% of the patient's monetary assets exceeding the first $10,000.

4. Applicants for eligibility for Charity Care or Self-Pay Discounts shall provide RCH with documentation of income and health benefits coverage. Pay stubs and income tax returns, or other forms of income verification as described more fully in the application, must be provided to RCH. In addition, an application must be submitted which allows RCH to determine the ability to pay and other considerations. Documentation or an application may or may not be required depending solely on RCH's determination whether they are needed. RCH will require the requested documentation to be completed on a timely basis by the patient or their family. In the event that the required documentation is not provided by the patient or his/her representative, RCH may deny Charity Care on the grounds of failure to provide requested information. In the event the patient or their representatives provide the requested information at a later date, RCH may choose to reopen their applications. Patients who have had their Charity Care application denied have the right to appeal the denial and can do so by submitting their appeal in writing to the Business Office at RCH at anytime.

5. RCH may require waivers or releases from the patient and/or the patient's family, authorizing RCH to obtain account information from financial institutions or other entities that hold monetary assets. Information obtained shall not be used in collection activities.

Examples of Intended Beneficiaries

1. The following are examples of patients intended to benefit from RCH's Charity Care policy:

   A. Uninsured patients who do not have ability to pay and have income at 350% or lower of the FPL based on means-testing according to RCH's Charity Care policy.

   B. Insured patients whose coverage is inadequate to cover a catastrophic situation, provided that the patient does not otherwise receive a discount as a result of third party coverage (HMO, PPO, Medicare discounts). These High Medical Cost patients could include the following:

      Annual out of pocket costs incurred by the individual at RCH that exceed 10% of the patient's family income in the prior 12 months.

      Annual out of pocket expenses that exceed 10% of the patient's family income, if the patient provides documentation of the patient's medical expenses paid by the patient or the patients family in the prior 12 months to other non-RCH health care providers.

C. Patients who qualify for the Medically Indigent Adult program through the State of California or the County of San Bernardino.

D. Patients who have applied to the Medi-Cal program and have been denied for reasons other than failure to comply or non compliance with requested information.

E. Patients who have been referred to outside collection agencies and who are later determined to be unable to pay according to RCH's charity care eligibility guidelines.

F. Patients who are undocumented aliens from other countries who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information.

G. Patients who have a green card or other Immigration Department issued Identification ("*ID*") Card allowing them to be in this country legally but who have demonstrated no ability to pay or who did not or were not able to provide RCH adequate demographic information, provided that the patient complies with all Section 1011 requirements and applications.

H. Patients who are homeless.

I. Patients who, due to their condition are unable or unwilling to provide adequate demographic information for billing.

J. Patients who are able to pay a portion but not all of their outstanding balance due to financial constraints.

2. Proposition 99 (Prop 99) Charity.

A. Prop 99 Charity includes items A through I above but excludes J (patients whose accounts have been partially paid by other insurance or partially paid by the patient). The State of California requires the following information for filing Prop 99 funds:

(1) Name, Address, Social Security Number, Sex, Age, Race, and diagnosis for both inpatients and outpatients.

B. A log will be kept on all Prop 99 and non-Prop 99 charity write-offs by the Business Office.

C. Prop 99 accounts will be reviewed for approval by either the Director of Business Office or the Vice President of Finance.

ADMINISTRATIVE MATTERS

1. Administrative or courtesy write-offs are the sole discretion of RCH and are not included in this policy.

2. Accounts which develop a credit balance due to a Charity Care or a Self-Pay Discount write-off and a subsequent payment from any source must have the Charity Care or Self-Pay Discount write-off reversed before any refunds are disbursed.

3. When RCH bills a patient that has not provided proof of coverage by a third-party at the time care is provided or upon discharge, as a part of that billing, RCH will provide the patient with a written notice, which shall include the following:

   A. A statement of charges for services rendered by RCH.

   B. A request that the patient inform RCH if the patient has health insurance coverage.

   C. A statement that if the patient does not have health insurance coverage the patient may be eligible for Medicare, Healthy Families, Medi-Cal, Charity Care or Self-Pay discount.

   D. A statement indicating how a patient may obtain an application for Healthy Families or Medi-Cal from RCH and who to contact for assistance.

   E. Eligibility information for RCH's Self-Pay Discount and Charity Care programs and who to contact for assistance.

   Such written notice shall be provided in both English and Spanish.

4. RCH will provide posted written notice of its Charity Care / Self-Pay Discount policy in all areas that are visible to the public including:

   A. The ER department.

   B. The Admissions department.

   C. The Cashier and Business Office.

   D. Other outpatient settings.

5. RCH will provide all required written correspondence to patients related to the Self-Pay Discount and Charity Care programs in English or Spanish, depending on the language spoken by the patient. Required written correspondence includes: requests for information to determine eligibility for the Self-Pay Discount, Charity Care, or insurance programs; information concerning potential eligibility for the Self-Pay Discount, Charity Care, and public insurance programs and how to apply for such programs; statements of estimated or actual charges; notice of expiration of an extended payment plan; notice of intent to commence collection activities; and notice of collection policies.

CHARITY CARE / SELF PAY DISCOUNT METHODOLOGY

1. Documented income for all Charity Care / Self-Pay Discount must be at or below 350% of the FPL.

2. Discounted amounts will be based on the highest government fee schedule between Medicare, Medi-Cal and Healthy Families. At no time will a patient with documented income below 350% of the FPL be charged for any amounts in excess of the highest government fee schedule.

3. Reimbursement to be applied is as follows:

FEDERAL POVERTY LEVELS

Family Size	100%		200%		300%		350%	
1	$10,830	**A**	$21,660	**A**	$32,490	**A**	$37,910	**B**
2	$14,570	**A**	$29,140	**A**	$43,710	**B**	$51,000	**B**
3	$18,310	**A**	$36,620	**A**	$54,930	**B**	$64,090	**B**
4	$22,050	**A**	$44,100	**B**	$66,150	**B**	$77,180	**C**
5	$25,790	**A**	$51,580	**B**	$77,370	**C**	$90,270	**C**
6	$29,530	**A**	$59,060	**B**	$88,590	**C**	$103,360	**C**
7	$33,270	**A**	$66,540	**C**	$99,810	**C**	$116,450	**C**
8	$37,010	**A**	$74,020	**C**	$111,030	**C**	$129,540	**C**

add $3,260 for family units with more than 8 members.

Income must be equal to or below the amount in each column.

Family Size is defined as:

For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

REIMBURSEMENT MATRIX

INCOME INDICATOR	REIMBURSEMENT
A	Free Care - Charity Care
B	50% of Highest Government Fee Schedules
C	100% of Highest Government Fee Schedules

Government fee schedules include Medicare, Medi-Cal & Healthy Families.

ATTACHMENT B

APPLICATION OF ENDOWMENT FUNDS FOR CHARITY CARE

POLICY

Redlands Community Hospital ("*RCH*") has funds available, through bequests as well as from Board Designated Assets, to be used to pay for the care of the deserving patients. This policy is to outline the procedure for applying these funds to a patient's account.

PROCEDURE

I. RCH Endowment Funds

These are monies that are held by RCH. The use of these funds is restricted as follows:

A. AID Fund - Established in 1951, the Board of Directors of RCH set aside these funds. The interest of the AID Fund is to be used for patients unable to pay their bills.

B. Edith Bates Fund - In 1961, the estate of Edith Bates established this fund to pay the hospital expenses of worthy persons who do not have and cannot obtain money to pay for their care.

C. Anna Throop Memorial Fund - Funds were given to RCH to be used solely for the use and care of "crippled children" in the Pediatrics Department of the hospital.

II. Procedure for Applying Endowment Funds

A. At the end of the fiscal year, an amount not to exceed the Endowment Fund prior years earnings will be established for the provision of care to needy patients. This amount shall be established by President/CEO or Vice President/CFO of RCH.

B. Prospective patients will be screened by personnel from the Admitting or Business Office Departments. Financial screening will be based upon the financial criteria that is discussed in RCH's Charity Care policy.

C. After the appropriate signatures of approval have been obtained, the Business Office will prepare a check request for each patient account utilizing the patient account number and the fund accounting number.

D. The Accounting Department will process a check for the individual patient account and deliver to the Cashier Department for posting of the payment to the patient account.

ATTACHMENT C

REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

OB COST-SAVER PACKAGE PLAN

REQUIREMENTS FOR ELIGIBILITY:

The entire cost must be paid on or before discharge. Please be advised that prices will apply to the date of admission, not the date of payment. The Cost-Saver Package Plan applies to patients having normal vaginal deliveries or Cesarean section patients, with no complications. Should either the mother or baby become ill, regardless of whether payment has been made or not, the discount will be nullified and the patient's financial class reverts to self pay. Patients covered under insurance plans with **NORMAL MATERNITY COVERAGE** are **not eligible** for the OB Cost-Saver Package Plan. No itemized billing will be provided.

Charges incurred for conditions unrelated to the maternity visit are not included in the original OB Cost-Saver Package Plan, *i.e.*, Tubal Ligations.

SUMMARY OF ELIGIBILITY REQUIREMENTS:

A. Payment in full on or before discharge. (Cash, Check, Cashier's Check, Money Order, Visa, MasterCard or American Express).

B. Normal delivery and a well baby, or Cesarean section and a well baby.

C. No insurance involved.

CASH PAYMENT SCHEDULES (Mother and baby charges combined):

		Mom & Baby	**Mom & Baby with Tubal Ligation**
1 Day	Normal Delivery	$1,825	$2,850
2 Days	Normal Delivery	$2,575	$3,550
3 Days	Cesarean Section	$3,850 + $825 for each additional day For each additional baby per day $500	

NOTE: Patients who elect to have tubal ligation must pay for this service on or before discharge along with the OB Cost-Saver Package Plan discount.

Any payment made by check written to Redlands Community Hospital and returned unpaid by the bank will void the OB Cost-Saver Package Plan discount.

Prices are subject to change without notice. If you have any questions, please call (909) 335-6415.

ATTACHMENT D

REDLANDS COMMUNITY HOSPITAL
350 TERRACINA BOULEVARD
REDLANDS, CALIFORNIA 92373

COMMUNITY BASED (OUTREACH) PROGRAMS AND SERVICES

The aforementioned financial policy on charity care and self-pay discount practices does not apply to the Perinatal Services program, Redlands Family Clinic or Center for Surgical and Specialty Care. This attachment outlines how discounts (if applied) and/or fee schedules are administered for each of these three programs.

PERINATAL SERVICES:

Lactation services are provided and billed using a fee-for service flat rate fee schedule. No self-pay discount is available for the professional fees for lactation services. Diabetes education and comprehensive perinatal education is provided using a hospital approved fee schedule. Qualifying self-pay patients for diabetes education may receive a 50% self-pay discount. Comprehensive perinatal services are provided for Medi-Cal patients only, and therefore do not qualify for a self-pay discount. When supplies are purchased as a self-pay/cash-pay, a 50% self-pay discount may apply.

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

CENTER FOR SURGICAL AND SPECIALTY CARE:

Services are provided and billed using a hospital approved fee schedule by the Hospital for the exam room (facility) fee and other associated fees incurred as a result of the patient's visits. The hospital does not bill for the professional component of the visit, therefore no discount applies. Qualifying self-pay patients may receive a 50% self-pay discount off of the hospital related charges. An individual would not qualify for the self-pay discount if insurance and/or a government sponsored health program is being billed for the hospital related charges. In order to receive a discount, the patient is required to make the *full* payment, minus the self-pay discount, *prior* to service being rendered. This will require the staff to advise the patient of the anticipated charges in advance of services.

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.

REDLANDS FAMILY CLINIC:

As a community-based low-cost clinic, a discount may be applied for self-pay/cash paying patients based on family income and family size according to the sliding-scale discount matrix below. The self-pay discount is applied when payment is made in *full,* on the same date that service is rendered. Services that are rendered and billed to State funded programs such as Medi-Cal, CDP or Family Pact are **not eligible** for a discount. Only self-pay patients are eligible for a discount. Services rendered not covered by a State funded program or other insurance may be discounted when the patients is paying cash for the non-covered services. No itemized billing will be provided. Some services and/or supplies may not be

discounted and include: a) the cost for external laboratory testing services, b) vaccines, c) immunizations, and d) tuberculosis screening and testing.

FAMILY CLINIC DISCOUNT MATRIX FOR SELF-PAY/CASH-PAYING PATIENTS:

Documented income must be at or below 350% of the most current Federal Poverty Guideline (maintained at the clinic) to qualify for a self-pay discount. A patient with reported and/or verified income higher than 350% of the guideline would not qualify for a discount.

SLIDING-SCALE DISCOUNT MATRIX

% of Poverty	**100%**		**200%**		**300%**		**350%**	
Family Size								
1	**1**		**1**		**1**		**2**	
2	**1**		**1**		**2**		**2**	
3	**1**		**1**		**2**		**2**	
4	**1**		**2**		**2**		**3**	
5	**1**		**2**		**3**		**3**	
6	**1**		**2**		**3**		**3**	
7	**1**		**3**		**3**		**3**	
8	**1**		**3**		**3**		**3**	

Income must be equal to or below the amount in each column. Add $3,740 for family units with more than 8 members.

Family Size is defined as:
For persons 18 years of age and older, the patient's spouse, domestic partner and dependent children under 21 years of age, whether living at home or not.

For persons under 18 years old, a parent, caretaker relatives and other children under the age of 21 that belong to the parent or caretaker.

Family Income is defined as:
Income for all family members included in the family size (per above definitions).

DISCOUNT MATRIX – PERCENTAGE DISCOUNT LEVELS

Apply the appropriate discount percentage based on the patient's income and family size using the sliding-scale discount matrix above.	
Discount Level	
1	Eighty Percent (80%) Discount Applied
2	Seventy Percent (70%) Discount Applied
3	Sixty Percent (60%) Discount Applied

VERIFICATION OF ELIGIBILITY:

Patients indicating they qualify for and request a self-pay discount shall provide documentation of income as requested prior to service being rendered at the Family Clinic. Pay stubs and income tax returns, or other forms of income verification shall be provided to RCH as requested. In the event that the required documentation is not provided by the patient or patient representative, the discount may be denied on the grounds of failure to provide the requested information.