



Sharp HealthCare Community Benefits Plan and Report Fiscal Year 2012

~ COMMITTED TO IMPROVING THE
HEALTH AND WELL-BEING OF THE COMMUNITY ~

Commitment

SHARP

Sharp HealthCare
Community Benefits Plan and
Report
Fiscal Year 2012

Submitted to:

Office of Statewide Health Planning and Development
Healthcare Information Division – Accounting and Reporting Systems Section
400 R Street, Room 250
Sacramento, CA 95811

Contents

Section	Description	Page
	Preface.....	i
	Glossary of Terms and Abbreviations	iii
1	An Overview of Sharp HealthCare	1
2	Executive Summary	33
3	Community Benefits Planning Process	41
4	Sharp Chula Vista Medical Center	47
5	Sharp Coronado Hospital and Healthcare Center	71
6	Sharp Grossmont Hospital	83
7	Sharp Metropolitan Medical Campus.....	129
8	Sharp Mary Birch Hospital for Women & Newborns.....	131
9	Sharp Memorial Hospital.....	147
10	Sharp Mesa Vista Hospital and Sharp McDonald Center.....	187
11	Sharp Health Plan.....	205
Appendices		
A	Sharp HealthCare Involvement in Community Organizations	211
B	Map of Sharp HealthCare Locations	217
C	Map of Community and Region Boundaries in San Diego County	219

For one San Diego father many years ago, it meant a promise.

In 1944, Thomas E. Sharp lost his son – 22-year-old San Diego pilot Donald N. Sharp – who gave his life for his country on a mission with the B-26 Marauders of the United States Army Air Forces.

To honor his son, Thomas E. Sharp made a generous donation in 1950 to fund the first Sharp hospital, with the promise that the new hospital be named the Donald N. Sharp Memorial Community Hospital and be “dedicated to all servicemen who sacrificed their lives.” It was to be a health care organization designed not for profit, but for people; committed to the care, health and well-being of the community.

Since that time, Sharp HealthCare has held true to its commitment, and has expanded to serve San Diego County with four acute care and three specialty care hospitals, two affiliated medical groups and more than 15,000 employees. In addition, Sharp has pledged to our community an extraordinary standard of care through The Sharp Experience – bringing focus and alignment in all we do to that most basic and critical element of the health care equation: the people.

Each page of our FY 2012 *Sharp HealthCare Community Benefits Plan and Report* describes a commitment to the community that is stronger than ever. This commitment is represented not only by uncompensated care dollars, but also by hundreds of thousands of hours devoted by Sharp team members and volunteers to programs beyond our medical facilities – including free screenings and transportation to those in need, mentorship and training for students, and education and support to members of our community.

In FY 2012, Sharp’s community benefit contributions total \$305,335,556 and included such vital community support as uncompensated care, benefits for vulnerable populations, and health research and education activities.

It is a promise to the San Diego community that founded the Sharp HealthCare we know today. That promise defines our organization, and inspires our vision to be the best place to work, the best place to practice medicine and the best place to receive care. As we look ahead to the challenges in health care, our commitment is only further strengthened, and we will continue to go above and beyond to serve members of the San Diego community. We will continue to spend each day providing care and programs that set community standards, exceed community expectations, and continue to honor the sacrifice Donald N. Sharp made for his nation and his community nearly 70 years ago.



Michael W. Murphy
President and CEO

Preface

Sharp HealthCare (Sharp or SHC) prepared this Community Benefits Report for Fiscal Year 2012 (FY 2012) in accordance with the requirements of Senate Bill 697, community benefits legislation.¹

Enacted in September 1994, Senate Bill 697 (SB 697) requires not-for-profit hospitals to file a report annually with the Office of Statewide Health Planning and Development (OSHPD) on activities undertaken to address community needs – within their mission and financial capacity. In addition, not-for-profit hospitals are, to the extent possible, to assign and report the economic value of community benefits provided in furtherance of their plans, according to the following framework: medical care services; other benefits for vulnerable populations; other benefits for the broader community; health research, education and training programs; and non-quantifiable benefits.

¹ According to Senate Bill 697, hospitals under the common control of a single corporation or another entity may file a consolidated report with the OSHPD. See California Health and Safety Code Section 127340 et seq.

Glossary of Terms and Abbreviations

A

a2i

Access to Independence

AARP

American Association of Retired Persons

ACHE

American College of Healthcare Executives

ACNL

Association of California Nurse Leaders

ACO

Accountable Care Organization

ACP

Advance Care Planning

ACPE

Association for Clinical Pastoral Education

ACS

American Cancer Society

ADA

American Diabetes Association

ADRC

San Diego County Aging Disability and Resource Connection

AF

Arthritis Foundation

AFPJ

American Family Physician Journal

AHA

American Heart Association

AIR

Artist in Residence – a program provided at Sharp Memorial Hospital that brings art-making to patients, families and health care staff

AIS

San Diego County Health and Human Services Agency Aging and Independence Services

ALA

American Lung Association

AMHS

Adult Mental Health Services

ANAD

National Association of Anorexia Nervosa and Associated Disorders

ANCC

American Nurses Credentialing Center

APA

American Psychological Association

APNA

American Psychiatric Nurses Association

APPE

Advanced Pharmacy Practice Experience

Are You OK?

A component of San Diego County's Project CARE program where daily phone calls are made to individuals who have signed up for this service. A computer automatically makes the calls at a regularly scheduled time

selected by the participant. If the call goes unanswered, volunteers check to ensure the individual is OK.

AWHONN

Association of Women’s Health, Obstetric and Neonatal Nurses

B

BCBS

Blue Cross Blue Shield

BFHI

Baby-Friendly Hospital Initiative – an initiative to recognize and encourage hospitals and birthing centers that offer high-quality breastfeeding care.

BMI

Body Mass Index

BRFSS

Behavioral Risk Factor Surveillance System

C

CAPG

California Association of Physician Groups

CCARE

Center for Compassion and Altruism Research and Education – Stanford University School of Medicine

CCT

Compassion Cultivation Training

CDC

Centers for Disease Control and Prevention

CDPH

California Department of Public Health

CHA

California Hospital Association

CHAMPVA

Civilian Health and Medical Program of the Department of Veterans Affairs

CHAPCA

California Hospice and Palliative Care Association

CHESC

California Higher Education Sustainability Conference

CHF

Congestive Heart Failure

CHIP

San Diego Community Health Improvement Partners

CHIS

The California Health Interview Survey – California’s state health survey, conducted every two years. CHIS data provide statewide information on the overall population, including many racial and ethnic groups, as well as local level information on most counties.

CHNA

Community Health Needs Assessment – a report on the current health status and health-related needs of San Diego County residents, as well as changes and trends in resident health status. The needs assessment began in 1995 to comply with state community

benefits legislation (SB 697), and is an integral part of the community benefits process. The most recent CHNA was completed in collaboration with CHIP in 2010.

CLA

California Library Association

CLIMB

Children's Lives Include Moments of Bravery

CME

Continuing Medical Education

CMHS

Children's Mental Health Services

CNA

Certified Nursing Assistant

COBRA

Consolidated Omnibus Budget Reconciliation Act

CoC

Commission on Cancer Program

COTN

Children of the Nations organization

CPR

Cardiopulmonary Resuscitation

CPSP

Comprehensive Perinatal Services Program

CRC

Caregiver Resource Center

CTI

Care Transitions Intervention program

CTIS

California Teratogen Information Service

CVFHC

Chula Vista Family Health Center

CWISH

Council of Women's and Infants' Specialty Hospitals

CWSG

Challenged Women's Support Group

D

DEA

Drug Enforcement Agency

DHHS

U.S. Department of Health and Human Services

DME

Durable medical equipment

DNP

Doctor of Nursing Program

DOL

U.S. Department of Labor

DOVIA

Directors of Volunteers in Agencies

E

EBPI

Evidence-Based Practice Institute

ED

Emergency Department

EEG

Electroencephalogram

EKG
Electrocardiogram

EMS
Emergency Medical Services

EMSA
Emergency Medical Services
Authority

EMT
Emergency Medical Technician

ENA
Emergency Nurses Association

EPA
Environmental Protection Agency

ES
Energy Star, an international
standard for energy efficiency

EV
Electric vehicle

EVC
Electric vehicle chargers

F

FFCC
Family Friends Community
Connection

FHCS
Family Health Centers of San Diego

First Touch
Model of care where caregivers
establish a personal connection with
the patient before starting clinical
activities. First Touch provides
caregivers with training and skills to
help put patients at ease and reduce

their fears and anxiety while
increasing trust in their caregiver.

FY
Fiscal Year

G

GC
Grossmont College

GERD
Gastro-Esophageal Reflux Disease

GUHSD
Grossmont Union High School
District

GWTG
American Heart Association's Get
With the Guidelines – a national
effort focused on ensuring evidence-
based therapies are used with heart
attack and congestive heart failure
patients.

H

HASDIC
Healthcare Association of San Diego
and Imperial Counties

HASPI
Health and Science Pipeline Initiative

Healthy Families
Healthy Families provides low-cost
insurance coverage for health, dental
and vision services to children and
teens that do not have insurance and
do not qualify for free Medi-Cal.

HESI
Health-Careers Exploration Summer
Institute

HHSA

County of San Diego Health and Human Services Agency

HICAP

Health Insurance Counseling and Advocacy Program

HICS

Hospital Incident Command System

HIPAA

Health Insurance Portability and Accountability Act of 1996

HOPE

Helping Older People Equally organization

HP 2020

Healthy People 2020 – a set of health objectives for the U.S. to achieve by 2020 that are to be used by individuals, states, communities, professional organizations and others to help develop health improvement programs. Healthy People 2020 was developed through a broad consultation process, based on the best scientific knowledge and designed to measure programs over time.

HPNA

Hospice and Palliative Nurses Association

HPP

Hospital Preparedness Program

HSHMC

Health Sciences High and Middle College

HVAC

Heating, ventilation and air conditioning

I**ICS**

Incident Command System

ICU

Intensive Care Unit

IDT

Interdisciplinary Team

IGRT

Image-guided radiation therapy

IHN

Integrated Healthcare Network

ILCA

International Lactation Consultants Association

ILF

Independent Living Facility

IMRT

Intensity Modulated Radiation Therapy

IRB

Institutional Review Board

J**JAMA**

Journal of the American Medical Association

K**KC**

Kaplan College

KEEP

Kidney Early Evaluation Program –
National Kidney Foundation

L**LBP**

Lower Back Pain

LEED

Leadership in Energy and
Environmental Design

LGBT

Lesbian, Gay Bisexual and
Transgender

M**MAGNET Recognition Program®**

A program developed by the ANCC to recognize health care organizations that provide nursing excellence. The program also provides a vehicle for disseminating successful nursing practices and strategies.

MC

San Diego Mesa College

Medi-Cal

California's Medicaid program

MFT

Marriage and Family Therapy

MFH

Mobile Field Hospital

MICN

Mobile Intensive Care Nurse

MICU

Medical Intensive Care Unit

MRI

Magnetic Resonance Imaging

N**NAHN**

National Association of Hispanic
Nurses

NAMI

National Alliance on Mental Illness

NANN

National Association of Neonatal
Nurses

NAPBC

National Accreditation Program for
Breast Centers

NBCF

National Breast Cancer Foundation

NCADD

National Council on Alcoholism and
Drug Dependence

NCHS

National Center for Health Statistics

NCTI

National College of Technical
Instruction

NHPCO

National Hospice and Palliative Care
Organization

NHTSA

National Health and Transportation
Safety Administration

NICHQ

National Initiative for Children's
Healthcare Quality

NICU

Neonatal Intensive Care Unit

NIH

National Institute of Health

NIMH

National Institute of Mental Health

NIMS

National Incident Command System

NPIC

National Perinatal Information Center

NU

National University

O**OPP**

Outpatient Pavilion at Sharp Memorial Hospital

ORI

Outcomes Research Institute

OSHPD

California Office of Statewide Health Planning and Development

P**Pac-Arts**

Pacific Arts Movement, formerly the San Diego Asian Film Foundation

PATH

Parents for Addiction, Treatment and Healing

(The) Pavilion

Sharp Memorial Outpatient Pavilion

PCN

Perinatal Care Network

PET

Psychiatric Evaluation Team

PERT

Psychiatric Emergency Response Team – a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls.

PLNU

Point Loma Nazarene University

PON

Professional Oncology Network

PPD

Postpartum depression

PPE

Personal protective equipment

Project 25

A program sponsored by the United Way to reduce the use of emergent and other front-line public resources by the chronically homeless

Project CARE

Community Action to Reach the Elderly – a community program that includes the county’s AIS, U.S. Postal Service, San Diego Gas & Electric, local senior centers, sheriff and police, and many others for a cooperative safety net of services designed to ensure the well-being and independence of older persons and persons with disabilities in the community.

Project HELP

Project HELP – Sharp HealthCare hospital funds that provide monies for medications, transportation and

other needs to assist patients who cannot afford to pay.

Project HOPE

Formerly Project SOAR, this program assists homeless individuals with the social security and disability application process

PSA

Prostate-specific antigen

PSCU

Perinatal Special Care Unit

PSSIs

Peer Support Specialist Interns

PTSD

Post-traumatic stress disorder

Q

QRM

Quarterly Research Meetings

R

RHCC

San Diego Regional Home Care Council

RICA

Recovery Innovations of California

RN

Registered nurse

ROP

Regional Occupational Program

RPS

Regional Perinatal System

RT

Respiratory therapist

S

SAFE Foundation

Coronado Substance Abuse-Free Environment

SANDAG

San Diego Association of Governments

SanDi-CAN

San Diego Community Action Network

SB 697

Senate Bill 697 – community benefits legislation that requires not-for-profit hospitals to file an annual report with OSHPD describing and assigning financial value to activities that address community needs.

SBRT

Stereotactic Body Radiation Therapy

SCANN

Southern California Association of Neonatal Nurses

SCHHC

Sharp Coronado Hospital and Healthcare Center

SCI

Spinal Cord Injury

SCLLN

Southern California Library Literacy Network

SCVMC

Sharp Chula Vista Medical Center

SDC

San Diego County

SDCCD

San Diego Community College
District

SDCCOA

San Diego County Council on Aging

SDEMCC

San Diego Emergency Medical Care
Committee

SDSU

San Diego State University

SGH

Sharp Grossmont Hospital

Sharp

Sharp HealthCare

Sharp Rehab

Sharp Rehabilitation Services

SharpNET

Sharp's internal website

SHC

Sharp HealthCare

SHP

Sharp Health Plan

SICU

Surgical Intensive Care Unit

SIDS

Sudden Infant Death Syndrome

SLAH

Sharp Lends a Hand – Sharp's
systemwide community service
program

SMBHWN

Sharp Mary Birch Hospital for
Women & Newborns

SMC

Sharp McDonald Center

SMH

Sharp Memorial Hospital

SMMC

Sharp Metropolitan Medical Campus,
including Sharp Memorial Hospital,
Sharp Mary Birch Hospital for
Women & Newborns, Sharp
McDonald Center, Sharp Mesa Vista
Hospital and the Sharp Memorial
Outpatient Pavilion.

SMV

Sharp Mesa Vista Hospital

SNF

Skilled Nursing Facility

SRS

Sharp Rees-Stealy Medical Centers

SSDI

Social Security Disability Insurance

SSI

Social Security Income

START

Simple Triage and Rapid Treatment

STEMI

ST Elevation Myocardial Infarction –
acute heart attack

SUHSD

Sweetwater Union High School
District

SWC

Southwestern College

SYHS

San Ysidro High School

T

TACO

Third Avenue Charitable Organization

TAY

Transition Age Youth

ThinkFirst/Sharp on Survival

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention

TLC

Tender Loving Care – a component of the HSHMC program at SGH that provides students with direct patient care opportunities under the supervision of certified nursing assistants.

TRICARE

The regionally managed health care program for active-duty and retired members of the uniformed services, as well as their loved ones and survivors.

TWIN

Tribute to Women in Industry – a YWCA-sponsored award

U

UCSD

University of California, San Diego

UNICEF

United Nations Children's Fund

USD

University of San Diego

V

VA

Veterans Affairs

VEST

Veterans Engaging in Supportive Treatment – SMV education and support program for military members and their families.

VIP

Volunteers Inspiring Possibilities – SMV's mental health client volunteers who participate alongside Sharp staff at community events.

VIPs

Voices for Injury Prevention – Sharp Think First/Sharp on Survival's traumatic brain and spinal cord injury survivors who provide personal testimonies to prevent injury among youth and adults.

W

WET

County of San Diego Mental Health Services Workforce Education and Training

WHO

World Health Organization

WIC

Women, Infants and Children Program

WRAP

RICA's Wellness Recovery Action Plan

Y

YESS

Young Enthusiastic Stroke Survivors

YMCA

Young Men's Christian Association

YWCA

Young Women's Christian
Association



Transforming the Health Care Experience

As a not-for-profit organization, Sharp HealthCare places great value on the health of our community. Our mission is to improve the health of those we serve with a commitment to excellence in all that we do. Everyone at Sharp is dedicated to the extraordinary level of care called The Sharp Experience – making Sharp not only the best place to work and practice medicine, but also the best place for members of the community to receive care.

Sharp's commitment to improve the health of those in need extends beyond hospital walls

through an array of ongoing support groups offered to the San Diego community. Each year, Sharp provides valuable education and encouragement to individuals with a variety of health issues and challenges, including heart failure, stroke, cancer, pulmonary conditions, grief and loss, and postpartum depression. Led by Sharp professionals, these free support groups offer individuals an opportunity to connect and share experiences with others who face similar issues on their journey to health.

Commitment

1 An Overview of Sharp HealthCare

Sharp is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals; three specialty hospitals; two affiliated medical groups; 20 medical clinics; five urgent care facilities; three skilled nursing facilities; two inpatient rehabilitation centers; home health, hospice, and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including: emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3 million in San Diego County, as of September 30, 2012, Sharp is licensed to operate 2,069 beds, has approximately 2,600 Sharp-affiliated physicians and nearly 15,500 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Chula Vista Medical Center (343 beds)

The largest provider of health care services in San Diego's rapidly expanding South Bay, Sharp Chula Vista Medical Center (SCVMC) operates the region's busiest Emergency Department (ED) and is the closest hospital to the busiest international border in the world.

Sharp Coronado Hospital and Healthcare Center (181 beds)

Sharp Coronado Hospital and Healthcare Center (SCHHC), an acute care hospital, provides services that include sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, hospice and emergency services.

Sharp Grossmont Hospital (536 beds)

Sharp Grossmont Hospital (SGH) is the largest provider of health care services in San Diego's East County, and has one of the busiest EDs in San Diego County (SDC).

Sharp Memorial Hospital (675 beds)

A regional tertiary care leader, Sharp Memorial Hospital (SMH) provides specialized care in trauma, oncology, orthopedics, organ transplantation, cardiology and rehabilitation.

THREE SPECIALTY CARE HOSPITALS:

Sharp Mary Birch Hospital for Women & Newborns (169 beds)

A freestanding women's hospital specializing in obstetrics, gynecology, gynecologic oncology, and neonatal intensive care, Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) delivers more babies than any other private hospital in California.

Sharp Mesa Vista Hospital (149 beds)

The largest private freestanding psychiatric hospital in California, Sharp Mesa Vista Hospital (SMV) is a premier provider of behavioral health services.

Sharp McDonald Center (16 beds)¹

Sharp McDonald Center (SMC) is San Diego County's only licensed chemical dependency recovery hospital.

Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the nonprofit public benefit corporation of SMH, and are referred to herein as The Sharp Metropolitan Medical Campus (SMMC). The operations of Sharp Rees-Stealy Medical Centers (SRS) are included within the nonprofit public benefit corporation of Sharp, the parent organization. The operations of Sharp Grossmont Hospital (SGH) are reported under the nonprofit public benefit corporation Grossmont Hospital Corporation.

Mission Statement

It is Sharp's mission to improve the health of those it serves with a commitment to excellence in all that it does. Sharp's goal is to offer quality care and services that set community standards, exceed patient expectations, and are provided in a caring, convenient, cost-effective and accessible manner.

Vision

Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves.

¹ As a licensed chemical dependency recovery hospital, SMC is not required to file a community benefits plan. Because of SMC's commitment to community programs and services, we have presented community benefits information in Section 10: SMV and SMC.

Values

- Integrity
 - Trustworthiness, Respect, Commitment to Organizational Values, and Decision Making
- Caring
 - Service Orientation, Communication, Teamwork and Collaboration, Serving and Developing Others, and Celebration
- Innovation
 - Creativity, Continuous Improvement, Initiating Breakthroughs, and Self-Development
- Excellence
 - Quality, Safety, Operational and Service Excellence, Financial Results, and Accountability



Culture: The Sharp Experience

For more than 12 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance and experience improvement initiative called *The Sharp Experience*, the entire Sharp team has recommitted to purpose, worthwhile work, and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people.

Through this extraordinary initiative, Sharp is transforming the health care experience in San Diego by striving to be:

- *The best place to work:* Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp “the best health system in the universe.”
- *The best place to practice medicine:* Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers; experience unsurpassed service as valued customers; have access to state-of-the-art equipment and cutting-edge technology; and enjoy

the camaraderie of the highest-caliber medical staff at San Diego's health care leader.

- *The best place to receive care:* Providing a new standard of service in the health care industry, much like that of a five-star hotel; employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient – treating them with the utmost care, compassion and respect; and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate.

Through all of this transformation, Sharp will continue to live its mission to care for all people, with special concern for the underserved and San Diego's diverse population. This is something Sharp has been doing for more than half a century.

Pillars of Excellence

In support of Sharp's organizational commitment to transform the health care experience, the six Pillars of Excellence serve as a guide for team members, providing a framework and alignment for everything Sharp does. The six pillars listed below are a visible testament to Sharp's commitment to become the best health care system in the universe by achieving excellence in these areas:



Demonstrate and improve clinical excellence and patient safety to set community standards and exceed patient expectations



Create exceptional experiences at every touch point for customers, physicians and partners by demonstrating service excellence



Create a workforce culture that attracts, retains and promotes the best and brightest people, who are committed to Sharp's mission, vision and values



Achieve financial results to ensure Sharp's ability to provide quality health care services, new technology and investment in the organization



Achieve consistent net revenue growth to enhance market dominance, sustain infrastructure improvements and support innovative development



Be an exemplary community citizen by making a difference in our community and supporting the stewardship of our environment

Awards

Sharp recently received the following recognition:



Sharp is a recipient of the 2007 Malcolm Baldrige National Quality Award, the nation's highest presidential honor for quality and organizational performance excellence. Sharp is the first health care system in California and eighth in the nation to receive this recognition.



Sharp was named the No. 1 "best integrated health-care network" in California and No. 12 nationally by *Modern Healthcare* magazine in 2012. The rankings are part of the "Top 100 Most Highly Integrated Healthcare Networks (IHN)," an annual survey conducted by health care data analyst IMS. This is the 14th year running that Sharp has placed among the top in the state in the survey.



Sharp Rees-Stealy Medical Group, practicing as the Sharp Rees-Stealy Medical Centers, was named “Best Medical Group” by *U-T San Diego* readers participating in the paper’s 2012 “Best of San Diego” Readers Poll. SMH and SGH were ranked second and third “Best Hospitals” while SCVMC, SCHCC and SMBHWN were honored as finalists.



SGH and SMH have both received MAGNET® Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence.



Sharp was named one of the nation’s “Most Wired” health care systems in 2012 by *Hospitals & Health Networks* magazine in the annual Most Wired Survey and Benchmark Study. “Most Wired” hospitals are committed to using technology to enhance quality of care for both patients and staff.



In July 2010, SMH was named the “Most Beautiful Hospital in America” by Soliant Health, one of the largest medical staffing companies in the country. With over 10,000 votes from visitors to the Soliant Health website, SMH was voted to the top of the second annual “20 Most Beautiful Hospitals in America” list.



In 2012 SMH was designated as a Planetree Patient-Centered Hospital, joining SCHCC as the second hospital in the state to earn the honor. SMH is the largest and most complex hospital in the world to receive designation. SCHCC was originally designated in 2007 and is the only hospital in the state to be re-designated, occurring in 2010. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient’s perspective.



In 2010, Sharp received the Morehead Apex Workplace of Excellence Award. Morehead awards the health care industry's top achiever by objectively identifying the highest performer and acknowledging their contributions to health care. With this singular award, Morehead annually recognizes a client who has reached and sustained the 90th percentile on their employee engagement surveys. Sharp reached the 98th percentile in 2010 and the 99th percentile in 2011.



In FY 2012, SCHHC received Energy Star designation from the U.S. Environmental Protection Agency (EPA) for outstanding energy efficiency. Buildings that are awarded the designation use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. SCVMC is eligible to receive this designation for 2012, and both SCHHC and SCVMC received the designation for the previous three years.



Sharp HealthCare was named the Crystal Winner of the 2011 Workplace Excellence Awards from the San Diego Society for Human Resource Management. This designation recognizes Sharp's Human Resources Department as an innovative and valuable asset to overall company performance.

Patient Access to Care Programs

Uninsured patients with no ability to pay, and insured patients with inadequate coverage receive financial assistance for medically necessary services through Sharp's Financial Assistance Program. Sharp does not refuse any patient requiring emergency medical care.

Sharp provides services to help every unfunded patient received in the Emergency Department find coverage options. Patients use a quick, simple online questionnaire through the Foundation for Health Coverage Education to generate personalized coverage options that are filed in their account for future

reference and accessibility. The results of the questionnaire allow SHC staff to have an informed discussion about coverage options with the patient, so that the patient becomes part of the solution. Through this program, by June 2012 Sharp provided approximately 32,000 self-pay patients with guidance through the maze of government health coverage programs while maintaining the patient's dignity.

The Patient Assistance Team works hard to help patients in need of assistance gain access to free or low-cost medications. Patients are identified through usage reports, or referred through case management, nursing, physicians or even other patients. If eligible, uninsured patients are offered assistance, which can help decrease readmissions due to lack of medication access. The team members research all options available including programs offered by drug manufacturers, grant-based programs offered by foundations, copay assistance, low-cost alternatives, or research where the patient might find their medication at a lower cost.

Sharp also continues to offer ClearBalance – a specialized loan program for patients facing high medical bills. Through this collaboration with San Diego-based CSI Financial Services, both insured and uninsured patients have the opportunity to secure small bank loans in order to pay off their medical bills in low monthly payments – as low as \$25 per month – and thus prevent unpaid accounts from going to collections. Through this program, Sharp provides a more affordable alternative for patients that struggle with the ability to resolve their hospital bills.

In addition, Sharp provides post-acute care facilitation for high-risk patients, including the homeless and patients lacking a safe home environment. Patients receive assistance with transportation and placement; connections to community resources; and financial support for medical equipment, medications, and even outpatient dialysis and nursing home stays.

Through collaboration with the San Diego Rescue Mission, SCHHC, SGH and SMH discharge their chronically homeless patients to the Rescue Mission's Recuperative Care Unit, where patients not only receive follow-up medical care through Sharp in a safe environment, but through the organization's programs they also receive psychiatric care, substance abuse counseling and guidance to help get them off the street.

Since 2011, Sharp's acute care hospitals have partnered with Father Joe's Villages to support Project HOPE (formerly Project SOAR) – a program designed to assist with and expedite social security and disability applications for homeless individuals with urgent health care needs. Through this program, Sharp provides community agencies with the medical information necessary to treat and assist these high-risk individuals. Sharp provides this information at no cost to the agency. As eligible homeless patients are discharged from the hospital, hospital case managers facilitate their transition to Project HOPE workers who then

continue the application process on through to completion. The program helps ensure eligible at-risk individuals are able to obtain timely access to the income and medical care benefits that they may not otherwise receive as a result of their homeless status.

Sharp also continued to collaborate with the United Way's Project 25 program to provide financial information that will help the program gauge the effectiveness of its interventions to reduce use of emergent and other front line public resources. Project 25 is a partnership between United Way of San Diego County and the City and County of San Diego with a goal to provide permanent housing (via the San Diego Housing Commission) and supportive services (via the County of San Diego) to at least 25 of San Diego County's chronically homeless, who are often the most frequent users of public resources.

In addition, in FY 2012 SCVMC continued to provide timely access to primary care health services by establishing medical homes for low-income, medically uninsured and underserved patients in the South Bay that present in the SCVMC ED. The program seeks to: support safety net patients suffering from chronic conditions to better manage their pain, diseases and overall health care with the establishment of a medical home at a community clinic; inform safety net patients about obtaining affordable medications through generic prescription access education; increase patient access and timely referrals to primary care and behavioral health services; increase patient access to follow-up primary care services and establish a medical home at either Chula Vista Family Health Clinic or other community clinics; and offer enhanced access to transportation resources to the Chula Vista Family Health Clinic. It is this ability to schedule timely follow-up appointments for safety net patients that has contributed greatly to the success of this program, and since the program's inception approximately 20 percent of SCVMC's ED patients were referred to the Chula Vista Family Health Clinic.

Health Professions Training

Internships

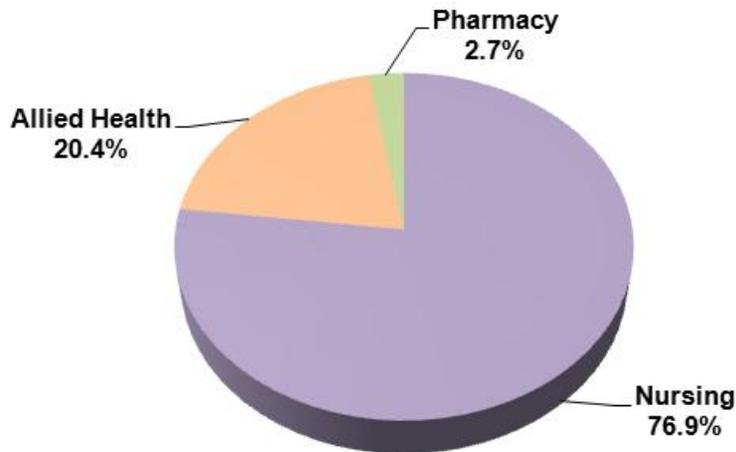
Students and recent health care graduates are a valuable asset to the community, and Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2012, there were more than 4,000 student interns within the Sharp system, providing more than 517,000 hours in disciplines that included nursing, allied health and professional educational programs. Sharp provides education and training programs for students across the continuum of nursing (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, respiratory

therapy, dietetics, lab, radiology, social work, psychology, business, health information management, and public health. Students from local community colleges such as Grossmont College (GC), San Diego Mesa College (MC), and Southwestern College (SWC); local and national university campuses such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU); and vocational schools such as Kaplan College (KC) participate in Sharp's health professions training. **Table 1** presents the students and student hours at each of the Sharp entities in FY 2012, and **Figure 1** presents the distribution of students at Sharp HealthCare by internship type in FY 2012.

Table 1: Sharp HealthCare Internships – FY 2012

Sharp Entity	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	850	62,474	20,273	120	24,863	970	107,610
Sharp Coronado Hospital and Healthcare Center	346	58,011	3,516	138	28,360	484	89,887
Sharp Grossmont Hospital	693	45,648	16,105	206	40,829	899	102,582
Sharp Mary Birch Hospital for Women & Newborns	173	12,195	3,300	48	5,289	221	20,784
Sharp Memorial Hospital	511	35,934	20,509	314	58,683	825	115,126
Sharp Mesa Vista Hospital	381	25,772	3,856	19	6,945	400	36,573
Sharp HealthCare	168	158	20,164	91	24,155	259	44,478
Total	3,122	240,192	87,723	936	189,124	4,058	517,039

Figure 1: Sharp HealthCare Interns by Student Type – FY 2012



College Collaborations

In FY 2012, Sharp donated \$500,000 to SDSU's College of Health and Human Services in order to establish the Sharp HealthCare Professional Education and Research Institute. The donation allowed for three new scholarships at SDSU, including SDSU's new Doctor of Nursing Practice (DNP) program, which began in fall 2012. Scholarships will also be created for nursing students in the bachelor's and master's programs, as well as a general scholarship for students in SDSU's College of Health and Human Services. The donation will provide a total of six students with scholarships each year, ranging from \$1,200 to \$2,000. The scholarships are a component of the Sharp HealthCare Professional Education and Research Institute, which includes the already established Sharp HealthCare Human Patient Simulation Center and the Nurses Now program. The new donation brings Sharp's total giving to the university to \$2.4 million, making Sharp one of SDSU's largest corporate contributors.

Health Sciences High and Middle College

Sharp has teamed up as an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to careers available in health care. During FY 2012, more than 330 HSHMC students connected to Sharp campuses for a total of more than 52,800 student hours. The collaboration between Sharp and HSHMC prepares high school students to enter health science and medical technology careers in the following five career pathways: Biotechnology Research and Development, Diagnostic Services, Health Informatics, Support Services and Therapeutic Services.

During a 16-week period, supervised students rotate through instructional pods in various departments such as nursing, OB-GYN, occupational and physical

therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, engineering, pulmonary, cardiac services, and operations. HSHMC students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development and job/education requirements. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates.

With the HSHMC program, Sharp links students with health care professionals through job shadowing and internships to explore real-world applications of their school-based knowledge and skills. The program began in 2007 with HSHMC students on the campuses of SGH and SMH, and expanded to include SMV and SMBHWN in 2009, SCHHC in 2010, and SCVMC in 2011. HSHMC students also devote time to various SRS sites in San Diego.

Lectures and Continuing Education

Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2012, Sharp staff committed more than 500 hours to the academic community by providing lectures, courses and presentations on numerous college/university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including health information technology at San Diego Mesa College, cardiovascular technology at Grossmont College, health information lectures at San Diego Mesa College, pharmacy practice lectures at UCSD, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community.

Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational initiatives for Sharp's affiliated physicians, pharmacists and other health care professionals to better serve the health care needs of the San Diego community. In FY 2012 the professionals at Sharp HealthCare CME invested more than 2,100 hours in numerous CME activities open to San Diego health care providers, ranging from conferences on patient safety, cardiology, antimicrobial stewardship, and obesity, to presentations on the hospitalist's experience and hospital overcrowding.

Research

Innovation is critical to the future of health care, and Sharp HealthCare supports this innovation through its commitment to quality research initiatives that are safe and effective, provide valuable knowledge to the San Diego health care community, and positive impact to patients and community members.

Sharp HealthCare Institutional Review Board

Sharp HealthCare's Institutional Review Board (IRB) seeks to promote a culture of safety and respect for individuals who choose to participate in research for the greater good of the community. All proposed Sharp research studies with human participants are required to be reviewed by the Sharp HealthCare IRB. The purpose of this review is to protect participant safety and maintain responsible research conduct. In FY 2012, a dedicated IRB committee of 12 individuals – including physicians, psychologists, research nurses and study coordinators – devoted hundreds of hours to the review and analysis of both ongoing and new research studies.

The Sharp HealthCare IRB also provides education and guidance for researchers across Sharp as well as in the community. Nurses, pharmacy residents and other members of the health care community receive education on various study-specific requirements regarding the protection of human subjects and HIPAA compliance. Additionally, Sharp HealthCare's Research Department works with the IRB to provide quarterly research meetings (QRM) that are open to physicians, psychologists, research nurses and study coordinators throughout San Diego. These meetings provide education and support to the research community. Recent presentations have covered topics such as the administration of clinical trials, the use of statistical analysis in assessing test bias, the importance of outcomes-based research and the development of effective research questions.

Outcomes Research Institute

The Outcomes Research Institute (ORI) at Sharp was formed to measure long-term results of care and to promote and develop best practices of health care delivery for members of the professional health care community. With both inpatient and ambulatory locations and a diverse patient population, Sharp is well-positioned to study care processes and outcomes in a real-world setting, reflecting an authentic picture of the health care environment. The ORI collaborates with all Sharp team members interested in optimizing patient care by: facilitating the creation and design of patient-centered outcomes research projects; assisting in database development as well as data collection and analysis; assisting with grant writing and exploring funding mechanisms for research projects; and facilitating IRB application submissions.

Among its current and future goals, the ORI aims to ensure patient care produces outcomes consistent with evidence-based medical literature; analyze the relationships between processes and outcomes for treatments, interventions and quality improvement initiatives; establish associations between practice, costs and outcomes for patient care; and develop and disseminate effective approaches to quality care delivery in the health care community. The ORI has completed a number of pilot studies to collect data on optimal sample sizes and variables for expanded research measuring long-term influence of quality interventions on: heart failure readmission; optimal glycemic control in the hospital setting; and inpatient complication rates and length of stay after bowel surgery. Currently the ORI has ten active studies in various phases of development and analysis.

The ORI is committed to educational outreach for Sharp HealthCare's clinicians and the health care community at large, and offers numerous educational presentations about outcomes research and health care research methods to nurses, physicians and the broader community throughout the year. ORI staff have also been invited to present lectures on outcomes research and outcomes research designs to the broader health care community and at regional and national conferences.

Additionally, the ORI collaborates with San Diego County education and research communities to develop and strengthen those connections. The ORI Student Research Intern Program offers advanced nursing and public health students an opportunity to learn about and become involved in outcomes research. Since its inception in 2011, the program has enrolled nine students (approximately two per semester). The interns learn about outcomes research, and produce presentations that document their research study experience. In addition, the ORI has reached out to the academic community to foster partnership for outcomes research. As a result, the ORI currently is in discussion with researchers at National University (NU), San Diego State University's (SDSU's) Cancer Center Comprehensive Partnership, and the Health Research and Educational Trust to develop common themes as the basis for future research collaborations.

Evidence-Based Practice Institute

Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff (fellows) and advance practice nurses (mentors) to change and improve nursing practice and patient care. This change occurs through identifying a care problem, developing a plan to solve it, and then incorporating the new knowledge into practice. The EBPI is part of the Consortium of Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between SGH, SMH, SCVMC, Scripps Health, Rady Children's Hospital – San Diego,

UCSD Health, and San Diego VA Medical Center, as well as PLNU, SDSU and USD.

In FY 2012, the EBPI consisted of a nine-month program culminating with a graduation ceremony in September. The project results of all EBPI fellows are shared at the ceremony. EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellow through the process of evidence-based practice. Mentors also assist the fellow in working collaboratively with other key hospital leadership personnel.

The San Diego EBPI includes six full-day class sessions that incorporate group activities, as well as self-directed learning programs outside of the classroom, in addition to the structured mentorship provided throughout the program. In FY 2012, approximately 50 fellows graduated from the EBPI program, and completed projects that addressed compelling issues in the health care community, such as: end-of-life care and improving patient pain and symptom management; decreasing hospital-acquired infections through environmental cleaning; and the impact of education and palliative care consults on the moral distress and compassion fatigue of Intensive Care Unit (ICU) nurses. Sharp actively participates in the EBPI through the provision of instructors and mentors, as well as administrative coordination.

Volunteer Service



Sharp Lends a Hand

In FY 2012, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH), to further support the San Diego communities it serves. In October, Sharp team members suggested project ideas that focused on improving the health and well-being of San Diego in a broad, positive way; relied on Sharp for volunteer labor only; supported nonprofit initiatives, community activities or other programs that serve the residents of San Diego County; and could be completed by September 30, 2012.

Eight projects were selected: Stand Down for Homeless Veterans; San Diego Food Bank; San Diego Coastal Clean-Up; SPORTS for Exceptional Athletes: Basketball and Floor Hockey Tournaments; Helen Woodward Animal Center: Puppy Love 5K Run/Walk; Jewish Family Service of San Diego: Hand Up Youth Food Pantry; Memorial Day headstone cleaning at Fort Rosecrans National Cemetery; and Home of Guiding Hands: Landscape Makeover. In support of

these projects, more than 1,600 Sharp employees, family members and friends volunteered nearly 5,500 hours.¹

During eight days in June and July 2012, 522 Sharp employees, family members and friends volunteered at Veterans Village of San Diego, Liberty Station and San Diego High School. The volunteers sorted and organized clothing donations and provided on-site support, medical services and companionship to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego.

The San Diego Food Bank feeds people in need throughout San Diego County, and advocates and educates the public about hunger-related issues. During eight days in February, April, June and August, 708 SLAH volunteers inspected and sorted donated food, assembled boxes and cleaned the San Diego Food Bank warehouse.

More than 35 SLAH volunteers provided assistance to San Diego County's SPORTS for Exceptional Athletes, a community-wide nonprofit organization that provides sports training and athletic competition for individuals ages 5 through adult with developmental disabilities. During the spring floor hockey and basketball tournaments, Sharp volunteers assisted with timekeeping, score-keeping and cheerleading for the athletes.

In May, 60 SLAH volunteers and their family members honored veterans at Fort Rosecrans National Cemetery by cleaning headstones. In September, The SLAH team partnered with I Love a Clean San Diego and San Diego Coastkeeper to put the sparkle back in the San Diego community through the San Diego Coastal Clean-Up. Nearly 150 volunteers of all ages helped keep San Diego's coast a beautiful place to live and play by picking up and removing trash and debris from 16 selected sites in the community.

In January, 29 SLAH volunteers provided a landscape makeover at Home of Guiding Hands by installing bark and rock at two different homes. Home of Guiding Hands provides support and services for more than 800 children, adolescents and adults with developmental disabilities in San Diego's East County.

During two days in February, 57 SLAH volunteers provided support for the Helen Woodward Animal Center's Puppy Love 5K Run/Walk on Highway 101 in Solana Beach, including setting up exhibit booths, assisting with registration and working as route/road marshals. The Helen Woodward Animal Center is a San Diego-based nonprofit organization committed to saving the lives of animals by providing humane care, animal adoption and other programs and resources for

¹ The time associated with Sharp employees who were compensated during their volunteer service is financially valued in this report, but the time of other Sharp volunteers, family members and friends is not financially valued in this report.

individuals who care for animals.

In May, 40 SLAH volunteers offered their assistance to the Jewish Family Service of San Diego's Hand Up Youth Food Pantry, a program dedicated to alleviating hunger by delivering food to thousands of community members in need. SLAH volunteers helped set up food shopping areas, assisted parents with shopping and carrying their groceries, and entertained children with arts and crafts. Jewish Family Service is one of San Diego's premier human care service organizations. Each year, the organization serves more than 35,000 people throughout SDC and the Coachella Valley, providing more than 50 programs and services to address human and family needs.

Sharp Humanitarian Service Program

In FY 2012, the Sharp Humanitarian Service Program funded 28 Sharp employees, enabling them to participate in service programs that provide health care or other supportive services to underserved or adversely affected populations. Sharp employees devoted their time and expertise to a variety of humanitarian organizations, including Facing Futures, an organization that provides free medical care to children suffering from facial abnormalities as a result of birth defects or trauma. Over a period of two weeks, a team of Sharp physicians, nurses and support staff provided free maxillofacial surgeries for approximately 100 children in Vietnam. In addition, Sharp staff partnered with the Children of the Nations (COTN) organization to provide basic medical care to more than 180 children between four and eighteen years of age, in Lira, Uganda. A team of physicians, students and therapists also provided education on wound care, hydration, nutrition and safety procedures, including CPR and the Heimlich maneuver, to both staff and children in the village. Sharp staff also participated in the Helping Older People Equally (HOPE) organization's Elderly Week in Belize, providing physical therapy screenings and assessments, as well as education and exercise programs to approximately 100 elderly community members.

Additionally, in FY 2012 Sharp staff helped organize a week-long medical mission trip to the northwest mountains of Guatemala. A team of 75 individuals including Sharp-affiliated physicians, nurses, technical staff, therapists, chaplains and many others participated in this effort in partnership with the Ioamai Medical Ministries and Helps International. During a span of seven days, the team set up a temporary hospital at a local military base and treated more than 1,000 patients, performing approximately 140 surgeries, including hernia, cleft-lip, cleft palate, and gynecological procedures. In some cases, members of the impoverished mountain community traveled many hours to receive care at the hospital. Sharp also donated numerous supplies and equipment to this life-changing experience for both patients and participants.

In addition, Sharp staff collaborated with the 2012 Pacific Partnership medical mission that serves individuals in Indonesia, Cambodia, Vietnam and the

Philippines over a span of three months. Specifically, Sharp staff participated in the Pacific Partnership two-week medical mission trip to Cambodia alongside the San Diego-based U.S. Naval hospital ship, Mercy. Medical personnel from all branches of the U.S. military participated, as well as personnel from other countries, such as Australia, New Zealand and the Netherlands. The team implemented four medical sites throughout Cambodia, providing medical, dental and ophthalmic care to approximately 12,700 patients and performing more than 200 surgeries. In addition, team members taught and shared U.S. medical practices with Cambodian medical students.

In FY 2012, Sharp staff spent a week supporting the God's Child Project, working with college students to provide various services to impoverished communities in Antigua, Guatemala, including building a one-room house with a cement foundation for a family of seven; serving dinner at a homeless shelter; caring for malnourished children; and gathering and distributing vegetables to community members. Sharp staff also participated in the work of Amor Ministries in Tijuana, Mexico, a nonprofit organization that has served the people of Mexico for more than 32 years and has helped build more than 16,000 homes. Over the course of four days, the team constructed a home for one poverty-stricken family. In addition, Sharp staff worked with Family Friends Community Connection (FFCC), a San Diego-based nonprofit organization, to lend vital assistance to victims of the earthquakes that devastated Haiti in January 2010. A team of 17 individuals, including Sharp staff, assisted in the construction of an orphanage dormitory, installed water filtration systems, distributed food packages and held a soccer tournament for children from four local orphanages.



Community Walks HEART WALK.

For the past 17 years, Sharp has proudly supported the American Heart Association® (AHA) annual Heart Walk. In September 2012, more than 1,000 walkers represented Sharp at the San Diego Heart Walk held in Balboa Park. Sharp was the No. 1 Heart Walk team in San Diego and the AHA Western Region Affiliates, raising nearly \$190,000 for the American Heart Association.

Sharp Volunteers

Sharp volunteers are a critical component of Sharp's dedication to the San Diego community. Sharp provides a multitude of volunteer opportunities throughout San Diego County for individuals to serve the community, meet new people and assist programs ranging from pediatrics to Senior Resource Centers. Volunteers devote their time and compassion to patients as well as to the general public, and are an essential element to many of Sharp's programs, events and initiatives.

Sharp volunteers spend their time within hospitals, in the community, and in support of the Sharp HealthCare Foundation, Grossmont Hospital Foundation, and Coronado Hospital Foundation. Sharp employees also donate time to Sharp as volunteers for the Sharp organization.¹

In FY 2012, more than 3,600² individuals volunteered for various programs across the Sharp system, contributing more than 242,000 hours of their time in service to Sharp and its initiatives. This includes more than 950 auxiliary members and thousands more individual volunteers from the San Diego community. More than 9,000 of these hours were provided externally to the community through activities such as delivering meals to homebound seniors and assisting with health fairs and events. **Table 2** details the number of individual volunteers and the hours provided in service to each of Sharp's entities, specifically for patient and community support. **Figure 2** displays the percent of these volunteers at each entity. Volunteers also spent additional hours supporting Sharp's three foundations for events such as Grossmont Hospital Foundation's annual Golf Tournament; galas held for SCHHC and SGH; and other events in support of Sharp entities and services.

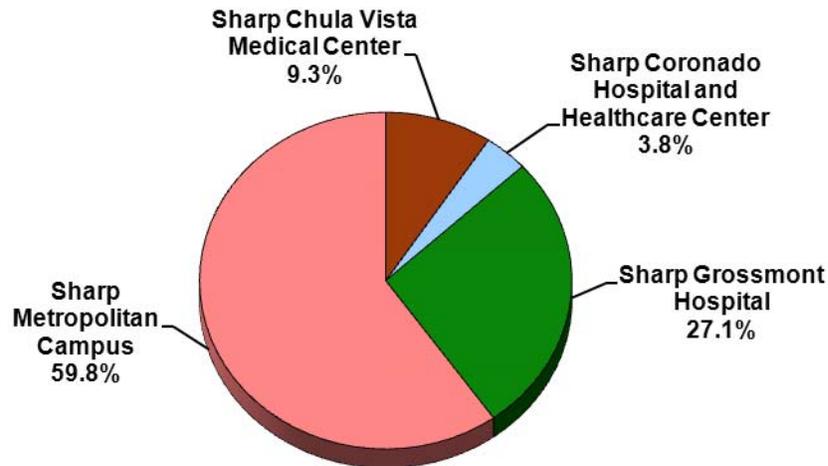
¹ Sharp volunteers' time is not financially valued in this community benefits report.

² This total includes Sharp board members, and volunteers from Sharp Rees-Stealy Medical Group. Information on Sharp board members is detailed on the following page but is not included in the table below. Sharp executives and staff serving on Sharp boards are excluded from this total.

Table 2: Sharp Individual Volunteers and Volunteer Hours – FY 2012

Sharp Entity	Number of Individual Volunteers	Volunteer Hours
Sharp Chula Vista Medical Center	325	5,396
Sharp Coronado Hospital and Healthcare Center	134	6,234
Sharp Grossmont Hospital	945	128,415
Sharp Metropolitan Medical Campus	2,091	95,659
TOTAL	3,495	235,704

Figure 2: Sharp Individual Volunteers by Entity – FY 2012



Sharp employees also volunteer their time for the Cabrillo Credit Union Sharp Division Board, the Sharp and Children’s MRI Board, the UCSD Medical Center/Sharp Bone Marrow Transplant Program Board, Grossmont Imaging LLC Board, and the SCVMC – SDI Imaging Center.¹

In addition, volunteers on Sharp’s auxiliary boards and the various Sharp entity Boards volunteer their time to provide program oversight, administration and decision-making regarding financial resources. In FY 2012, 128 community members contributed their time to Sharp’s boards.

¹ Sharp employees’ time on these boards is not financially valued in this community benefits report.

Other Sharp Volunteer Efforts

In FY 2012, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees gave of themselves to the San Diego community.

SGH's Engineering Department participated in a number of initiatives in FY 2012, including the continuation of their "This Bud's for You" program. The program brought comfort to unsuspecting patients and their loved ones with the delivery of hand-picked flowers from the medical campus's abundant gardens. The SGH landscape team grew, cut, bundled and delivered colorful bouquets each week, bringing an element of natural beauty to patients and visitors of both the hospital and the SGH Hospice Houses. The team also regularly offered single-stem roses in a small bud vase to passers-by. In its second year, the "This Bud's for You" program has become a natural part of the landscape team's day, an act that is simply part of what they do to enhance the experience of visitors to the hospital.

SGH also continued to provide the "Shirt Off Our Backs" program during the 2011 holiday season, and brought clothing, shoes, blankets and household items directly to San Diego's homeless population. The SGH landscape team and Engineering Department, the SGH Auxiliary and local businesses collaborated to implement the program, and SGH's Waste Management team provided ancillary support with loaner recycle bins to use for collection. Hundreds of pounds of clothing, shoes, towels, blankets, toiletries and other items that could be put to use immediately were collected, washed, folded, boxed/bagged and prepared before delivery to the San Diego population in need, and this year three pickup trucks were required to deliver the collected items. The efforts provided food and comfort to all who expressed need – ranging from small children to adults of all sizes.

New in FY 2012, the SGH Engineering Department began the "Feed the Cubs...Our Future Engineers" program, and provided students enrolled in the hospital's high school mentorship program with lunch, snacks and frozen meals through a department-wide fundraising effort. Through the program, the department ensured that the students ate both breakfast and lunch during their time at the hospital.

At SMMC, the Arts for Healing program was established to improve the spiritual and emotional health of patients that face significant medical challenges. The program provides services at SMH, SMH Outpatient Pavilion (OPP), SMBHWN, SMV and SMC. Since the inception of the program in 2007, more than 18,000 patients and their families, guests and staff have benefitted from the time and talent provided by Arts for Healing staff and volunteers. Trained volunteers are the primary providers of the program, which is coordinated by a chaplain of the Spiritual Care program. The Arts for Healing program utilizes the power of art

and music to enhance the healing process for patients challenged by significant illness, chronic pain and long-term hospitalization. At SMH, oftentimes these are stroke patients, cancer patients or patients facing life with newly acquired disabilities following catastrophic events. Throughout FY 2012, Arts for Healing also provided art therapy for patients and community members at the Pavilion cancer support group on Saturday mornings. At SMBHWN, the program is provided to high-risk mothers who are in the hospital from one to four months, awaiting childbirth and experiencing stress and loneliness over the separation from their families. Participants paint and create cards and seasonal craft projects. In addition, Arts for Healing provided art activities for children at Saturday With Santa, a community event hosted by the SMH auxiliary for children to have their picture taken with Santa. This and other Arts for Healing events have benefited hundreds of community members through the healing power of art.

In addition, Sharp sponsored the TEDxSanDiego and TEDxYouth events held in November 2011, providing support in advance of the event, including show direction, technical direction, experience design and registration. TEDxSanDiego and TEDxYouth are events for members of the San Diego community and beyond, and are designed to bring together innovators, explorers, teachers and learners in an environment that encourages collaboration, conversation and interaction. TED is a nonprofit organization devoted to “Ideas Worth Spreading,” and has grown over the past 25 years to support an array of world-changing ideas with multiple initiatives. TEDxSanDiego and TEDxYouth are not-for-profit events organized entirely by local, unpaid volunteers. Sharp team members volunteered their time on-site at each event, delivering The Sharp Experience as way finders, ushers, stage managers, speaker shadows and in other roles.

All Ways Green Initiative

As San Diego’s largest private employer, Sharp recognizes that the health of its patients, employees and the community is directly tied to the health of their environment. Sharp promotes a culture of environmental responsibility by providing education and outreach to employees to improve their health and the health of those they serve. Sharp’s systemwide All Ways Green™ Committee is charged with evaluating opportunities and recognizing best practices to (1) increase energy efficiency, (2) improve water conservation, (3) minimize waste, (4) investigate and promote cleaner means of transportation, and (5) reduce the amount of harmful chemicals released to the environment, as well as the promotion of other initiatives to lower Sharp’s carbon footprint and be a positive environmental influence. Sharp’s Environmental Policy serves to affirm its commitment to improving the health of the environment and therefore the communities it serves.

Sharp created its All Ways Green™ logo to brand its environmental activities and communicate sustainable activities throughout Sharp and the SDC community. Established Green Teams at each entity are charged with developing new programs that educate Sharp employees to conserve natural resources and reduce, reuse and recycle. Sharp has partnered with organizations in the community and its vendors to develop new programs and initiatives to help achieve its environmental goals.

According to the EPA, inpatient hospital facilities are the second-most energy-intensive industry after food service and sales, with energy utilization rates 2.7 times greater than that of office buildings on a square-foot basis. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and must provide service during power outages, natural disasters and other emergencies. Given this reality, Sharp has embarked on several green initiatives to enhance energy efficiency including: retro-commissioning of heating, ventilation and air conditioning (HVAC) systems; occupancy sensor installation; energy audits; energy-efficient motor and pump replacements; equipment modernization; and development of a Sharp HealthCare Energy Guideline to help manage energy utilization practices throughout the system. Other projects completed in 2012 include lighting retrofits, pipe insulations and infrastructure control initiatives, which are expected to generate annual energy savings in excess of \$200,000.

All Sharp entities participate in the EPA's Energy Star (ES) database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings that are designated by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. In 2007, SCHHC first earned EPA's ES certification and also earned the ES designation for 2010, 2011 and 2012. SCVMC is eligible to receive the EPA ES designation again in 2012, and earned this recognition for the three previous years. The ES designation is the result of Sharp's commitment to superior energy performance and responsible use of natural resources. In addition, Sharp's new SRS Downtown medical office building is the first Leadership in Energy and Environmental Design (LEED) gold-certified medical office building in San Diego.

In an effort to conserve water, Sharp has researched and implemented infrastructure changes to ensure Sharp's facilities are optimally operated while monitoring and measuring water consumption. Such changes include installation of motion-sensing faucets, drip irrigation systems, mist eliminators, water-saving devices and equipment, water monitoring and control systems, water practice and utilization evaluations, reduced landscape watering times, hardscaping and redesigning areas with drought-resistant plants.

The EPA and Hospitals for a Healthy Environment report that each patient generates approximately 15 pounds of waste each day, while U.S. medical centers generate approximately 2 million tons of waste each year. Sharp has implemented a systemwide single-stream recycling program to divert waste from the landfills. Other waste reduction efforts include: reprocessing of surgical instruments; use of reusable sharps and pharmaceutical waste containers; sterile processing equipment to eliminate blue-wrapped instrument trays; use of recyclable paper for printing brochures, newsletters and other marketing materials; electronic patient bills and paperless payroll; recycling of exam table paper; encouragement of reduced paper use at meetings through electronic correspondence; and use of one-at-a-time paper napkin and plastic cutlery dispensers.

Office Depot, Sharp's primary office supply vendor, has initiated a new program called GreenerOffice™ Delivery Service aimed at making client deliveries more environmentally friendly. Sharp was an early adopter of this program whereby Office Depot replaced its small and mid-sized cardboard boxes with paper bags that are composed of 40 percent post-consumer recycled material. The paper bags are protected during shipping by reusable plastic totes, which are returned to Office Depot for reuse. Nationally, GreenerOffice Delivery Service will result in 3,130 tons less wood (equivalent to 21,691 fewer trees) and a reduction in energy use, CO₂ emissions, wastewater and solid waste. Furthering carbon footprint reduction efforts, Office Depot and Sharp have arranged for 30 percent recycled copy paper to be used at all Sharp entities. Additionally, in July 2012 SCHHC and SGH began a one-year Integrated Waste Management Program pilot with an outside vendor, which aims to increase Sharp's waste diversion rate through employee education of appropriate waste stream disposal and increased recycling activities.

In support of electronic waste recycling, Sharp hosted two community electronic recycling events at their corporate office location in April and September 2012. During these events, Sharp partnered with the Drug Enforcement Agency's (DEA) National Prescription Drug Take Back Day to provide a safe, convenient and responsible means of drug disposal while educating the general public about the potential for abuse of their medications. The four-hour long community waste collection events welcomed employees and community members, and collected nearly 500 pounds of pharmaceuticals and 12 bins (approximately 6,600 pounds) of electronic waste. In addition, Sharp employees were encouraged to recycle personal eyeglasses and sunglasses through the Lion's Club Recycle Sight program, which distributes recycled glasses to people in need both locally and globally. On average, Sharp employees donate more than 400 pairs of glasses through the program each year.

In April 2012, Sharp held its third-annual systemwide Earth Week event, including Green Fairs at each of the Sharp entities. During the fairs, employees learned how they can contribute to recycling, waste minimization, healthy eating

practices and other sustainability efforts. Many of Sharp’s key vendor partners participated in the Green Fairs to help raise awareness and education regarding green initiatives and how they involve Sharp HealthCare. In addition, on November 15, 2011, Sharp recognized America Recycles Day through a systemwide electronic announcement that highlighted Sharp’s recycling efforts and accomplishments, and provided staff with tips and reminders for proper recycling at work.

The impact of Sharp’s waste reduction programs has been significant. In FY 2012, Sharp facilities diverted over 7.4 million pounds of paper, cardboard, glass, aluminum, metals, polystyrene, batteries and electronic waste from local landfills. SCHHC and SMMC diverted 36,729 pounds of waste through utilization of reusable sharps and pharmaceutical waste containers in FY 2012. Sharp recycled/reclaimed 186,910 pounds of hazardous and universal waste (e.g., batteries, solvents and fluorescent light bulbs) and diverted 33,317 pounds of waste through surgical device reprocessing. **Table 3** presents the quantity of waste diversion at Sharp shown as pounds (lbs.) diverted.

Table 3: Sharp HealthCare Waste Diversion – FY 2012

Sharp HealthCare Entity	Recycled Waste Per Year (lbs.)	Total Waste Per Year (lbs.)	Percent Recycled
Sharp Chula Vista Medical Center	578,191	2,445,809	23.6%
Sharp Coronado Hospital and Healthcare Center	228,541	1,310,172	17.4%
Sharp Grossmont Hospital	1,759,342	4,982,960	35.3%
Sharp Metropolitan Medical Campus	2,237,629	6,789,857	32.9%
Total Sharp HealthCare¹	7,481,158	20,295,500	37%

Sharp implements sustainable food practices throughout the system including: removal of Styrofoam from cafeterias; use of green-label kitchen soaps and cleansers; electronic café menus; recycling of all cardboard, cans and grease from cafés; and partnering with vendors who are committed to reducing product packaging. Other sustainable food practices include organic markets at each of Sharp’s hospitals and corporate office; purchasing of hormone-free milk; and increased purchasing of locally grown fruits and vegetables, approaching 65 percent at some entities. Both SMH and SCHHC have also created the first County-approved organic gardens with produce to be used at employee cafés.

¹ Includes all Sharp System Services and Sharp Rees-Stealy.

In FY 2012, SMH and SMBHWN partnered with the City of San Diego to plan and implement a Food Waste Composting Program, making Sharp the first San Diego health care organization to join the city's initiative. Through this program, food waste is picked up weekly by EDCO, a solid waste vendor, for transport to the Miramar Greenery, a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The composted rich soil is sold to commercial landscapers and non-city residents, and provided at no charge to city residents at volumes of up to two cubic yards. From April to September 2012, approximately 76 tons were diverted from the landfill and composted at the Miramar Greenery. SMH and SMBHWN hosted a free Community Composting Workshop to share their food waste composting experiences and encourage other organizations to begin composting. Sharp plans to continue its partnership with the City of San Diego to expand the Food Waste Composting Program to other Sharp entities.

Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. Sharp's Commuter Solution Sub-Committee is responsible for developing new programs and education campaigns aimed at reducing the number of cars on the road. Sharp ensures carpool parking spaces and designated bike racks and motorcycle spaces are available at each employee parking lot. In addition, Sharp offers discounted monthly bus passes for purchase by employees. In partnership with the San Diego Association of Governments (SANDAG), a vanpool and carpool match-up program has been created to help employees find convenient ride share partners. In FY 2012, Sharp was selected as a participant in SANDAG's iCommute Carpool Incentive Pilot program to incentivize employees to carpool. Employees who committed to carpooling a minimum of 13 trips per month were offered a \$50 gas card for a maximum of three months. More than 150 employees participated in this pilot program. Sharp monitors ride sharing by its employee population and the reduction of its carbon footprint through SANDAG's iCommute website. Education and marketing campaigns are held throughout the year to educate employees on the benefits of ride sharing. In FY 2012, Sharp employees saved more than 1,383,000 miles and reduced more than 791,000 pounds of carbon dioxide by carpooling, vanpooling, telecommuting and the use of public transportation. In FY 2012, the Sharp system participated in the SANDAG iCommute Corporate Challenge, achieving second place in the Mega employee category. In addition, Sharp uses centralized patient scheduling to improve patient vanpools, and has replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon.

As part of the nationwide Electric Vehicle Project, Sharp has installed electric vehicle chargers (EVC) at its corporate office location and Metropolitan campus, and is in the process of expanding EVC installation across the system. Sharp is the first health care system in San Diego to offer the EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil.

In FY 2012, Sharp presented to professionals at the California Higher Education Sustainability Conference (CHESC) at University of California, Davis, highlighting its waste minimization efforts, including its Food Waste Composting Program. Sharp's waste minimization initiatives have also been recognized by several publications including *San Diego Business Journal*, *North County Times* and *BioCycle*, a national magazine about composting, renewable energy and sustainability. **Table 4** highlights the All Ways Green™ efforts at Sharp entities.

Going forward, Sharp remains committed to the All Ways Green™ initiative and will continue to investigate opportunities to reduce its carbon footprint. Green purchasing methods will be explored to reduce waste volume and toxicity with less packaging, fewer toxic materials and more recyclable packaging prior to entering the Sharp system. Sharp's All Ways Green™ Committee continues to work with system employees, physicians and corporate partners to develop new and creative ways to reduce Sharp's impact on the environment and meet their goal of being an outstanding community citizen through environmental responsibility.

Table 4: All Ways Green Initiatives by Sharp Entity – FY 2012

	Energy Efficiency	Water Conservation	Waste Minimization	Education and Outreach
SMH/ SMBHWN	Electric vehicle chargers Energy audits Energy-efficient chillers/motors Energy Star participation HVAC projects Lighting retrofits Occupancy sensors Pipe insulations	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Electronic café menus Food waste composting Single-serve paper napkin and plastic cutlery dispensers Reusable sharp waste containers Single-stream recycling Surgical instrument reprocessing	Drought tolerant rooftop garden Earth Week activities Environmental policy Green Team No Smoking Policy Organic farmer's market Organic gardens Recycling education Ride share promotion
SMV/SMC	Energy audits Energy Star participation HVAC projects Lighting retrofits Motor and pump replacements	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling Styrofoam elimination Surgical instrument reprocessing	Earth Week activities Environmental policy Green Team No Smoking Policy Organic farmer's market Recycling education Ride share promotion
SGH	Energy audits Energy Star participation HVAC projects Lighting retrofits Retro-commissioning	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping	Electronic café menus Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling	Earth Week activities Environmental policy Green Team No Smoking Policy

		Landscape water reduction systems Mist eliminators	Surgical instrument reprocessing	Organic farmer's market Recycling education Ride share promotion
SCVMC	Energy audits Energy-efficient chillers/motors Energy Star participation and award eligible HVAC projects Lighting retrofits	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Compactor renovation Electronic café menus Single-stream recycling Surgical instrument reprocessing	Earth Week activities Environmental policy Green Team No Smoking Policy Organic farmer's market Recycling education Ride share promotion
SCHHC	Elevator/chiller modernizations Energy audits Energy-efficient chillers/motors Energy Star Award HVAC projects Lighting retrofits	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Single-serve paper napkin and plastic cutlery dispensers Reusable sharp containers Single-stream recycling Surgical instrument reprocessing	Earth Week activities Environmental policy Green Team No Smoking Policy Organic farmer's market Organic gardens Recycling education Ride share promotion
SRS	Energy audits Energy Star participation Lighting retrofits	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping	Single-serve paper napkin and plastic cutlery dispensers Recycling of exam paper Single-stream recycling	Contractor education Earth Week activities Environmental policy Green Team

		Landscape water reduction systems Low-flow systems Mist eliminators	Styrofoam elimination	No Smoking Policy Recycling education Ride share promotion
SHP	Energy audits HVAC projects Lighting retrofits Occupancy sensors	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling Spring cleaning events	Earth Week activities Environmental policy Green Team No Smoking Policy Recycling education Ride share promotion
Sharp System Services	Electric vehicle chargers Energy audits Energy efficient chillers/motors Energy Star participation HVAC projects Lighting retrofits Occupancy sensors Thermostat control software	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Electronic patient bills and paperless payroll Electronic and pharmaceutical waste recycling events Green Grocer's market Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling	Earth Week activities Environmental policy Green Team No Smoking Policy Recycling education Ride share promotion

Emergency and Disaster Preparedness

Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services.

Throughout FY 2012, Sharp provided education to community members, staff and other health care professionals on emergency and disaster preparedness. In June, Sharp provided a lecture entitled, Lessons Learned from the San Diego County Power Outage, to 125 community health care and emergency preparedness professionals at the Los Angeles County Statewide Medical Exercise Planning Conference. In addition, Sharp's disaster preparedness team offered several disaster education courses to first responders, health care providers and community members across SDC. The Hospital-Based First Receiver Awareness Course and First Receiver Operations Course were offered as a two-part series to educate and prepare hospital staff for a decontamination event. Course topics included decontamination principles and best practices, basic hazards, utilization of appropriate Personal Protective Equipment (PPE), response concepts, containment, decontamination and recovery. A standardized federal emergency management training for hospital management entitled, NIMS (National Incident Management System)/ ICS (Incident Command System)/ HICS (Hospital Incident Command System), was also offered by Sharp's disaster team, as well as a START (Simple Triage and Rapid Treatment) Triage/ Jump START Triage class to train emergency responders at all levels to triage a large volume of trauma victims within a short period of time. In FY 2013, Sharp's disaster team will lead a Pediatric/Burn Surge course for hospital staff, health care providers and other emergency responders, and will provide training to effectively manage specific patient populations during a surge or abnormal event.

In FY 2012, Sharp's disaster leadership donated their time to state and local organizations and committees including the Southern California Earthquake Alliance, the County of San Diego Emergency Medical Care Committee and the County of San Diego Healthcare Disaster Council, a group of representatives from SDC hospitals, other health care delivery agencies, county officials, fire agencies, law enforcement, American Red Cross and others who meet monthly to share best practices for emergency preparedness. In addition, Sharp's disaster leadership served on the Statewide Medical Health Exercise work group that designed training materials, including an exercise guidebook and other resources, for the 2012 California Statewide Medical Health Training and Exercise Program through the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). The program is designed to guide local emergency planners in developing, planning and conducting emergency responses.

Sharp supports safety efforts of the state and the city of San Diego through maintenance and storage of a county decontamination trailer at Sharp Grossmont Hospital, to be used in response to a mass decontamination event. Sharp has also arranged for the prospective storage of 24 state hospital

ventilators at three Sharp hospitals. In addition, Sharp is exploring opportunities to join EMSA Mobile Field Hospital (MFH) program to provide maintenance and storage for a state MFH. The MFH is designed to increase disaster preparedness by rapidly responding to emergencies such as earthquakes, fires and floods that impact hospital surge needs. Within 72 hours of an emergency, the MFH can provide up to 600 acute care hospital beds for patient treatment and transport anywhere in the state. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the system's normal water supply is interrupted.

As part of its participation in the U.S. Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership (the Partnership). The Partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital, Scripps Chula Vista Medical Center, Kaiser Hospital, Alvarado Hospital, Paradise Valley Hospital, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, MCAS Miramar Fire Department and Fresenius Medical Centers. The Partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC.

In FY 2013, Sharp will educate the San Diego community on effective disaster preparedness and response with its Household Disaster Preparedness Expo. At the expo, local disaster vendors and emergency personnel will provide community members with disaster preparedness education and emergency demonstrations. In addition, Sharp plans to collaborate with other SDC hospitals to create regional decontamination teams of health care personnel trained to respond to a community decontamination event. Internally, Sharp plans to develop employee disaster teams who will be trained to provide leadership, order and safety during an emergency or disaster.



Addressing the Community's Needs

In fiscal year 2012, Sharp HealthCare provided unreimbursed community benefits programs and services, including unreimbursed medical care services; benefits for vulnerable populations and the broader community; and health research, education and training programs. The *Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2012*, addresses the following community needs: access to care for individuals without a medical provider; education, screening and

support programs for special populations and health conditions; community flu vaccination clinics; special support services for hospice patients, families and the community; support of community nonprofit organizations; education and training of health care professionals; student and intern supervision and support; and collaboration with local schools to promote interest in health care careers.

Commitment

2 Executive Summary

This Executive Summary provides an overview of community benefits planning at Sharp, a listing of community needs addressed in this Community Benefits Report, and a summary of community benefits programs and services provided by Sharp in Fiscal Year (FY) 2012 (October 1, 2011, through September 30, 2012). In addition, the summary reports the economic value of community benefits provided by Sharp, according to the framework specifically identified in SB 697, for the following:

- Sharp Chula Vista Medical Center
- Sharp Coronado Hospital and Healthcare Center
- Sharp Grossmont Hospital
- Sharp Mary Birch Hospital for Women & Newborns
- Sharp Memorial Hospital
- Sharp Mesa Vista Hospital and Sharp McDonald Center
- Sharp Health Plan

Community Benefits Planning at Sharp HealthCare

Sharp bases its community benefits planning on the triennial community health needs assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP) combined with the expertise in programs and services of each Sharp hospital.

Listing of Community Needs Addressed in This Community Benefits Report

The following community needs are addressed by one or more Sharp hospitals in this Community Benefits Report:

- Access to care for individuals without a medical provider, and support for high-risk, underserved and underfunded patients

- Focused education and screening programs on health conditions such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health
- Health education and screening activities for seniors
- Outreach for flu vaccinations
- Special support services for hospice patients and their loved ones, and for the community
- Support of community nonprofit health organizations
- Education and training of health care professionals
- Collaboration with local schools to promote interest in health care careers
- Welfare of seniors and disabled people
- Cancer education, patient navigator services, and participation in clinical trials
- Women's and prenatal health services and education
- Meeting the needs of new mothers and their loved ones
- Mental health and substance abuse education for the community

Highlights of Community Benefits Provided by Sharp in FY 2012

The following are examples of community benefits programs and services provided by Sharp hospitals and entities in FY 2012.

- **Unreimbursed Medical Care Services** included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and TRICARE – the regionally managed health care program for active-duty and retired members of the uniformed services, their loved ones and survivors; and unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; financial and other support to community clinics to assist in providing health services, and improving access

to health services; Project HELP; Project CARE; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; financial and other support to the Sharp Humanitarian Service Program; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information, and participation in community health fairs and events addressing the unique needs of the community, plus providing flu vaccinations and health screenings. Sharp collaborated with local schools to promote interest in health care careers; made Sharp facilities available for use by community groups at no charge; and executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See **Appendix A** for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

- **Health Research, Education and Training Programs** included education and training programs for medical, nursing and other health care professionals, as well as student/intern supervision; time devoted to generalizable, health-related research projects that were made available to the broader health care community; and financial support of the Sharp HealthCare Professional Education and Research Institute at San Diego State University (SDSU).

Economic Value of Community Benefits Provided in FY 2012

In FY 2012, Sharp provided a total of **\$305,335,556** in community benefits programs and services that were unreimbursed. **Table 1** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 1** presents the percentage distribution by each category, and **Figure 2** presents the percentage distribution within the Medical Care Services category.

In FY 2012, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 2011 through December 2013. This resulted in an increased reimbursement of \$153.4 million and an assessment of a quality assurance fee totaling \$101.1 million in FY 2012. The net impact of the program totaling \$52.3 million reduced the amount of unreimbursed medical care service for the Medi-Cal population. This reimbursement helped offset prior years' unreimbursed medical care services, however the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year.

Table 1: Total Economic Value of Community Benefits Provided¹
Sharp HealthCare Overall – FY 2012

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²	\$59,465,473
	Shortfall in Medicare ²	132,907,288
	Shortfall in San Diego County Indigent Medical Services ²	33,285,408
	Shortfall in CHAMPVA/TRICARE ²	3,460,691
	Shortfall in Workers' Compensation ²	31,286
	Charity Care and Bad Debt ³	65,682,992
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ⁴	2,490,485
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ⁴	2,143,857
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁴	5,868,076
	TOTAL	\$305,335,556

¹ Economic value is based on unreimbursed costs.

² Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

³ Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

⁴ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp HealthCare Overall - FY 2012

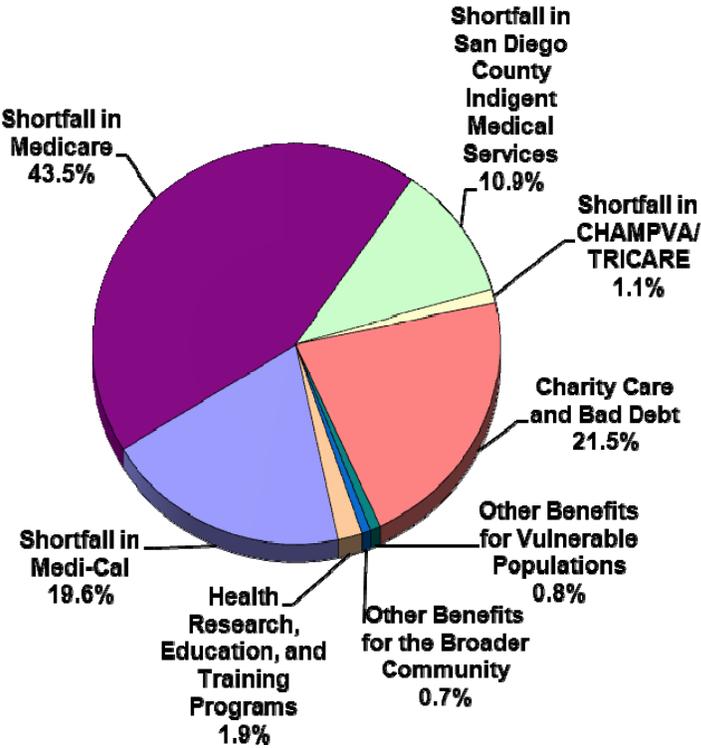


Figure 2: Percentage of Unreimbursed Medical Care Services
 Sharp HealthCare Overall - FY 2012

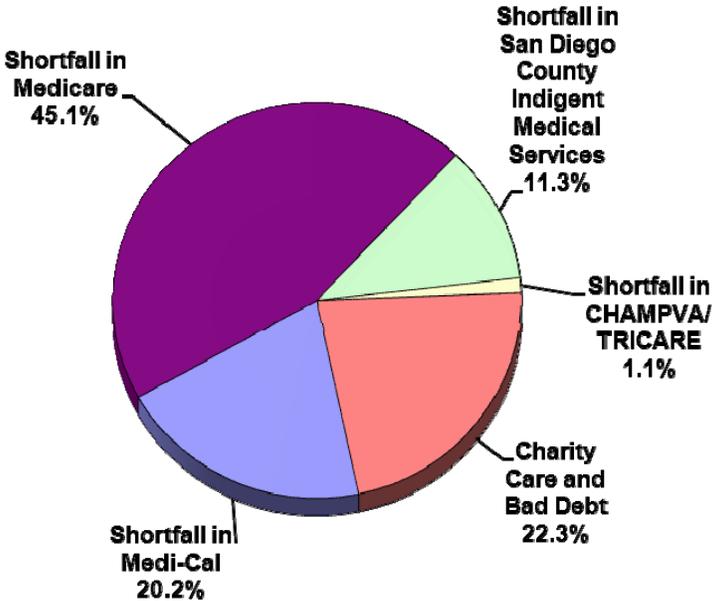
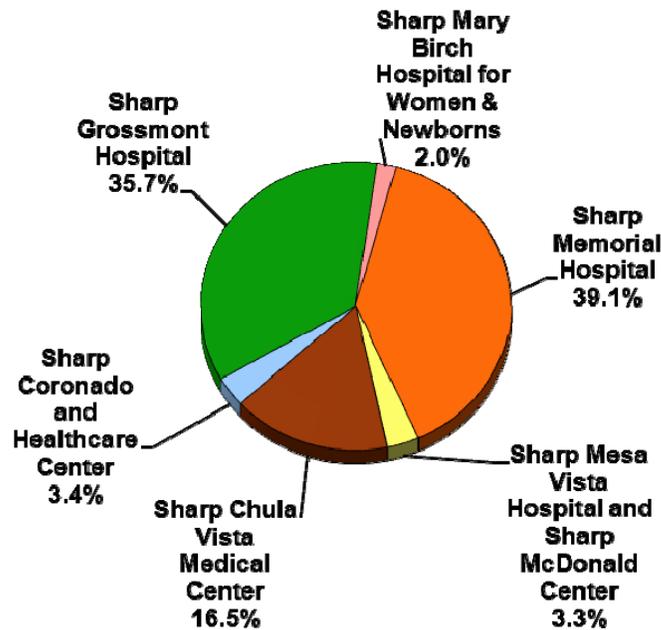


Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity and **Figure 3** shows the percentage distribution by Sharp entity.

Table 2: Total Economic Value of Community Benefits Provided¹
Sharp HealthCare Entities – FY 2012

Sharp HealthCare Entity	Estimated FY 2012 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$50,452,708
Sharp Coronado Hospital and Healthcare Center	10,281,860
Sharp Grossmont Hospital	108,907,011
Sharp Mary Birch Hospital for Women & Newborns	6,074,797
Sharp Memorial Hospital	119,435,933
Sharp Mesa Vista Hospital and Sharp McDonald Center	10,041,903
Sharp Health Plan	141,344
ALL ENTITIES	\$305,335,556

Figure 3: Percentage of Community Benefits Provided by Entity
Sharp HealthCare Entities – FY 2012



¹ Economic value is based on unreimbursed costs.

Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697. Sharp leads the community in unreimbursed medical care services among San Diego County’s SB 697 hospitals and health care systems. For a detailed summary of unreimbursed costs of community benefits provided by each Sharp entity in FY 2012, see tables presented in **Sections 4** through **11**.

Table 3: FY 2012 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories¹

Sharp HealthCare Entity	SENATE BILL 697 CATEGORY				Estimated FY 2012 Unreimbursed Costs
	Medical Care Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	
Sharp Chula Vista Medical Center	\$48,647,016	\$467,891	\$319,937	\$1,017,864	\$50,452,708
Sharp Coronado Hospital and Healthcare Center	9,934,485	27,932	140,309	179,134	10,281,860
Sharp Grossmont Hospital	106,253,232	729,968	682,222	1,241,589	108,907,011
Sharp Mary Birch Hospital for Women & Newborns	5,468,616	48,031	133,424	424,726	6,074,797
Sharp Memorial Hospital	116,592,880	742,724	562,766	1,537,563	119,435,933
Sharp Mesa Vista Hospital and Sharp McDonald Center	7,936,909	464,187	174,013	1,466,794	10,041,903
Sharp Health Plan	-	9,752	131,186	406	141,344
ALL ENTITIES	\$294,833,138	\$2,490,485	\$2,143,857	\$5,868,076	\$305,335,556

¹ Economic value is based on unreimbursed costs.



Designing the Community Benefits Strategy

Since 1995, Sharp HealthCare has participated in a countywide collaborative with hospitals, health care organizations and community agencies to conduct a triennial needs assessment. For the *Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2012*, Sharp hospitals utilized the San Diego Community Health Improvement Partners' *Charting the Course VI – a San Diego Community Health Needs Assessment* to help identify and prioritize the needs of their communities.

Every year, each Sharp entity reviews community needs identified in the needs assessment, updates its community benefits objectives, reports and categorizes the economic value of community benefits provided according to Senate Bill 697, and creates a community benefits plan for the upcoming fiscal year.

Commitment

3 Community Benefits Planning Process

For the past 16 years, Sharp has based its community benefits planning on findings from the triennial Community Health Needs Assessment (CHNA) conducted by San Diego Community Health Improvement Partners (CHIP), as well as the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals.

Methodology to Conduct the 2010 Community Health Needs Assessment

Since 1995, Sharp has participated in a countywide collaborative – including a broad range of hospitals, health care organizations, and community agencies – to conduct a triennial CHNA. The 2010 CHNA is publicly available at: <http://www.sdchip.org/initiatives/charting-the-course-vi.aspx>.

In 2010, the CHIP Needs Assessment Advisory Council, under the direction of the CHIP Steering Committee, determined a methodology and approach to the sixth edition of the triennial needs assessment, which included a community priority-setting process composed of the following steps:

- Review of the 38 Healthy People 2020 focus areas by the Needs Assessment Advisory Council, comprised of more than 30 community stakeholders. Seventeen health issues emerged as a result of the combining and streamlining of these areas by the Council.
- Division of the 17 health issues into the following three categories: Overarching Issues, Health-Related Behaviors and Health Outcomes. Health issue briefs were developed to provide detailed information on each of the 17 identified health issues.
- Invitation to community leaders throughout San Diego County (72 out of 379 invitees participated) to prioritize each health issue with information from the health issue briefs and based on the following criteria:
 - Size of the health issues
 - Seriousness of the health issue
 - Community resources available to address the health issue
 - Availability of data/information to evaluate the health issue's outcomes

- Each of the health issues were scored separately within the three categories noted above (Overarching Issues, Health-Related Behaviors and Health Outcomes)
- Utilization of the Spectrum of Prevention Framework to determine which issues prioritized by the community were most impacted by prevention activities (as opposed to treatment):
 - Health access and delivery
 - Social determinants of health
 - A combination of nutrition, weight status, physical activity and fitness
 - Injury and violence
 - Mental health and mental disorders
- Discussion of the above identified issues in community forums held in the six regions of San Diego County in order to:
 - Allow community stakeholders to identify root causes related to each health issue
 - Begin the process of understanding each issue from a regional perspective
 - Foster community relationships and promote the voice(s) of San Diego's various regional and subregional communities in the needs assessment process
- In-depth analysis of each of the five health issues selected for the 2010 CHNA, identified as:
 - Health access and delivery
 - Social determinants of health
 - Combination of nutrition, weight status, physical activity and fitness
 - Injury and violence
 - Mental health and mental disorders

Depending on the level of available data, these analyses included an overview of the health issue and its importance; seriousness of the health issue in terms of economic costs, use of resources and/or loss of functional status; incidence data as well as prevalence of morbidity and mortality on the populations most impacted by the health issue; and the local impact of the health issue.

In addition to a review of the results from the priority-setting process, the 2010 CHNA utilized information from the following:

- Analysis of health-related statistics gathered and analyzed by the County of San Diego Health and Human Services Agency (HHS), supplemented by

data from the California Health Interview Survey (CHIS), California Office of Statewide Health Planning and Development (OSHPD), the Centers for Disease Control and Prevention's (CDC) Youth Risk Behavior Surveillance System and census data from the San Diego Association of Governments (SANDAG).

- Review of health-related scientific literature
- Review of the results from facilitated discussions of six community regional forums held with a cross-section of stakeholders from the San Diego County community

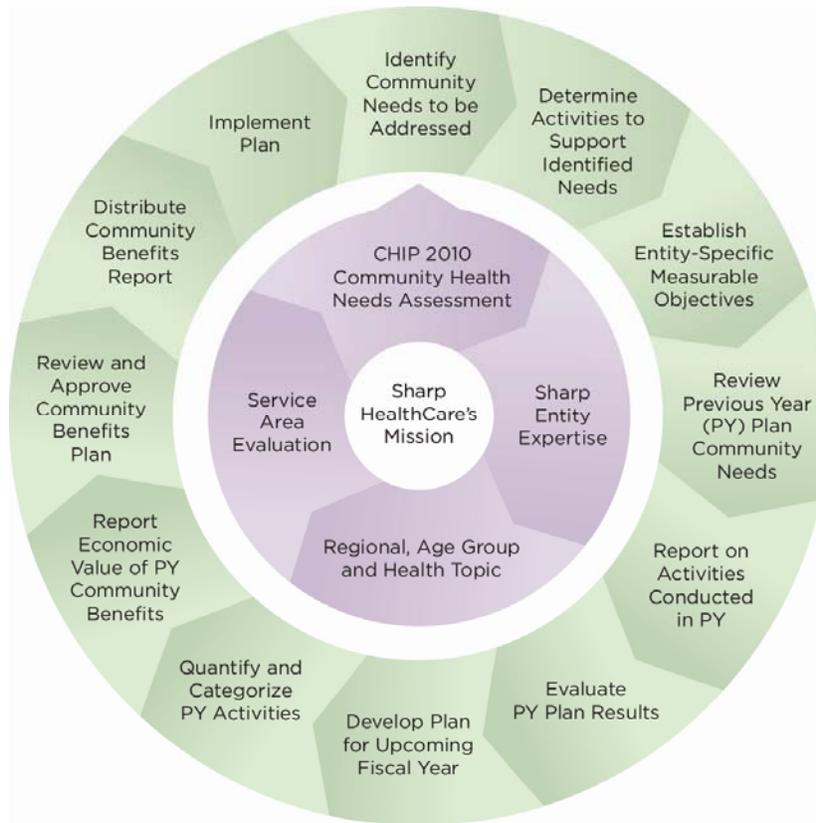
Determination of Priority Community Needs: Sharp HealthCare

Each Sharp hospital reviewed the 2010 CHNA and used it to determine priority needs for their hospital's communities.¹ In identifying these priorities, each entity considered the expertise and mission of the hospital in providing programs and services, in addition to the needs of the unique, ever-changing demographics and/or health topics that comprise the entity's service area and region.

For example, the specialty hospitals – SMBHWN, SMV, and SMC – reviewed the needs assessment priorities, specifically focusing on issues relevant to women and infants, behavioral health, and substance abuse, respectively. Sharp's general acute-care hospitals reviewed the needs assessment with a focus on the region and/or subregional areas, with the goal of matching community benefit programs and services to the unique needs of the region.

¹ Subsequent sections of this Community Benefits Report use the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Figure 1: Sharp HealthCare Community Benefits Plan and Process



Steps Completed to Prepare an Annual Community Benefits Report

On an annual basis, each Sharp hospital performs the following steps in preparation of its Community Benefits Report, illustrated in **Figure 1** above:

- Establishes and/or reviews hospital-specific **measurable objectives**
- Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs
- Reports on activities conducted in the prior fiscal year – **FY 2012 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **FY 2013 Plan**
- Reports and categorizes the **economic value of community benefits provided in FY 2012**, according to the framework specifically identified in SB 697

- Reviews and approves a Community Benefits Plan
- Distributes the *Community Benefits Plan and Report* to members of the Sharp Board of Directors and Sharp hospital boards of directors, highlighting activities provided in the prior fiscal year as well as specific action steps to be undertaken in the upcoming fiscal year

Ongoing Commitment to Collaboration

In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of San Diego County residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, Hospital Association of San Diego and Imperial Counties, and other local collaboratives such as the CHIP Access to Health Literacy Initiative and the CHIP Behavioral Health Work Team.



Providing Education and Support for Cancer Patients

~ SHARP CHULA VISTA MEDICAL CENTER ~

As South Bay's only certified Community Hospital Cancer Program, Sharp Chula Vista Medical Center is dedicated to supporting and caring for community members impacted by cancer.

Throughout the year, Sharp Chula Vista Medical Center provides cancer-related health seminars, expos and screenings to raise cancer awareness and prevention. The hospital holds its ongoing Meet the Pathologist series to provide education and the expertise of a pathologist to individuals with breast cancer. The pathologist meets

with attendees one-on-one to explain their pathology reports, including the severity of the disease and types of treatment needed. The hospital's breast cancer patient navigator, a person dedicated to guiding and supporting patients through cancer treatment, is also available to address attendees' questions and concerns.

In addition, the hospital provides weekly breast cancer support groups for community members in both Spanish and English, as well as a monthly Spanish family support group for individuals living with any type of cancer.

Commitment

Section

4 Sharp Chula Vista Medical Center

Sharp Chula Vista Medical Center (SCVMC) is located at 751 Medical Center Court in Chula Vista, ZIP code 91911.

FY 2012 Community Benefits Program Highlights

SCVMC provided a total of **\$50,452,708** in community benefits in FY 2012. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SCVMC's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Chula Vista Medical Center – FY 2012

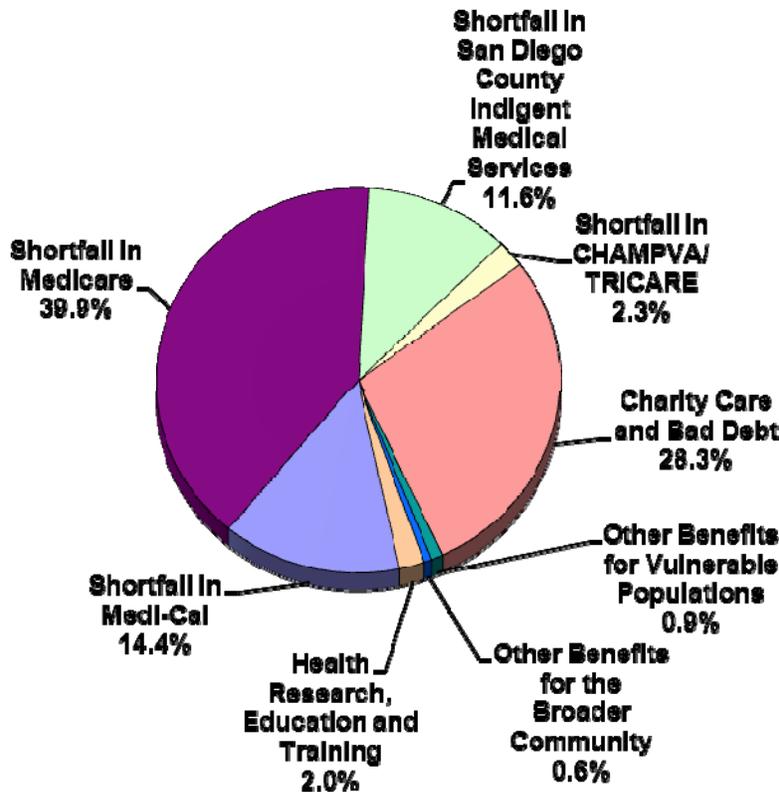
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$7,244,364
	Shortfall in Medicare ¹	20,122,880
	Shortfall in San Diego County Indigent Medical Services ¹	5,865,833
	Shortfall in CHAMPVA/TRICARE ¹	1,147,446
	Charity Care and Bad Debt ²	14,266,493
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	467,891
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, support groups, meeting room space, donations of time to community organizations, and cost of fundraising for community events ³	319,937
Health Research, Education and Training Programs	Education and training programs for students, interns, and health care professionals ³	1,017,864
	TOTAL	\$50,452,708

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits, plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Chula Vista Medical Center – FY 2012



Key highlights:

- **Unreimbursed Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services; and financial support for on-site workers to process Medi-Cal eligibility forms. In FY 2012, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 2011 through December 2013. This resulted in an increased reimbursement of \$35.3 million to SCVMC and an assessment of a quality assurance fee totaling \$22.9 million in FY 2012. The net impact of the program totaling \$12.4 million reduced the amount of unreimbursed medical care services for the Medi-Cal population at SCVMC. This reimbursement helped offset prior years' unreimbursed medical care services; however the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year.
- **Other Benefits for Vulnerable Populations** included insulin and other diabetes treatment for underserved, uninsured individuals to care for their diabetes at home; van transportation for patients to and from medical

appointments; Project HELP that provides funding for medications, transportation and other needs to assist patients who cannot afford to pay; programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; support of the Sharp Humanitarian Service Program; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics in English and Spanish; participation in community health fairs and events; Spanish and English support groups; flu vaccinations and health screenings for blood glucose, blood pressure, cholesterol, stroke, body mass index (BMI), bone density, balance, foot drop treatment, breast cancer and prostate cancer; the Breast Cancer Patient Navigator Program; and SCVMC's collaboration with local schools to promote interest in health care careers. SCVMC also offered meeting room space at no charge to community groups. In addition, hospital staff actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS), Chula Vista Community Collaborative, Chula Vista Chamber of Commerce, Chula Vista Rotary, Susan G. Komen Breast Cancer Foundation and the South Bay YMCA. See **Appendix A** for a listing of Sharp's community involvement. Additionally, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.
- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; time devoted to generalizable, health-related research projects that were made available to the broader health care community; and financial support of the Sharp HealthCare Professional Education and Research Institute at San Diego State University (SDSU).

Definition of Community

The community served by SCVMC encompasses the south region of San Diego County, including the sub-regional areas of Chula Vista, Imperial Beach, Otay Mesa, Bonita, Sweetwater, National City and Coronado. See **Appendix B** for a map of community and region boundaries in San Diego County (SDC). Most residents of Coronado utilize SCHHC. Information about Coronado is included in this section since the sub-regional area is part of the south region, based on the countywide needs assessment.

Description of Community Health

In the County's south region in 2009, 98.4 percent of children ages 0 to 11 years, 92.9 percent of children ages 12 to 17, and 80.1 percent of adults had health insurance, failing to meet the HP 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in San Diego County's South Region, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	98.4%	100%
Children 12 to 17 Years	92.9%	100%
Adults 18 and Older	80.1%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	98.8%	100%
Children 12 to 17 Years	80.9%	100%
Adults 18 and Older	91.7%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	23.8%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 Years), 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

Cancer and heart disease were the top two leading causes of death in the County's south region. See **Table 4** for a summary of leading causes of death in the south region.

¹ The U.S. DHHS' HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development and healthy behaviors across all life stages.

**Table 4: Leading Causes of Death in San Diego County's South Region
2010**

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	701	26.6%
Diseases of heart	652	24.7
Cerebrovascular diseases	161	6.1
Alzheimer's disease	124	4.7
Chronic lower respiratory disease	122	4.6
Diabetes mellitus	109	4.1
Accidents (unintentional injuries)	92	3.5
Influenza and pneumonia	40	1.5
Chronic liver disease and cirrhosis	38	1.4
Intentional self-harm	30	1.1
Viral hepatitis	26	1.0
Nephritis, nephritic syndrome and nephrosis	24	0.9
Essential (primary) hypertension and hypertensive renal disease	24	0.9
Parkinson's disease	22	0.8
Septicemia	21	0.8
All other causes	450	17.1
Total Deaths	2,636	100.0%

Source: County of San Diego HHSA, Public Health Services, Community Epidemiology Branch

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, SCVMC:

- Incorporates community priorities and community relations into its strategic plan
- Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels
- Hosts a monthly Community Relations Committee, composed of representatives from a variety of hospital departments, to discuss, plan and implement community outreach activities

Priority Community Needs Addressed in Community Benefits Report

The SCVMC Community Benefits Report addresses the following identified community needs:

- Diabetes education and screening
- Health education and screening activities
- Cancer education and patient navigator services
- Collaboration with local schools to promote interest in health care careers and provide health professions training
- Access to primary care and behavioral health services for low-income, medically uninsured and underserved patients

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities.

Identified Community Need: Diabetes Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- San Diego Community Health Partners (CHIP) members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes).
- In 2010, there were 109 deaths due to diabetes in the County's south region. The region's age-adjusted death rate due to diabetes was 26.5 per 100,000 population, higher than the SDC age-adjusted rate of 19.1 deaths per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- In 2009, there were 875 hospitalizations due to diabetes in the County's south region. The rate of hospitalizations for diabetes was 189.9 per 100,000 population. The hospitalization rate in the region was among the highest in San Diego County's regions and higher than the County average of 126.5 diabetes hospitalizations per 100,000 population.
- In 2009, there were 716 diabetes-related emergency department (ED) visits in the County's south region. The rate of visits was 155.4 per 100,000 population. The diabetes-related ED visit rate in the region was among the

highest in San Diego County's regions and higher than the County average of 132.7 per 100,000 population.

- 9.5 percent of adults in the County's south region participating in the 2009 CHIS indicated that they were "ever diagnosed with diabetes," higher than the County experience of 7.8 percent.
- According to the *3-4-50 Chronic Disease 2010* report from the County's Health and Human Services Agency (HHSA), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)

Measurable Objective

- Provide diabetes education and screening in the south region of San Diego County

FY 2012 Report of Activities

Note: The SCVMC Diabetes Education Program is recognized by the American Diabetes Association (ADA) and meets national standards for excellence and quality in diabetes education.

In FY 2012, the SCVMC Diabetes Education Program conducted five blood glucose screening events at hospital sites and off-site locations, screening 324 people. As a result of the screening events, 64 people were identified with elevated blood glucose levels and referred to follow-up resources. Of those individuals with elevated blood glucose levels, 25 had pre-existing cases of diabetes mellitus. Screenings were held at locations throughout the South Bay, including the Cycle EastLake bike fair, Sunset Elementary School Parent Fair, St. Rose of Lima Parish Health Fair and the Caring Hearts Medical Clinic Health Fair. In addition, the SCVMC Diabetes Education Program conducted a screening and education event for the U.S. Consulate in Tijuana, Mexico, screening 90 community members and identifying two with elevated blood glucose levels. The SCVMC Diabetes Education Program also provided a lecture on nutrition to approximately 30 students at the Barrio Logan College Institute.

The SCVMC Diabetes Education Program also provided education, screenings and outreach at several events targeting women in the South Bay. These events included the SCVMC Women's Heart Expos, held in May and September, and provided more than 850 women in the community with health education and resources. The September Expo targeted Spanish-speaking women in the community and covered topics such as diabetes prevention, management of diabetes, nutrition, exercise, and weight loss and lipid control. More than 75 women received screenings through these expos and 27 women were identified with elevated blood glucose levels. The SCVMC Diabetes Education Program also conducted screenings, education and outreach during the MANA de San

Diego Dia de La Mujer Latina event in April. The SCVMC Diabetes Education Program provided more than 50 screenings during the event and identified more than 20 women with elevated blood glucose levels. Screenings and education events were developed with input from the Diabetes Behavioral Institute.

In recognition of American Diabetes Month[®], the Sharp Rees-Stealy (SRS) Diabetes Education Program provided education to community members at the SRS medical office in Otay Ranch throughout November. During these education sessions, more than 60 community members were screened and received information and resources on nutrition, healthy living and risk factors for diabetes. As a result of the screenings, 13 community members were identified with elevated blood glucose levels and connected to resources for follow-up care. In addition, the SCVMC Diabetes Education Program continued to support the ADA's Step Out: Walk to Stop Diabetes event held in October at Mission Bay through fundraising and team participation.

In FY 2012, the SCVMC Diabetes Education Program continued to provide assistance for underserved, uninsured individuals in need of diabetes treatment. Individuals that both enrolled in and completed the SCVMC Diabetes Education Program received an outpatient number through the SCVMC Outpatient Pharmacy, which then allowed them to receive assistance for insulin and other treatments to maintain and care for their diabetes at home.

FY 2013 Plan

The SCVMC Diabetes Education Program will do the following:

- Coordinate and implement blood glucose screenings at the hospital and at community sites in the south region of San Diego
- Conduct educational lectures at community venues
- Continue to target Spanish-speaking women through participation in the MANA de San Diego: Dia de La Mujer Latina event
- Continue to support ADA's Step Out: Walk to Stop Diabetes
- Continue to collaborate with the Diabetes Behavioral Institute to host community lectures that will assist diabetes patients and their loved ones
- Conduct educational outpatient and inpatient symposiums for health care professionals
- Continue to provide educational lectures on healthy diet and weight management to multicultural elementary students
- Continue to provide the community with resources for diabetes treatment and prevention
- Foster relationships with community clinics to provide education and resources to community members
- Develop partnerships with YMCAs in the South Bay to provide screenings, education and resources to community members

Identified Community Need: Health Education and Screening Activities

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Participants in the 2007 CHNA focus groups recognized the importance of various activities – health promotion, health protection, disease prevention, disease management, and navigation of the health care system – as helpful in maintaining health. Participants also recognized how various types of health and cancer screenings, such as flu vaccinations, blood pressure checks, prostate examinations and mammography, can help prevent disease. CHIP members identified improving nutrition and achieving a healthy weight status as the most important health-related behavior overall (when considering a total of six health-related behaviors).
- Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management. Large differences were observed between individuals with private insurance and those with no insurance for measures related to: cancer screening; diabetes management; dental care; counseling about diet and exercise; and flu vaccination.
- The 2010 CHNA process recognized the following critical health-related behaviors for SDC residents (ranked in priority order): weight status; physical activity; substance abuse and tobacco use; injury and violence prevention; oral health; and immunization.
- The 2010 CHNA process also identified the most important health outcomes as (ranked in priority order): diabetes; heart disease and stroke; mental health and mental disorders; cancer; maternal, infant and child health/family planning; infectious disease; and respiratory diseases.
- According to findings presented in the 2010 CHNA, nationally, the prevalence of obese adults has increased by 68 percent since 1995, from 16 percent to almost 27 percent.
- 2009 Behavioral Risk Factor Surveillance System (BRFSS) data for San Diego County indicate that almost 59 percent of the adult population is considered either overweight or obese.
- The prevalence rates of obesity are significantly higher among Latinos and blacks than those for whites at the national, state and county levels.
- Obese children are 70 percent more likely to continue being obese into adulthood and more likely to die prematurely before the age of 55, compared with healthy-weight children, according to a 2010 report from the Robert Wood Johnson Foundation. Additionally, they are at greater risk for a variety of serious medical issues including heart disease, high cholesterol, high blood pressure, diabetes, sleep apnea and cancer. In addition to the clinical consequences of obesity, these children are more likely to experience social discrimination, low self-esteem and depression.

- According to findings presented in the 2010 CHNA, being overweight or obese as an adult increases the risk for coronary heart disease, congestive heart failure, Type II diabetes, certain cancers, hypertension, dyslipidemia, stroke, liver and gallbladder disease, osteoarthritis, sleep apnea and respiratory problems, gynecological problems, psychological disorders and discrimination.
- Many factors contribute to overweight and obesity including genetic predisposition, environmental influences, behavior (dietary patterns and physical activity), cultural influences and socioeconomic status, according to findings presented in the 2010 CHNA.

Measurable Objectives

- Provide health education classes, support groups and screening activities for the community
- Participate in community-sponsored events and support nonprofit health organizations

FY 2012 Report of Activities

In FY 2012, SCVMC participated in numerous community health fairs and health screening events serving approximately 400 community members. Events included Cycle EastLake, Caring Hearts Medical Clinic Health Fair, Chula Vista Chamber of Commerce Mixer, St. Rose of Lima Parish Health Fair, Bonitafest, the American Heart Association Heart Walk and the Susan G. Komen Race for the Cure® at Balboa Park. SCVMC provided a variety of health services during these events, including first aid booths and screenings for glucose, cholesterol, blood pressure and bone density. Also in FY 2012, SCVMC held two flu vaccination events where they provided flu vaccinations to approximately 600 community members, including seniors.

SCVMC provided stroke education and screenings to the South Bay community, including residents at the Veterans Home of Chula Vista and attendees at the St. Rose of Lima Parish Health Fair. Through these events, nearly 50 community members received education regarding risk factors for stroke, warning signs and appropriate interventions. SCVMC also participated in the quarterly San Diego County Stroke Consortium – a collaborative effort to improve stroke care and discuss issues impacting stroke care in SDC. In addition, SCVMC collaborated with SDC to provide data for their stroke registry.

In FY 2012, Sharp Rehabilitation Services (Sharp Rehab) hosted a Rehabilitation Expo at SCVMC where the hospital's physical and occupational therapists provided information on outpatient rehabilitation services and gave physical therapy demonstrations to a total of 45 community members. In addition, Sharp Rehab's Outpatient Clinic offered two screenings to identify foot drop, a condition that causes difficulty walking due to nerve or muscle damage. Sharp Rehab also

provided a lymphedema in-service to seven wound care nurses at Paradise Valley Hospital, which focused on proper procedures to wrap wounds and appropriate exercises for lymphedema patients. Additionally, Sharp Rehab presented to patient outreach workers at the Scripps Breast Cancer Resource Group on the San Diego Affiliate of Susan G. Komen for the Cure grant for lymphedema therapy for low income patients. During the presentation, outreach workers learned about the services covered by the grant, patient qualifications, the application process and how to refer patients to needed services.

SCVMC provided health education classes throughout the year on a variety of topics, including nutrition, prenatal and postpartum care, outpatient surgeries, robotic surgery for men's and women's conditions, bloodless medicine and surgery (offered in Spanish and English). SCVMC hosted two day-long Women's Heart Health Expos, one in English and one in Spanish, and provided physician-led cardiac education including heart health and nutrition; healthy food; exercise demonstrations; screenings for blood pressure, cholesterol, BMI, glucose and bone density; and giveaways for more than 100 attendees. SCVMC also participated in Sharp's annual Speaking of Women's Health Conference where they provided a breast model to demonstrate how to perform a breast self-exam, distributed a variety of health education materials and conducted bone density screenings for approximately 250 attendees. Also in FY 2012, 120 SCVMC staff donated blood through four blood drives conducted by SCVMC.

SCVMC Women's Services offered a free weekly breastfeeding support group throughout FY 2012. Led by the hospital's lactation educators, the support group was offered in English and Spanish and provided education, support and guidance to 450 mothers and their babies. SCVMC Women's Services were also actively involved in the San Diego County Breastfeeding Coalition, Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the Regional Perinatal System.

In FY 2012, SCVMC provided coordination, support and/or related fundraising activities for various nonprofit organizations, including the San Diego Immunization Coalition, United Way of San Diego, San Diego Science Alliance, Bonita Business and Professional Association, Family Health Centers of San Diego (FHCS) and Combined Health Agencies.

FY 2013 Plan

SCVMC will do the following:

- Provide a variety of educational resources and health screenings at community health fairs and events
- Provide community outreach on stroke education and prevention including two stroke screening and education events in the South Bay

- Provide education for individuals with identified stroke and osteoporosis risk factors, including residents at the California Veterans Association
- Conduct two day-long comprehensive health seminars with health screenings in English and Spanish
- Conduct health education classes on a variety of topics
- Conduct quarterly blood drives
- Continue to assist community nonprofit organizations through coordination, support and fundraising activities
- Participate with other SDC hospitals in the Stroke Consortium and continue to provide data to the SDC stroke registry

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified cancer as the fourth most important health outcome overall (when considering a total of seven health outcomes).
- In 2010, cancer was the leading cause of death in the County's south region, responsible for 26.6 percent of deaths.
- In 2010, there were 701 deaths due to cancer (all sites) in the County's south region. The region's age-adjusted death rate due to cancer was 168.5 deaths per 100,000 population, higher than the SDC age-adjusted rate of 149.5 deaths per 100,000 population.
- According to the ACS, cancer survival is greatly improved if the cancer is diagnosed at an early stage. Such diagnosis is an indication of screening (ACS, 2006). Review of 2004 cancer cases diagnosed at an early stage in SDC found that early stage diagnosis among Latinos is lowest for female breast cancer, prostate cancer, and male and female colon cancer, with rates of 76 percent, 63 percent, 37 percent, and 41 percent, respectively. Low percentage of early stage diagnoses is an important indicator of inadequate cancer screening for these types of cancer among Latinos.
- Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management. Large differences were observed between individuals with private insurance and those with no insurance for measures related to: cancer screening; diabetes management; dental care; counseling about diet and exercise; and flu vaccination.
- Cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. According to findings presented in the 2007 CHNA, cancer survivors identified several significant burdens, including poorer health, spending more

days in bed, increased need for help with activities of daily living and less likely to be employed.

- Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.
- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California. In addition, of the estimated 12,490 new cases of all cancers in San Diego County for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000).
- In San Diego County, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.
- According to a survey of San Diego providers in the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the majority of providers identified Mexicans as the ethnic and the immigrant group most in need of additional resources (the survey separated Mexicans from other Latinos in order to collect more specific information).
- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care access included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors, while the most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education, and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.

Measurable Objective

- Provide cancer education, support services and patient navigation to the community

FY 2012 Report of Activities

SCVMC is certified by the American College of Surgeons Commission on Cancer as a Community Hospital Cancer Program. SCVMC is also a certified Breast Center by the National Accreditation Program for Breast Centers (NAPBC).

In June 2012, SCVMC opened the Douglas and Nancy Barnhart Cancer Center. Built with patient healing in mind, the new cancer center offers all services under one roof to ensure the highest level of patient-centered care.

SCVMC hosted multiple free cancer-related health seminars in FY 2012, including the annual Women's Cancer Expo. Through these events, approximately 150 attendees received screenings and education about the awareness and prevention of various women's cancers, including ovarian, cervical, uterine and breast, as well as prostate cancer. Through grant funds from the National Breast Cancer Foundation (NBCF), the Women's Cancer Expo also provided clinical breast exams to 75 women and mammograms to 46 women. As a result of these screenings, two women were referred for a follow-up ultrasound. Also in FY 2012, patients newly diagnosed with breast cancer were invited to attend bimonthly Meet the Pathologist presentations. These hour-and-a-half educational presentations by a SCVMC pathologist provided detailed, personal information about a woman's diagnosis by reviewing her pathology report and explaining it in layman's terms. These presentations reached nearly 50 women in FY 2012.

In response to community needs, SCVMC held three cancer support groups in FY 2012, including weekly breast cancer support groups in English and Spanish, as well as a monthly Spanish family support group for individuals battling any type of cancer. The cancer support groups reached a total of 60 individuals. The hospital utilized grant funding from the San Diego Affiliate of Susan G. Komen for the Cure to conduct additional outreach and educational services among Latinas, providing diagnostic services and patient navigator services for breast cancer patients. The diagnostic services were offered free of charge to women and men of all ages.

SCVMC also provided free Healing Touch energy therapy for patients and caregivers in FY 2012. Through Healing Touch therapy, practitioners use the gentle touch of their hands to promote relaxation, decrease pain and stress and support the body's natural healing process, leading to increased support of the patient and caregiver's physical, emotional, mental and spiritual health. In addition, SCVMC provided quarterly Look Good... Feel Better classes to women with cancer who are undergoing treatment. The Look Good... Feel Better program is offered by the ACS to teach women with cancer beauty techniques that can help them manage the appearance of side-effects related to cancer treatment. SCVMC also offered a wig and prosthesis bank in FY 2012, providing cancer patients with a variety of donated wigs and prosthetic devices at no cost.

The hospital's breast cancer patient navigator program offers patient navigators with specialized training, certification and experience to assist patients from early detection through diagnosis and treatment. This service allows breast cancer patients and their loved ones to receive personalized support, guidance and education. In FY 2012, 175 community members were assisted by SCVMC's

breast cancer patient navigators. In addition, seven full-time volunteer patient navigators, including two cancer survivors, assisted the breast cancer patient navigator program by helping patients with wigs and prosthetics, and providing support and guidance on their first day of radiation. SCVMC breast cancer patient navigators also provide education and support through participation in events for the South Bay community. The patient navigators offer ongoing support at the Meet the Pathologist presentations, and, in December, a navigator provided health education to 18 transgender community members at the San Diego Lesbian, Gay, Bisexual and Transgender (LGBT) Community Center in Hillcrest. Education covered transgender breast health, the importance of seeing a doctor and being honest with them about gender, as well as the importance of prostate screenings and prevention despite a change in gender.

In FY 2012, SCVMC executive leadership and others donated their time to community cancer organizations including the Komen Latina Advisory Council, the ACS and the Professional Oncology Network (PON), a local network of oncology professionals working together to improve psychosocial services, support and referrals for cancer patients and their families.

FY 2013 Plan

SCVMC will do the following:

- Continue to conduct comprehensive cancer health seminars with health screenings in English and Spanish
- Offer a bimonthly Meet the Pathologist lecture
- Offer cancer support groups for patients and their loved ones in Spanish
- Offer biweekly general cancer support groups for patients
- Offer biweekly caregiver support groups
- Offer prostate cancer support groups for patients at least monthly
- Provide a prostate screening and offer two seminars on prostate surgery treatment options using robotics and radiation oncology
- Provide a wig and prosthesis bank to cancer patients 4 to 5 days a week
- Provide bimonthly Look Good... Feel Better classes to cancer patients with support from SCVMC auxiliary members
- Offer aromatherapy and hand massage to cancer patients
- Continue to seek funding for the breast cancer patient navigator program and expand services to all cancers

Identified Community Need: Collaboration With Local Schools to Promote Interest in Health Care Careers and Provide Health Professions Training

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for RNs and other health care personnel in the U.S. will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate.
- According to the 2010 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego HHSA, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area.
- A 2010 report from the DOL shows that allied health professions represent about 60 percent of the American health care workforce, and projects severe shortages for many allied health care professionals.
- According to the San Diego Workforce Partnership 2011 *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds, as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real-world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real-world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objective

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore a vast array of health care professions

FY 2012 Report of Activities

Through affiliations with San Diego State University, Point Loma Nazarene University, University of San Diego, Azusa Pacific University, Southwestern College, Grossmont College and other colleges and universities, SCVMC provided training, leadership and facilities for 970 nursing and other health care students. Nursing programs ranged from associate degrees to Master of Science degrees in Nursing. In FY 2012, nursing students received more than 82,000 preceptor hours at SCVMC. SCVMC also hosted four first-year postgraduate pharmacy residents, 15 pharmacy students in Advanced Pharmacy Practice Experience (APPE) rotations, and five pharmacy tech students. In addition, SCVMC conducted interviews and provided an open house to 55 pharmacy residency candidates. In total SCVMC provided approximately 1,700 hours of supervision, lectures and support to pharmacy students. Additionally, SCVMC staff provided professional education lectures on pharmacy administration. SCVMC's ED staff provided supervision, mentorship and training to more than 45 students in FY 2012, devoting nearly 6,000 hours of support and training to students in the ED.

In addition, SCVMC participated in the Health Sciences High and Middle College (HSHMC) program in FY 2012, providing early professional development and promoting student interest in health care careers through hospital tours and job shadowing for 48 students. Students spent more than 250 hours in various hospital departments including pharmacy, ICU, telemetry, radiology/oncology, pathology, nursing, respiratory, laboratory, bloodless medicine, medical/surgical, catheterization laboratory, operating room, ED and patient financial services.

SCVMC continued to foster student interest in health care careers by providing five hospital tours for high school students from the Sweetwater Union High School District (SUHSD), with 15 to 20 students per tour. A hospital tour was also provided for approximately 20 students from the San Diego County Regional Occupational Program (ROP), which provides occupational training courses to prepare students and adults for college and a future career. In addition, SCVMC hosted 50 Japanese students, providing them with a hospital tour and lectures on emergency services.

FY 2013 Plan

SCVMC will do the following:

- Continue to provide intern and professional development opportunities to health profession students throughout SDC
- In collaboration with SUHSD, continue to promote student interest in health care careers by providing hospital tours

- Continue participation in the HSHMC program – providing tours, job shadowing, mentorship and additional department rotations for high school students

Identified Community Need: Access to Primary Care and Behavioral Health Services for Low-Income, Medically Uninsured and Underserved Patients

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Health care access and delivery were identified as the most important overarching health issues (when considering a total of four overarching health issues) in the 2010 CHNA.
- According to the 2010 CHNA, the unemployment rate was 11.4 percent for Chula Vista and 18.6 percent for National City, whereas the unemployment rate for SDC overall was 9.8 percent. Losing a job often means people also lose their health insurance.
- According to the 2010 CHNA, 27 percent of those 18 to 64 years of age in the County's south region are uninsured. Persons most likely to be uninsured in the south region include those at 100 to 199 percent of the Federal Poverty Level (43 percent) and those with less than a high school education (47 percent).
- According to the 2010 CHNA, in the County's south region for those 18 to 64 years of age, the most common sources of health insurance coverage include employment-based coverage (68 percent) and public programs (11 percent).
- According to the 2009 CHIS, 53 percent of adult respondents in the County's south region had a household income below 300 percent of the Federal Poverty Level, an increase of 10.2 percent from 2007.
- In the County's south region, 24 percent of adult respondents in the 2009 CHIS replied that they were not medically insured for all of the past year.
- SCVMC ED visits have increased over time at a rate of 5.5 percent over the three-year fiscal period FY 2006 to 2008.
- According to the 2010 CHNA, by the year 2020, the County's south region is projected to grow by 18 percent overall, including a 22 percent growth among Latinos and Asians, and a 51 percent growth among persons aged 65 years or older.
- California's hospital-based skilled-nursing facilities (SNFs) face proposed decreases in reimbursement to California's Medicaid program (Medi-Cal) to a level 10 percent below the rates they received in the 2008 to 2009 rate year. For most facilities, this represents a cut of approximately 23 percent from current rates (CHA Special Report, September 2011).

- Medi-Cal cuts will have a devastating impact on Medi-Cal beneficiaries whose access is already limited and who make up 77 percent of California hospital-based SNF patient days (CHA Special Report, September 2011).
- In a 2011 survey from the CHA of California's hospital case managers, 97 percent reported that they have difficulty finding beds in SNFs for Medi-Cal beneficiaries. Three-quarters of respondents reported that they encounter delays all or most of the time when attempting to transfer patients to SNFs, and 38 percent of these facilities reported average delays of more than seven days. These difficulties have increased in recent years; 94 percent of case managers stated that it has become much harder or somewhat harder to discharge Medi-Cal patients to freestanding SNFs over the past three years.
- At Sharp Chula Vista Medical Center, from January 1 through June 30, 2011, 1,114 of the 1,306 referrals made for SNF care for Medi-Cal beneficiaries were declined, a rejection rate greater than 85 percent. Reasons for declined referrals included no available beds, patients being ineligible, insufficient funding and care needs exceeding current capacity (CHA Special Report, September 2011).
- If current hospital-based SNFs close, long-term-care residents will either remain in acute-care beds or will need to be relocated. Many Medi-Cal beneficiaries will be transferred to SNFs that are significantly farther away, perhaps even out of state, causing additional burden on relatives and impacting care outcomes (CHA Special Report, September 2011).

Measurable Objectives

- Establish a medical home for the safety net patient population of the South Bay
- Provide assessment and early intervention of behavioral health issues for safety net patients presenting in the ED
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

FY 2012 Report of Activities

In FY 2012, SCVMC continued to provide specialized programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay that present in the SCVMC ED. The program increased access and timely referrals to primary care and behavioral health services and follow-up primary care services for safety net patients, as well as helped them to establish medical homes at community clinics. SCVMC's programming provided care and resources to support safety net patients that suffered from chronic conditions, so that they could better manage their pain, diseases and overall health care. SCVMC staff provided education regarding the appropriate use of the ED, and also facilitated access to transportation resources to community clinics. In addition, the program provided safety net patients with resources for affordable medications through low-cost generic prescriptions available at Costco

and Wal-Mart. The program provided additional pharmaceutical assistance via discount cards for select medications available through Sharp HealthCare's pharmacy assistance program and other resources. In FY 2012, 333 patients were referred to Chula Vista Family Health Center (CVFHC), which amounted to 15 percent of the underinsured and uninsured ED patients evaluated from November 2011 through April 2012. Of these referrals, 212 individuals scheduled appointments with the CVFHC. In addition, more than 1,000 patients were referred to other community clinics in the South Bay, and approximately 1,900 patients were referred to community clinics of their choice – not necessarily located within the South Bay. Transportation services were offered to all patients referred to CVFHC, and 170 patients accepted these transportation services in FY 2012.

SCVMC also provided comprehensive behavioral health services through both a grant-funded mental health professional and the SCVMC social services staff. Individuals who presented in the ED with severe mental illness received a psychiatric evaluation team (PET) assessment and were provided information and resources as needed. In FY 2012, nearly 2,000 behavioral health interventions were conducted through this program. Of these interventions 16 family conferences were conducted, as well as 164 psychosocial assessments, and 688 staff consultations. In addition, 48 patients were evaluated for substance abuse. Another 261 individuals received information and referral resources, and of these interventions, 90 individuals were suicidal and/or homicidal.

Though the program concluded in April 2012 due to lack of funding, it established a new protocol for community members to receive timely, appropriate referrals to facilities that quickly treat their health care needs. Since its inception two and a half years ago, the program referred 3,245 patients to the CVFHC, which amounted to an estimated 18 percent of the evaluated uninsured and underinsured ED patients during this time period (17,645). In addition, 44 percent of these patients had appointments scheduled within two days, and 32 percent kept their scheduled appointment. Of those patients that followed through on their appointments, 55 percent accepted transportation services offered by SCVMC. Finally, SCVMC provided comprehensive behavioral health services and follow up to more than 900 community members that participated in this program.

SCVMC's specialized programming established a higher standard of care delivery for nurses and doctors that handle exceptionally vulnerable patients. In addition, the project also contributed to readmission initiatives by helping to schedule appointments for patients at community clinics. Utilization of the ED as a source of primary care by such vulnerable populations has decreased dramatically due to the increased establishment of medical homes. This change not only improves access to and quality of care for these community members, but also continues to free up beds for urgent or emergent patients and decrease the overflow and congestion in the ED waiting area, thereby reducing wait times

for more urgent patients. As a result of the success of this program, it is being considered for implementation at other Sharp entities.

In addition, to assist economically disadvantaged individuals, in FY 2012 SCVMC provided more than \$26,000 in free medications, transportation and financial assistance through its Project HELP funds.

FY 2013 Plan

SCVMC will do the following:

- Expand services for safety net patients in the South Bay by having SCVMC hospitalists work with CVFHC to schedule community clinic appointments
- Continue to collaborate with local community clinics to provide referrals and establish appointments for low-income, underserved and uninsured individuals in the South Bay
- Continue to provide this population with opportunities for education on the proper use of the ED, as well as help them establish medical homes
- Continue to explore new funding opportunities for similar programs that assist safety net patients to establish a medical home
- Continue to administer Project HELP funds to those in need
- Explore collaboration with Multicultural Primary Care Medical Group and SynerMed to provide South Bay patients with systematic, patient-centered case management and social services to improve patient care and health outcomes, and reduce avoidable hospital ED visits and admissions
- With federal funding, expand the Care Transitions Intervention (CTI) program to all of Sharp HealthCare's acute care hospitals, and further expand the program to include community agencies and other local health care providers and hospitals

SCVMC Program and Service Highlights

- 24-hour emergency services with heliport – designated STEMI center
- Acute inpatient medical care
- Bariatric
- Birch Patrick Skilled Nursing Facility
- Bloodless Medicine and Surgery Center
- Breast health, including mammography
- Breast Center – certified by National Accreditation Program for Breast Centers (NAPBC)
- Cardiac catheterization laboratory
- Cardiac Intensive Care Unit
- Cardiac program, including open-heart surgery and cardiac rehabilitation
- Chest Pain Center, specializing in emergency treatment of chest pain
- Community Hospital Cancer Program – certified by American College of Surgeons
- CT scan
- Douglas and Nancy Barnhart Cancer Center – the largest comprehensive cancer center in the South Bay
- EKG
- EEG
- Endovascular care
- Home health¹
- Hospice²
- Image-guided radiation therapy (IGRT)
- Infusion therapy
- Intensity-modulated radiation therapy (IMRT)
- Interventional radiology
- Laboratory services
- MRI
- Medical Intensive Care Unit and Surgical Intensive Care Unit
- Neonatal Intensive Care Unit
- Nuclear medicine
- Orthopedics
- Outpatient diabetes services
- Outpatient Imaging Center
- Outpatient nutrition counseling
- Outpatient pharmacy
- Outpatient surgery center
- Pathology services
- Pharmacy residency program
- Physical, occupational and speech therapy
- Pulmonary care
- Stereotactic body radiation therapy (SBRT)
- Stereotactic radiosurgery

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

- Surgical services, including two dedicated open-heart surgical suites
- Ultrasound
- Van services
- Women's and infants' services



Promoting Health Education and Safety for Children

~ SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER ~

Each year, Sharp Coronado Hospital and Healthcare Center strives to be the center of healing for the communities it serves. At the hospital's annual Teddy Bear Clinic, children are encouraged to bring their favorite stuffed animal to the hospital for an examination. Medical staff register each "patient" and children follow along as their toy is passed through stations for medication, sutures, X-rays, splints and casts.

The mission of the clinic is to decrease fear of hospitals by promoting education and safety.

As team members explain each piece of equipment and demonstrate procedures, children are familiarized with the roles of doctors and nurses, becoming more comfortable with the environment and less anxious should they ever need medical attention.

Members of the Coronado police and fire departments also participate in the event and bring an ambulance, fire truck and police car on site to be explored by children and their families.

Commitment

Section

5 Sharp Coronado Hospital and Healthcare Center

Sharp Coronado Hospital and Healthcare Center (SCHHC) is located at 250 Prospect Place in Coronado, ZIP code 92118.

FY 2012 Community Benefits Program Highlights

SCHHC provided a total of **\$10,281,860** in community benefits in FY 2012. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SCHHC's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Coronado Hospital and Healthcare Center – FY 2012

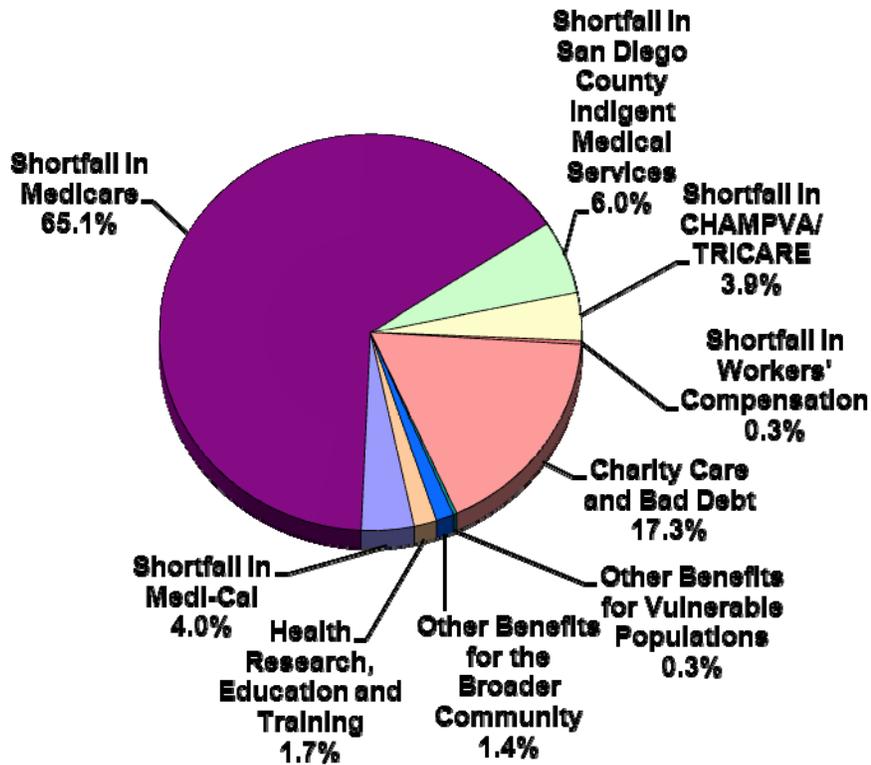
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$414,650
	Shortfall in Medicare ¹	6,693,288
	Shortfall in San Diego County Indigent Medical Services ¹	615,261
	Shortfall in CHAMPVA/TRICARE ¹	400,715
	Shortfall in Workers' Compensation	30,629
	Charity Care and Bad Debt ²	1,779,942
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	27,932
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	140,309
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	179,134
	TOTAL	\$10,281,860

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Coronado Hospital and Healthcare Center- FY 2012



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services, and unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE. In FY 2012, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 2011 through December 2013. This resulted in an increased reimbursement of \$8.6 million to SCHHC and an assessment of a quality assurance fee totaling \$2 million in FY 2012. The net impact of the program totaling \$6.6 million reduced the amount of unreimbursed medical care services for the Medi-Cal population at SCHHC. This reimbursement helped offset prior years' unreimbursed medical care services; however, the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year.
- Other Benefits for Vulnerable Populations** included Project HELP; Project CARE; patient transportation for patients to and from medical appointments;

contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; support of the Sharp Humanitarian Service Program; Meals-on-Wheels; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; flu vaccinations and health screenings for blood pressure, glucose, hearing, hand, foot, balance, and skin cancers; and SCHHC's collaboration with local schools to promote interest in health care careers. SCHHC also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees, and other civic organizations such as San Diego County HHS Aging and Independence Services (AIS); Coronado Chapter of Rotary International, San Diego Dietetic Association, Substance Abuse Free Environment (SAFE) Foundation, and San Diego Eye Bank. See **Appendix A** for a listing of Sharp community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.
- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; time devoted to health-related research projects that were generalizable and made available to the broader health care community; and financial support of the Sharp HealthCare Professional Education and Research Institute at San Diego State University (SDSU).

Definition of Community

The communities served by SCHHC include the City of Coronado, Downtown San Diego and Imperial Beach, an incorporated city. See **Appendix B** for a map of community and region boundaries in San Diego County (SDC).

Description of Community

Coronado is connected to central San Diego by a bridge to the east and an isthmus known as the Silver Strand to the south. There are three distinct neighborhoods in Coronado:

- The village or central area
- Coronado Shores, which includes a series of 10 high-rise condominium buildings that house a high percentage of seniors
- Coronado Cays, a marina community composed of retirees and professionals

In addition to these three communities, there are six military sites, with housing located both on- and off-base.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, SCHHC:

- Incorporates priority community health needs into its strategic plan and goal development
- Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Prepares and distributes a monthly report of community activities to its board of directors, describing community benefit programs and services provided, such as education and screening activities

Priority Community Needs Addressed in Community Benefits Report

The following identified community needs are addressed in the SCHHC Community Benefits Report:

- Health education and screening activities, with an emphasis on seniors
- Welfare of seniors and disabled people
- Professional education and health professions training

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities.

Identified Community Need: Health Education and Screening Activities

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The 2010 CHNA process recognized the following critical health-related behaviors for SDC residents (ranked in priority order): weight status; physical activity; substance abuse and tobacco use; injury and violence prevention; oral health; and immunization.
- The 2010 CHNA process also identified the most important health outcomes as (ranked in priority order): diabetes; heart disease and stroke; mental health and mental disorders; cancer; maternal, infant and child health/family planning; infectious disease; and respiratory diseases.
- Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management. Large differences were observed between individuals with private insurance and those with no insurance for measures related to: cancer screening; diabetes management; dental care; counseling about diet and exercise; and flu vaccination.
- According to Healthy People 2020, many cancers are preventable by reducing risk factors such as use of tobacco products, obesity, ultraviolet light exposure, physical inactivity and poor nutrition. Complex and interrelated factors also contribute to the risk of developing cancer. The most obvious factors are associated with a lack of health care coverage and low socioeconomic status (SES). In addition, screening is effective in identifying some types of cancers including breast cancer, cervical cancer and colorectal cancer.
- If no changes are made in risk behavior, based on current disease rates, it is projected that the total number of deaths for cancer will increase by 34 percent by the year 2020.
- If no changes are made in risk behavior, based on current disease rates, it is projected that the total number of deaths from heart disease and stroke will increase by 38 percent by the year 2020.
- In 2010, cancer was the leading cause of death in SDC, responsible for 25.1 percent of deaths. Heart disease was the second leading cause of death while cerebrovascular disease was the fifth leading cause of death in SDC in 2010.
- The most common risk factors associated with heart disease and stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

Measurable Objective

- Provide health education and screening activities for the community, with an emphasis on seniors

FY 2012 Report of Activities

In FY 2012, SCHHC actively supported the San Diego and Coronado communities through participation in the American Heart Association Heart Walk and the Coronado Fire Department Open House. Additionally, SCHHC provided nearly 80 community members with health screenings for skin cancer, hearing, fall prevention and conditions of the hands and feet at six screening events. SCHHC also provided body mass index (BMI) and blood pressure screenings to more than 100 Hotel Del Coronado staff members at the hotel's Health Fair. In addition, SCHHC offered balance screenings and chair massages to community members at Sharp's annual Speaking of Women's Health Conference.

Throughout FY 2012, a variety of lectures featuring physicians, nurses, specialists and end-of-life professionals were offered to nearly 200 community members at the Sandermann Education Center at SCHHC. Lecture topics included understanding Medicare, liver health, treating chronic knee and hip pain, promoting wellness with acupuncture, health care planning and management, understanding Alzheimer's disease, the warning signs of dementia and fall prevention. In addition, approximately 600 community members received the hospital's community calendar which publicized various community health events, as well as their monthly email newsletter that announced upcoming health education lectures and screenings, and shared health articles and recipes. In addition, SCHHC offered valet service to attendees at selected community events in FY 2012.

In October 2011, Sharp HospiceCare collaborated with SCHHC to provide the Aging: Planning and Coping Conference at the SCHHC Sandermann Education Center. During the free conference, more than 30 community members received educational presentations from Sharp physicians and end-of-life professionals, including: Health Care Planning: The Importance of Making Your Wishes Known; A Quick Glance at Medicare; Coping with Stress: Understanding Psychological Challenges of Aging; and Geriatric Frailty Syndrome: Understanding the Physiology of the Aging Process.

FY 2013 Plan

SCHHC will do the following:

- Participate in community events to provide free health information and screenings for community members
- Provide education for older adults on a variety of health topics

- Host ongoing physician lectures for older adults

Identified Community Need: Welfare of Seniors, the Disabled and Disadvantaged People

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Seniors in SDC use the 911 system at higher rates than any other age group. In 2007, 58,060 calls were made to 911 for seniors aged 65 years and older needing prehospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors. The rate increased with age to one out of three seniors aged 85 years and older, and was higher for females than for males.
- Project CARE is a cooperative safety net designed to ensure the well-being and independence of older persons and persons with disabilities in the community. Through its component services, Project CARE helps people live independently in their homes. The City of Coronado autonomously administers a Project CARE site located at SCHHC, to meet the unique needs of the city's large senior population.
- Meals-on-Wheels Greater San Diego programs provide nutritious meals and other nutrition services to men and women who are elderly, homebound, disabled, frail or at risk. These services significantly improve the quality of life and health of the individuals they serve and help promote independence for as long as possible.

Measurable Objectives

- Collaborate with the community and HHSA to coordinate a network (Project CARE) to enable seniors and disabled people to increase their independence and reduce their social isolation
- Assist economically disadvantaged individuals through meal delivery, transportation and pharmaceutical assistance

FY 2012 Report of Activities

In FY 2012, SCHHC continued its implementation of Project CARE in collaboration with the City of Coronado and San Diego County HHSA Aging and Independence Services (AIS). Focusing on seniors and disabled persons in Coronado, SCHHC maintained, operated and monitored Project CARE from the hospital coordination site. Are You OK? phone calls and any necessary follow-up activities were conducted seven days a week from the hospital to approximately 15 individuals enrolled in the program. Are You OK? participants select regularly scheduled times to receive computerized phone calls at their home. In the event

that staff members do not connect with participants through these phone calls, the participants' friends or neighbors are contacted to ensure their safety. In total, Project CARE made more than 3,000 phone calls to its members in FY 2012. Additionally, SCHHC promoted the availability of the program within the community and attended meetings of Project CARE coordinators held by AIS.

In addition, SCHHC ensured the delivery of hot lunch and boxed dinner meals to seniors and others in their homes through a Meals-on-Wheels program, delivering more than 3,100 meals in FY 2012.

To assist economically disadvantaged individuals, SCHHC provided nearly \$4,100 in free medications and transportation through its Project HELP funds. In addition, SCHHC partnered with Family Health Centers of San Diego (FHCS) to provide clothing, toys and other items to the FHCS Mom and Baby program.

FY 2013 Plan

SCHHC will do the following:

- With the assistance of volunteers, continue to coordinate the delivery of hot lunches and boxed dinners to seniors and others in their homes through a Meals-on-Wheels Greater San Diego program
- Administer Project HELP funds to those in need
- Continue partnership with FHCS to support the Mom and Baby program

Identified Community Need: Professional Education and Development

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for registered nurses and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate. According to the CHA, SDC will face a significant shortage of RNs over the next 20 years. Currently, there is an estimated shortage of more than 2,000 nurses in SDC.
- The DOL reports that allied health professions represent about 60 percent of the American health care work force and projects severe shortages of many allied health care professionals. Areas of particular need include technicians in respiratory therapy, radiology and clinical laboratory (DOL, 2010).

- According to the San Diego Workforce Partnership 2011 *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times* report, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health information technicians, radiologic technologists and technicians, pharmacists, and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions
- Provide training for local, national and international health care professionals

FY 2012 Report of Activities

In FY 2012, SCHHC staff supervised and trained nearly 350 nursing students and nearly 140 ancillary students, including 12 respiratory therapist (RT) students and 24 pharmacy students. Students from a variety of schools, including programs at Concorde Career Colleges, National University, San Diego City College, Azusa Pacific University, California State University-San Marcos, San Diego Mesa College, California College San Diego, Kaplan College, Southwestern College, University of California San Diego, and Point Loma Nazarene University completed internships at SCHHC.

In FY 2012, SCHHC participated in the Health Sciences High and Middle College (HSHMC) program to provide professional development for students at the 10th grade level. During a 16-week period, 20 students spent an estimated 875 hours at SCHHC. They shadowed staff in the following departments: physical therapy, long-term care, engineering, bio-med, lab, radiology, dietary, patient access services, medical records, information management, clinical nutrition, respiratory care, discharge planning and social services, wound care service, and human

resources. Students also had the opportunity to spend time with staff in the SCHHC Motion Center, which offers acupuncture, massage therapy and personal training services to patients and community members. Throughout the program, students received instruction on career ladder development and education, and job requirements for a career in health care. Students also had the unique opportunity to learn about the Planetree philosophy of patient-centered care at SCHHC.

With funding from a state health science grant, SCHHC and Coronado High School partnered to provide a unique health care learning experience for 18 students in the school's sports medicine internship program. Through the program, students visited the hospital every Thursday for approximately three hours and rotated through various hospital departments including physical therapy, pathology, radiology and nutrition. Observation of real world health care scenarios, including patient emergencies, hospital operations and provider communication, helped students enhance their classroom learning and explore potential careers in the health care field.

In FY 2012, SCHHC provided education and training to local and national health care professionals. In March and September, Advanced Cardiac Life Support (ACLS) certification instruction was offered, and throughout FY 2012, hospital tours were provided to nearly 100 health care professionals from organizations including Starizon, Palmetto Health, Veterinary Specialty Hospital San Diego, White Memorial Medical Center, Samueli Institute and VA Nebraska-Western Iowa Health Care System. Through these tours, organizations learned about the Planetree philosophy of patient-centered care at SCHHC. In addition, SCHHC leadership presented the Planetree philosophy of patient-centered care to health care professionals at the HealthLeaders Media Summit and to providers from the Hoag Health Network.

In FY 2012, SCHHC held Transforming Joint Replacement, a one-day educational workshop for clinical and administrative leaders interested in implementing best practices in orthopedics and patient-centered care in their own facilities. During the workshop, SCHHC team members provided presentations on achieving clinical excellence and positive patient outcomes. Attendees also received a tour of the hospital where they observed the special touches that SCHHC provides to enhance the patient experience, including healing gardens, the relaxing smell of scented oils and the comforting scent of freshly baked cookies.

SCHHC leaders and other staff also devoted their time to several community organizations, including the Coronado Rotary, Coronado Senior Center, Emergency Medical Care Committee, Nurses Advisory Board to the San Diego Eye Bank and the San Diego Stroke Consortium.

FY 2013 Plan

- Continue to collaborate with colleges and universities in the San Diego community on internships, externships and other opportunities for students
- Continue to participate in the HSHMC program by offering learning experiences for approximately 50 students
- Continue to collaborate with Coronado High School by offering learning experiences for 18 students in grades 10, 11 and 12
- Continue to provide education and training for local and national health care professionals

SCHHC Program and Service Highlights

- 24-hour emergency services
- Acute care
- Mammography
- Complementary care services, including acupuncture, clinical aromatherapy, Healing Touch and massage
- CT Scan
- EEG
- EKG
- Endoscopy
- Home health¹
- Hospice²
- Inpatient hospice unit
- Intensive Care Unit
- Laboratory services
- Liver care
- MRI
- Motion Center, providing therapy and fitness programs
- Orthopedic surgery, including total joint replacement
- Outpatient nutrition counseling
- Pathology services
- Pharmacy
- Primary care
- Senior services
- Sub-acute services
- Support groups, including family and bereavement
- Surgical services
- Ultrasound
- Villa Coronado Skilled Nursing Facility
- Wound Care Clinic

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare



Helping San Diegans Breathe Easier

~ SHARP GROSSMONT HOSPITAL ~

For San Diegans living with chronic lung disease, each breath can be a struggle.

In collaboration with the American Lung Association, Sharp Grossmont Hospital hosts a free monthly support group to assist individuals with pulmonary conditions such as asthma, chronic obstructive pulmonary disease and lung cancer. The group, called the Better Breathers Club, helps community members manage their

illnesses by educating them about how and when to use their medications and therapy devices, as well as when their symptoms would require immediate medical attention. Attendees also benefit from the support of individuals who have experienced similar struggles. Community members often seek this guidance immediately after a visit with their medical provider.

{ *Commitment* }

6 Sharp Grossmont Hospital

- Sharp Grossmont Hospital (SGH) is located at 5555 Grossmont Center Drive in La Mesa, ZIP code 91942.
- Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.

FY 2012 Community Benefits Program Highlights

SGH provided a total of **\$108,907,011** in community benefits in FY 2012. See **Table 1** for a summary of unreimbursed costs based on the categories identified in SB 697, and **Figure 1** for the distribution of SGH's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Grossmont Hospital – FY 2012

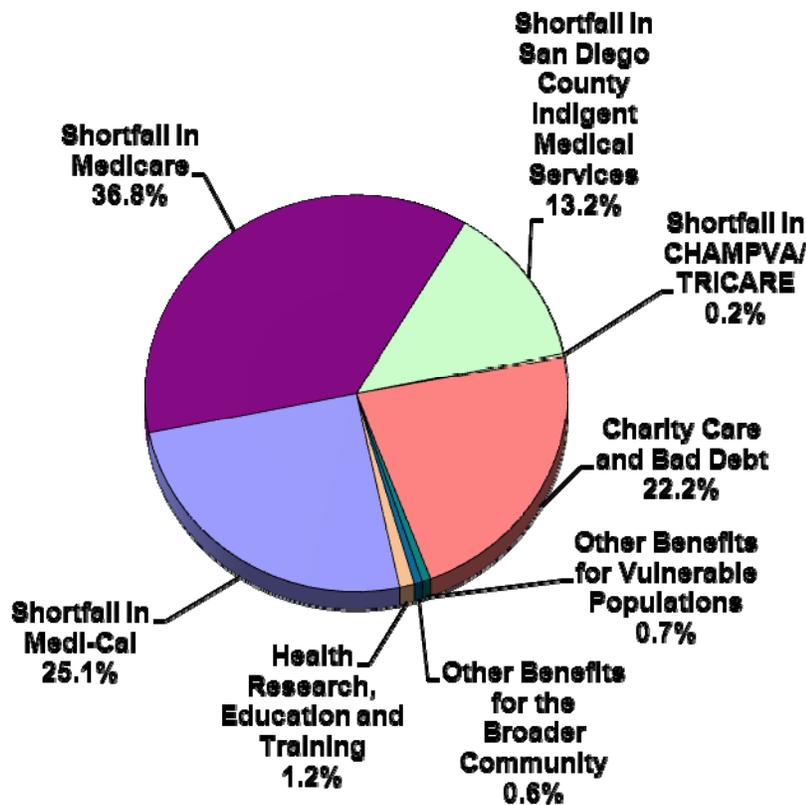
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$27,371,553
	Shortfall in Medicare ¹	40,069,351
	Shortfall in San Diego County Indigent Medical Services ¹	14,396,722
	Shortfall in CHAMPVA/TRICARE ¹	250,215
	Charity Care and Bad Debt ²	24,165,391
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	729,968
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	682,222
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,241,589
	TOTAL	\$108,907,011

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Grossmont Hospital – FY 2012



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; the unreimbursed costs of public programs such as Medi-Cal, Medicare, and San Diego County Indigent Medical Services; and financial support for onsite workers to process Medi-Cal eligibility forms. In FY 2012, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 2011 through December 2013. This resulted in an increased reimbursement of \$51.4 million to SGH and an assessment of a quality assurance fee totaling \$36.3 million in FY 2012. The net impact of the program totaling \$15.1 million reduced the amount of unreimbursed medical care services for the Medi-Cal population at SGH. This reimbursement helped offset prior years' unreimbursed medical care services; however the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year.
- Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits;

Project HELP; Project CARE; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; Meals-on-Wheels Greater San Diego; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events and health screenings for stroke, blood pressure, glucose, balance/fall prevention, depression, lung function, peripheral artery disease, vascular disease, carotid artery disease, and diseases or disorders of the hands, such as arthritis and tendonitis; flu vaccination clinics for heart disease patients and high-risk adults; and the Breast Cancer Patient Navigator Program. The hospital's Senior Resource Center offered flu vaccinations and specialized education and information. SGH staff collaborated with local schools to promote interest in health care careers. SGH also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees, and civic organizations, such as Aging and Independence Services (AIS), La Mesa Park and Recreation Foundation, East County Chamber of Commerce, Neighborhood Healthcare Community Clinics, Santee Chamber of Commerce, Salvation Army Kroc Center Board, Meals-on-Wheels Greater San Diego Advisory Board, San Diego Nutrition Council, San Diego County Social Services Advisory Board, YMCA, San Diego Caregiver Coalition and the East County Senior Service Providers. See **Appendix A** for a listing of Sharp community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.
- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; time devoted to health-related research projects that were generalizable and made available to the broader health care community; and financial support of the Sharp HealthCare Professional Education and Research Institute at San Diego State University (SDSU).

Definition of Community

The community served by SGH includes the entire east region of San Diego County (SDC), including the sub-regional areas of Jamul, Spring Valley, Lemon Grove, La Mesa, El Cajon, Santee, Lakeside, Harbison Canyon, Crest, Alpine, Laguna-Pine Valley and Mountain Empire. Approximately five percent of the population lives in remote or rural areas of this region. See **Appendix B** for a map of community and region boundaries in SDC.

Description of Community Health

In the County's east region in 2009, 96 percent of children ages 0 to 11, 96.2 percent of children ages 12 to 17 and 86.6 percent of adults ages 18 and older had health insurance – failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in San Diego County's East Region, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	96.0%	100%
Children 12 to 17 Years	96.2%	100%
Adults 18 + Years	86.6%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	97.7%	100%
Children 12 to 17 Years	93.7%	100%
Adults 18 + Years	89.7%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	15.7%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 years) 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

¹ The U.S. Department of Health and Human Services' (DHHS) HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury, and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development and healthy behaviors across all life stages.

Heart disease and cancer were the top two leading causes of death in the County's east region. See **Table 4** for a summary of leading causes of death in the east region.

Table 4: Leading Causes of Death in San Diego County's East Region 2010

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	883	25.2%
Diseases of heart	818	23.4
Chronic lower respiratory diseases	196	5.6
Alzheimer's disease	186	5.3
Cerebrovascular diseases	179	5.1
Accidents (unintentional injuries)	170	4.9
Diabetes mellitus	132	3.8
Essential (primary) hypertension and hypertensive renal disease	83	2.4
Intentional self-harm (suicide)	61	1.7
Chronic liver disease and cirrhosis	58	1.7
Influenza and pneumonia	47	1.3
Parkinson's disease	34	1.0
Nephritis, nephritic syndrome and nephrosis	27	0.8
Viral hepatitis	26	0.7
Septicemia	24	0.7
All other causes	577	16.5
Total Deaths	3,501	100.0%

Source: County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, SGH:

- Incorporates community priorities and community input into its strategic plan and develops service line-specific goals
- Estimates an annual budget for community programs and services based on community needs, the prior year's experience and current funding levels
- Prepares and distributes a monthly report of community activities to its board of directors, describing community benefits provided such as education, screenings and flu vaccinations

- Prepares and distributes information on community benefits programs and services through its foundation and community newsletters
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Report

SGH's Community Benefits Report addresses the following identified community needs:

- Outreach for flu vaccinations
- Health education and screening for seniors
- Diabetes education and screening
- Cancer education and participation in clinical trials
- Stroke education and screening
- Heart and vascular disease education and screening
- Orthopedic and osteoporosis education and screening
- Women's and prenatal health services and education
- Prevention of unintentional injuries
- Special support services for hospice patients, their loved ones and the community
- Collaboration with local schools to promote interest in health care careers
- Support during the transition of care for high-risk, underserved and underfunded patients

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities.

Identified Community Need: Outreach for Flu Vaccinations

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified keeping immunizations current as the seventh most important health-related behavior overall in the 2010 CHNA.
- Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management. Large differences were observed between individuals with private insurance and those with no insurance for measures related to: cancer screening; diabetes management; dental care; counseling about diet and exercise; and flu vaccination.
- Pneumonia and influenza ranked as the ninth leading cause of death in SDC.
- In 2010, there were 47 deaths due to pneumonia and influenza in the County's east region. The region's age-adjusted death rate due to pneumonia and influenza was 9.1 per 100,000 population.
- In SDC, an estimated 72 percent of seniors 65 years and older were vaccinated for influenza in 2007, failing to meet the HP 2020 target of at least 90 percent of adults 65 years and older vaccinated annually for influenza.
- The CDC recommends annual vaccination against influenza for the following: people aged 50 years and older; adults and children with a chronic health condition; children aged 6 months up to their 19th birthday; pregnant women; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than 5 years of age.
- Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers.

Measurable Objectives

- In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community
- Provide information at the seasonal flu clinics about other Senior Resource Center programs and other health education materials

FY 2012 Report of Activities

SGH's Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, collaborative outreach conducted by the flu clinic site and newspaper notices.

The SGH Senior Resource Center provided more than 875 seasonal flu vaccinations at 16 community sites to high-risk adults with limited access to health care resources, including seniors with limited resources for transportation and those with chronic illnesses. Sites included senior centers, community centers, churches, senior housing complexes, food banks and hospital departments. At these community sites, SGH provided activity calendars for the Senior Resource Center detailing upcoming community events, including blood pressure clinics, community senior programs and Project CARE. At the food banks, the SGH Senior Resource Center provided vaccines not only to seniors, but also to high-risk community members, many of whom were either uninsured or underinsured, or had limited access to transportation.

FY 2013 Plan

The SGH Senior Resource Center will conduct the following:

- Provide seasonal flu vaccinations at 16 community sites for seniors with limited mobility and access to transportation, as well as high-risk adults, including low-income, minority and refugee populations
- Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of seasonal flu vaccines to high-risk individuals in select community settings
- Direct seniors and other chronically ill adults to available seasonal flu clinics, including physicians' offices, pharmacies and public health centers
- Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults
- Continue to provide seasonal flu immunizations at food bank sites across SDC
- Publicize flu clinics through media and community partners

Identified Community Need: Health Education and Screening for Seniors

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke, cancer, diabetes, arthritis, overweight and obesity, and chronic respiratory disease as the top six health issues facing seniors age 65 years and older in the 2010 CHNA.
- In 2010, the leading causes of death among senior adults age 65 years and older in SDC were heart disease; cancer; Alzheimer's disease; stroke; chronic lower respiratory diseases; diabetes; influenza and pneumonia; unintentional injuries; hypertension and hypertensive renal disease; chronic liver disease and cirrhosis; and Parkinson's disease.

- In 2007, there were 83,906 visits by seniors aged 65 years and older that were treated and discharged from a SDC Emergency Department (ED) (23,883 per 100,000), or one out of every four senior residents of SDC. The rate of ED discharge increased with age and was higher among females than males. Black and Hispanic seniors had the highest rates of ED discharge, and rates were highest among residents of the County's central and east regions.
- In 2009, rates of hospitalization among senior adults age 65 years and older in SDC were higher than the general population due to: coronary heart disease, stroke, diabetes, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), arthritis and dorsopathy (diseases of the spine).
- In 2008, the top causes of ED utilization among persons age 65 years and older were falls, arthritis, chronic lower respiratory diseases, diabetes and stroke.
- Older adults utilize more ambulatory care, hospital services, nursing home services and home health services than young people.
- Seniors in SDC use the 911 system at higher rates than any other age group. In 2007, 58,060 calls were made to 911 for seniors aged 65 years and older in need of pre-hospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors. The rate increased with age to one out of three seniors aged 85 years and older, and was higher for females than for males.
- There are an estimated 4 million family caregivers in California today, according to the California Caregiver Resource Center (CRC). Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility or in a nursing home, one of the keys to their care is family caregiving – defined as those family members and informal care providers who assist with the care of disabled elderly relatives. Reaching out to families and community members who care for older adults helps to maintain the health of older adults as well as their caregivers.
- Project CARE is a cooperative safety net designed to ensure the well-being and independence of older persons and persons with disabilities in the community. Through its component services, Project CARE helps people live independently in their homes. The County's east region autonomously administers a local Project CARE site, located at SGH's Senior Resource Center, to meet the unique needs of the community's seniors.

Measurable Objectives

- Host a variety of senior health education and screening programs
- Produce activity calendars four times a year
- Act as lead agency for East County Project CARE

FY 2012 Report of Activities

In FY 2012, the SGH Senior Resource Center provided more than 50 free health education programs to nearly 1,400 community members. In addition, the SGH Senior Resource Center provided 14 health screening events, serving more than 630 members of the senior community. Health education topics included hearing, stroke, arthritis, the power of touch, cardiovascular disease, osteoporosis, fitness, diabetes, senior services, patient-provider communication, Project CARE, Vials of Life, Advance Directives for Health Care, financial issues, memory loss, back health, caregiver resources, end-of-life issues, Medicare, depression, chronic pain management, sleep disorders and maintaining a healthy voice. Educational programs were offered at the hospital campus, the Grossmont Healthcare District Conference Center and in various communities in East County. The hospital offered free monthly blood pressure screenings at community sites, along with four balance/fall prevention screenings, and five hand screenings (arthritis, tendonitis, etc.). The hospital also offered health screenings for depression, lung function, diabetes, carotid artery disease and stroke. From these screenings, 65 attendees were referred to physicians for follow-up.

The SGH Senior Resource Center also provided a series of physician lectures in FY 2012, covering topics such as arthritis, stroke, chronic pain management and hearing loss. In total, more than 175 community members attended these lectures. Calendars highlighting SGH's Senior Resource Center activities were mailed four times a year to more than 7,650 households.

The SGH Senior Resource Center distributed nearly 140 Advance Directives for Health Care, and more than 3,200 Vials of Life, which provide important medical information to emergency personnel for seniors and disabled people living in their homes.

Project CARE is a community program that includes the County of San Diego's Aging and Independence Services (AIS), Jewish Family Services, SDG&E, local senior centers, sheriff and police, and many others. Through this program, the SGH Senior Resource Center provided daily Are You OK? phone calls to approximately 40 East County seniors who live alone each day. Are You OK? program participants select regularly scheduled times to receive computerized phone calls at their home. In the event that staff members do not connect with participants through these phone calls, the participants' friends or neighbors are contacted to ensure the participants' safety. In FY 2012, a total of 10,414 phone calls were placed to seniors or disabled individuals, and 122 follow-up phone calls were placed to their friends or neighbors.

In collaboration with the San Diego Caregiver Coalition, the SGH Senior Resource Center provided Caregiver Conferences at the La Mesa Community Center, Point Loma Community Presbyterian Church, and College Avenue

Baptist Church for nearly 400 family caregivers, and provided education on emotional issues, physical aspects of care giving and community resources. The SGH Senior Resource Center also coordinated an end-of-life conference with Sharp HospiceCare entitled Aging, Planning and Communicating. The conference provided information on how to plan future health care needs and understand available resources to more than 100 community members. The conference also featured experts in the field of aging and health care to assist seniors to more effectively navigate their golden years. The Senior Resource Center also participated in health fairs in El Cajon, Rancho San Diego, Lakeside, Santee, La Mesa, the College Area, and San Diego. In addition, the SGH Senior Resource Center participated in the Sharp HospiceCare Resource and Education Expo at the College Avenue Baptist Church, serving 250 community members. The SGH Senior Resource Center provided blood pressure screenings at the event, as well as educational resources on senior and caregiver services. Through a presence at these community venues, the SGH Senior Resource Center provided education and resources to a total of nearly 1,375 community members.

In FY 2012, the Senior Resource Center maintained active relationships with organizations serving seniors, enhancing networking among East County professionals and providing quality programming for seniors. These organizations included AIS (Project CARE and the San Diego Caregiver Coalition), East County Senior Service Providers, Meals-on-Wheels Greater San Diego, and the Caregiver Education Committee.

FY 2013 Plan

SGH's Senior Resource Center will do the following:

- Provide resources at the Senior Resource Center to address relevant concerns of seniors, including health information and community resources through educational programs, monthly blood pressure clinics, and four to eight types of health screenings annually
- Utilize Sharp experts and community partners to provide approximately 30 seminars per year that focus on issues of concern to seniors
- Participate in six community health fairs and special events targeting seniors
- Collaborate with Rancho San Diego YMCA, AIS and East County Action Network on a healthy living for seniors conference
- Coordinate two conferences – one dedicated to family caregiver issues in collaboration with San Diego Caregiver Coalition and one focused on chronic care management in collaboration with Sharp HospiceCare
- Maintain daily contact through phone calls with individuals (many are home bound) in rural and suburban settings who are at risk for injury or illness, and continue supporting Project CARE services for the East County community
- Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers

- Provide 2,000 Vials of Life to seniors
- In collaboration with Sharp HospiceCare, present an Advanced Directives and Health Care Decisions program to inform seniors about advance directives and other necessary documents available to communicate their end-of-life wishes

Identified Community Need: Diabetes Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- In 2010, there were 132 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 26.6 per 100,000 population, the highest of all regions and higher than the SDC age-adjusted rate of 19.1 deaths per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- In 2009, there were 822 hospitalizations due to diabetes in the County's east region. The rate of hospitalizations for diabetes was 174.6 per 100,000 population. The hospitalization rate in the region was higher than the County average of 127.0 diabetes hospitalizations per 100,000 population.
- In 2009, there were 709 diabetes-related ED visits in the County's east region. The rate of visits was 150.6 per 100,000 population. The diabetes-related ED visit rate in the region was higher than the County average of 133.0 per 100,000 population.
- 4.5 percent of adults in the County's east region participating in the 2009 CHIS indicated that they were ever diagnosed with diabetes. The rate was one of the lowest among SDC's regions and lower than the County rate of 7.8 percent of adults.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's HHS, the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)

Measurable Objective

- Provide diabetes education and screening in the east region of SDC

FY 2012 Report of Activities

The SGH Diabetes Education Program is recognized by the American Diabetes Association (ADA) and meets national standards for excellence and quality in diabetes education.

In FY 2012, the SGH Diabetes Education Program conducted two community educational lectures and five blood glucose screening events at hospital and off-site locations, reaching approximately 380 community members. The SGH Diabetes Education team screened nearly 250 community members during these events. As a result of the screenings, 44 individuals were identified with elevated blood glucose levels and provided with follow-up resources. Screening events were located throughout San Diego's East County, including the Grossmont Healthcare District Library, the Sharp Senior Resource Center at SGH, Mt. Miguel Covenant Village, the 13th Annual Senior Health Fair at the Santee Trolley Square, and the Grossmont Center Health Fair. SGH's Diabetes Education Program conducted community lectures on diabetes at libraries, community centers, educational institutions, national conferences and other hospitals. Screenings and educational events were developed with input from the Diabetes Behavioral Institute. The SGH Diabetes Education Program also continued to support the ADA's Step Out: Walk to Stop Diabetes held in October at Mission Bay through fundraising and team participation.

In addition, the SRS Diabetes Education Program conducted a screening event at the student health fair at Cuyamaca College, providing education to and screening more than 50 community members. As a result of these screenings, four individuals were identified with elevated blood glucose levels and received follow-up resources.

SGH's Diabetes Education Program conducted educational seminars for health care professionals on the management of diabetes in hospitalized patients and outpatients as well as other topics, including prevention of diabetic heart disease, diabetes and renal failure. In addition, the SGH Diabetes Education team delivered a talk on nutrition to a dialysis support group in El Centro, providing education and resources to approximately 16 community members in the group.

In FY 2012, the SGH Diabetes Education Program continued to provide targeted outreach to the newly immigrated Iraqi Chaldean population in San Diego. The program facilitated translation, as well as provided materials and resources to better understand the cultural needs of this newly immigrated population. The resources provided included an information binder on topics, such as: How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type II Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; and All About Physical Activity With Diabetes. Handouts were provided in Arabic as well as Somali, Tagalog, Vietnamese and Spanish for

additional populations. Education was also provided to staff members regarding the different cultural needs of these communities.

FY 2013 Plan

The SGH Diabetes Education Program will do the following:

- Coordinate and implement blood glucose screenings at community and hospital sites in the County's east region
- Conduct educational lectures at various community venues
- Continue to support ADA's Step Out: Walk to Stop Diabetes
- Continue to collaborate with the Diabetes Behavioral Institute to host community lectures that will assist diabetes patients and their loved ones
- Conduct educational symposiums for health care professionals
- Continue to provide resources for culturally competent diabetes education and/or outreach to newly immigrated populations
- Keep current on resources to give to the community for support of diabetes treatment and prevention
- Foster relationships with community clinics to provide education and resources to community members
- Develop partnerships with YMCAs in East County to provide screenings, education, and resources to community members

Identified Community Need: Cancer Education and Participation in Clinical Trials

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified cancer as the fourth most important health outcome overall (when considering a total of seven health outcomes).
- In 2010, cancer was the leading cause of death in the County's east region, responsible for 25.2 percent of deaths.
- In 2010, there were 883 deaths due to cancer (all sites) in the County's east region. The region's age-adjusted death rate due to cancer was 180.4 deaths per 100,000 population, higher than the SDC age-adjusted rate of 149.5 deaths per 100,000 population, and higher than the HP 2020 target of 160.6 deaths per 100,000.
- In 2007, 23 percent of all cancer deaths in the County's east region were due to lung cancer, 10 percent to colorectal cancer, 7 percent to female breast cancer, 6 percent to prostate cancer, and less than 1 percent to cervical cancer.
- Research for the 2010 CHNA recognized the importance of various types of preventative health screenings, including cancer, in preventing disease.

- Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management. Large differences were observed between individuals with private insurance and those with no insurance for measures related to: cancer screening; diabetes management; dental care; counseling about diet and exercise; and flu vaccination.
- According to a 2012 report from the California Cancer Registry, breast cancer is the most common cancer among women in California, with an estimated 292,400 existing cases (42 percent of all cancers).
- According to the 2009 Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, San Diego had the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of the State (151.82 per 100,000).
- Cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. According to findings presented in the 2007 CHNA, cancer survivors identified several significant burdens, including poorer health, spending more days in bed, increased need for help with activities of daily living and decreased likelihood of employment.
- Behavioral and social risk factors associated with cancer deaths include overweight/obesity, poor nutrition, lack of physical activity, and lack of appropriate medical care often due to health disparities, according to research for the 2010 CHNA.
- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors. The most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication, and education and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.
- Breast Cancer Patient Navigator Programs address barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.

Measurable Objectives

- Provide cancer education and support services to the community
- Participate in cancer clinical trials, including screening and enrolling patients

FY 2012 Report of Activities

Note: The SGH Cancer Center is accredited by the National Accreditation Program for Breast Centers (NAPBC). The NAPBC grants accreditation to only those centers that voluntarily commit to providing the best possible care to patients with diseases of the breast. The SGH Cancer Center is also accredited by the American College of Surgeons Commission on Cancer Program (CoC). CoC accreditation standards promote comprehensive cancer services, including consultation among surgeons, medical and radiation oncologists, diagnostic radiologists, pathologists, and other cancer specialists, resulting in improved patient care. As part of its journey in comprehensive cancer care, the SGH Cancer Center recently added nutritional and genetic counseling to its services.

In FY 2012, SGH Cancer Center participated in a variety of community cancer educational events. These events served more than 800 community members, and included the East County Senior Service Provider Health Event; the It's How We Live Festival; the East County Senior Health Fair at Santee Trolley Station; Learn and Live Events for Breast, Colon and Prostate Cancer; the Summer Healthcare Saturday event at Grossmont Center; Sharp HospiceCare Resource and Education Expo; Sharp's Speaking of Women's Health Conference; the CMF Women's Association Poker Run for Cancer and the Brighton Power of Pink 2012 Making Strides charity event held in Parkway Plaza. SGH Cancer Center staff also supported the American Cancer Society (ACS) Making Strides Against Breast Cancer Walk and the Susan G. Komen Race for the Cure® in Balboa Park. At the Race for the Cure event, the SGH Cancer Center also provided educational materials on breast cancer at the resource booth. In addition, SGH Cancer Center staff served as health and science project judges for 40 junior high and high school student projects at the San Diego Science Fair held in Balboa Park.

Throughout FY 2012, SGH provided educational sessions to community members whose lives are impacted by cancer through its Learn and Live Events for Breast, Colon and Prostate Cancer. In October, the Live and Learn Breast Cancer seminar provided nearly 50 women in the community with education and resources on topics such as preventative measures, detection and diagnosis, radiation therapy and breast reconstruction. The seminar included physician speakers and also featured a breast cancer survivor who shared her story with seminar attendees. SGH also provided three Live and Learn Prostate Cancer educational seminars to approximately 65 community members during FY 2012. The sessions covered critical issues around prostate cancer, including treatment options with radiation.

The SGH Cancer Center continued to offer support programs for cancer patients in FY 2012, including biweekly breast cancer support group meetings. These meetings were held at no cost to participants, with an average attendance of 12 to 15 community members. In addition, the Look Good...Feel Better program –

offered through the ACS – provided five classes throughout FY 2012 to approximately 35 women in the community. The program boosts women's self-confidence by teaching them how to cope with skin changes and hair loss using cosmetic and skin care products, wigs, scarves and other accessories.

In FY 2012, SGH continued its Breast Health Navigator Program, where an RN certified in breast health personally assists breast cancer patients in their navigation of the health care system. The Breast Health Navigator offers support, guidance, financial assistance referrals, and connection to community resources. Through collaboration with community clinics – including Family Health Centers, Neighborhood Healthcare, and La Maestra Family Clinics – the Breast Health Navigator refers unfunded or underfunded women to local community clinics for a covered mammogram diagnostic work-up or immediate Medi-Cal insurance should their biopsy prove positive and require treatment. The Breast Health Navigator also plays an active role in community education, providing presentations and educational resources about breast cancer, mammography guidelines, and early detection, at no charge to the San Diego community. During pre-lecture educational booths during the Live and Learn Event for Breast Cancer, the Navigator provided breast lump models, demonstrated breast self-exam techniques and answered questions regarding breast health among community attendees. In addition, the Breast Health Navigator facilitated access to care for approximately 180 breast cancer patients in need – many with late-stage cancer diagnoses – through the provision of referrals to various community and national organizations for gas money and gas card assistance.

In FY 2012, SGH Cancer Center screened approximately 120 patients for participation in cancer clinical trials. As a result, seven new patients were enrolled in cancer research studies, while 59 patients continued to receive follow up care through the studies. In addition, the SGH Cancer Center trained eight X-ray students from Pima Medical Institute who observed and participated in clinical rotations in radiology.

FY 2013 Plan

SGH Cancer Center will do the following:

- Provide biweekly breast cancer support groups to participants at no charge
- Provide free six- to eight-week CLIMB (Children's Lives Include Moments of Bravery) course
- Provide six Look Good...Feel Better classes
- Continue to provide education and resources to the community with the Breast Health Navigator; also provide ongoing personalized education and information, support and guidance to breast cancer patients and their loved ones as they move through the continuum of care
- Screen and enroll oncology patients in clinical trials for research studies

- Provide educational lectures to the community on leading forms of cancer and radiation oncology treatment options
- Provide educational information on cancers and available treatments through community physician lectures and participation in health fairs and events with demonstrations on breast self-exams

Identified Community Need: Stroke Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- San Diego Community Health Improvement Partners (CHIP) members identified heart disease and stroke as the second most important health outcomes overall (when considering a total of seven health outcomes).
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's Health and Human Services Agency (HHS), in 2007, stroke was the third leading cause of death in SDC.
- In 2010, there were 179 deaths due to cerebrovascular diseases in SDC's east region. The region's age-adjusted death rate due to cerebrovascular diseases was 35.7 deaths per 100,000 population. The region's age-adjusted death rate was the second highest of all regions and higher than the SDC age-adjusted rate of 33.7 deaths per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, if no changes are made in risk behavior, based on current disease rates, it is projected that the total number of deaths from heart disease and stroke will both increase by 38 percent by the year 2020.
- In 2009, there were 1,289 hospitalizations due to stroke in SDC's east region. The rate of hospitalizations for stroke was 273.7 per 100,000 population. The stroke hospitalization rate in the east region was the highest among SDC's regions and higher than the County average of 211.4 stroke hospitalizations per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, in 2007, nearly 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, the total number of hospitalizations is projected to increase by 31 percent for stroke by the year 2020.
- In 2009, there were 236 stroke-related ED visits in the County's east region. The rate of visits was 50.1 per 100,000 population. The stroke-related ED visit rate in the east region was the highest among SDC's regions and higher than the County average of 41.0 stroke ED visits per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

- Although the east suburban area has the same percentage of seniors age 65 and over as the county of San Diego (11 percent), a higher percentage (15.2 percent) of the east rural area population are seniors.

Measurable Objective

- Provide stroke education and screening services for the community, with an emphasis on seniors

FY 2012 Report of Activities

Note: SGH is recognized with advanced certification by The Joint Commission as a Primary Stroke Center. The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. Sharp Grossmont Hospital is a recipient of the American Heart Association's Get With the Guidelines (GWTG) Gold Plus Achievement Awards for Stroke. The American Heart Association's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients.

SGH's Stroke Center conducted stroke screening and educational events to educate the public on stroke risk factors, warning signs and appropriate interventions, including arrival at hospitals within early onset of symptoms. In FY 2012, the hospital conducted eight community screenings/educational events in East SDC, serving more than 250 attendees from the community. The events were held at the Sharp Grossmont Senior Resource Center; Summer Healthcare Saturday at Grossmont Center; Spring Valley Health Fair; Country Fair in Campo; American Association of Retired Persons (AARP) Live Well San Diego at the Ronald Reagan Community Center in El Cajon; Lemon Grove Library Health Fair; East County Senior Health Fair at Santee Trolley Center; and the Good Samaritan Retirement Center in Rancho San Diego. SGH's Stroke Center also provided stroke screenings and educational materials at St. Michael's Catholic Church in Paradise Hills, reaching more than 60 community members during the event. In addition to offering stroke screenings at these events, SGH provided education and advised behavior modification, including smoking cessation, weight reduction and stress reduction for community members with health risk factors identified during the stroke screenings. In addition, in May SGH's Stroke Center presented a Meet the Physician lecture entitled Stroke Is a Brain Attack organized through the Senior Resource Center.

In May, Sharp's systemwide stroke program participated in the Strike Out Stroke Night at the Padres event, held at Petco Park. The event was a collaboration with the San Diego Stroke Consortium and the County of San Diego. Sharp participated along with Scripps Health, Palomar Health, Tri City Medical Center, Alvarado Hospital, Kaiser Foundation Hospital San Diego, University of California, San Diego (UCSD) Health and the San Diego Padres to promote an evening of stroke awareness and survivor celebration. More than 900 community

members attended the event, and more than 40 screenings were provided to attendees. Additionally, stroke education was provided throughout the evening to the entire stadium of 19,000 community members via the prominently displayed JumboTron.

In FY 2012, the SGH Outpatient Rehabilitation Department offered a stroke support group for stroke survivors and their family members at no charge to participants. In addition, SGH actively participated in the quarterly San Diego County Stroke Consortium, a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. In November 2011, SGH provided expert speakers on stroke and interventional radiology procedures to approximately 200 attendees at the Vascular Symposium designed for local physicians and health care workers. Speakers also presented related topics to approximately 130 attendees at the Cardiac Nursing Symposium held in March 2012. Additionally, SGH collaborated with SDC to provide data for the County's stroke registry.

FY 2013 Plan

SGH Stroke Center will do the following:

- Participate in stroke screening and education events in the east region of SDC
- Provide education for individuals with identified risk factors
- Offer a stroke support group, in conjunction with the hospital's Outpatient Rehabilitation Department
- Participate with other SDC hospitals in the Stroke Consortium
- Continue to provide data to the SDC stroke registry
- Continue to collaborate with the state of California to develop a stroke registry
- Provide at least one physician speaking event around stroke care and prevention
- Participate in SGH Heart and Vascular Conference for community physicians and nurses
- Provide stroke education and screenings for Sharp's Women's Health Conference

Identified Community Need: Heart and Vascular Disease Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke as the second most important health outcomes overall (when considering a total of seven health outcomes).
- Vascular disease affects approximately 12 percent of the population in the U.S., but most people do not have symptoms. Among persons over age 55 years, 10 to 25 percent are affected. Those with vascular disease have a six-fold higher death rate due to cardiovascular disease than those without vascular disease.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's HHS, in 2007 heart disease was the second leading cause of death in SDC.
- In 2010, there were 818 deaths due to heart disease in SDC's east region. The region's age-adjusted death rate due to diseases of the heart was 164.1 per 100,000 population. The region's age-adjusted death rate was the second highest of all regions, higher than the SDC age-adjusted rate of 146.6 deaths per 100,000 population, and higher than the Healthy People (HP) 2020 target of 100.8 deaths per 100,000.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, if no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020, the total number of deaths from heart disease and stroke will both increase by 38 percent.
- In 2009, there were 1,988 hospitalizations due to coronary heart disease in the County's east region. The rate of hospitalizations for coronary heart disease was 422.2 per 100,000 population. The hospitalization rate in the east region was the highest of all regions and higher than the County average of 318.0 coronary heart disease hospitalizations per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, in 2007, almost 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, it is projected that by the year 2020 the total number of hospitalizations is projected to increase by 28 percent for heart disease.
- In 2009, there were 159 coronary heart disease-related ED visits in SDC's east region. The rate of visits was 33.8 per 100,000 population. The coronary heart disease-related ED visit rate in the east region was the highest of all regions and higher than the County average of 24.6 per 100,000 population.
- In 2009, 5.2 percent of adults in the County's east region participating in the 2009 CHIS indicated that they were ever diagnosed with heart disease, lower than the County statistic of 6.4 percent.

- The 2010 CHNA recognized smoking cessation, increasing physical activity, achieving healthy weight status and improving nutrition as health-related behaviors that are important components in long-term health.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, the most common risk factors associated with heart disease include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

Measurable Objectives

- Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors
- Participate in programs to improve the care and outcomes of individuals with heart and vascular disease

FY 2012 Report of Activities

SGH is recognized as a Blue Distinction Center for Cardiac Care[®] by Blue Cross/Blue Shield (BCBS) for demonstrated expertise in delivering quality cardiac health care. SGH is also a recipient of the American Heart Association's GWTG Gold Performance Achievement Award for heart failure care. The American Heart Association's GWTG is a national effort focused on ensuring that evidence-based therapies are used with congestive heart failure patients.

In February, SGH provided a multicultural cardiopulmonary resuscitation (CPR) and automated external defibrillator training to approximately 25 community members. Held at Chula Vista Municipal Golf Course, the training focused on CPR techniques for the lay rescuer, including friends and family members. In March, SGH also provided a congestive heart failure (CHF) class covering topics such as exercise, nutrition, treatment plans and symptoms. In addition, SGH's Cardiac Rehabilitation Department served approximately 350 individuals through cardiac education classes. These classes, offered twice per month, were open to community members and provided education and resources on heart disease and its risk factors.

Throughout FY 2012, SGH provided education and resources on cardiac health at various community events, including Celebrando, December Nights, and Speaking of Women's Health. Approximately 1,500 community members attended these events, and the SGH Cardiac Training Department offered education on critical issues of cardiac health, including prevention, evaluation, and treatment. SGH also provided cardiovascular disease preventative screenings throughout FY 2012, serving approximately 145 community members. Additionally, SGH continued to provide meeting space for the La Mesa chapter of Mended Hearts – a cardiac support group for community members.

In addition, SGH's Cardiac Rehabilitation Program participated in the Summer Healthcare Saturday Health Fair at Grossmont Center, as well as the Santee Senior Health Fair, serving approximately 120 community members through these events. In October, the SGH Cardiac Rehabilitation Department also conducted a flu vaccination clinic for heart disease patients, seniors and high-risk adults.

Throughout the year, SGH provided expert speakers on heart disease and heart failure for various professional events, including SGH's Cardiac Symposium and SGH's Vascular Symposium. SGH also participated in several programs to improve the care and outcomes of individuals with heart and vascular disease. To assist in improving care for acutely ill patients in the County, SGH provided data on STEMI (ST elevation myocardial infarction or acute heart attack) to San Diego County Emergency Medical Services (EMS). New in FY 2012, SGH collaborated with Scripps Health on a research study to examine the character of circulating endothelial cells in acute myocardial infarction, and the potential for these cells to serve as markers to determine a heart attack more quickly and efficiently.

SGH's Cardiac Department is committed to supporting future health care leaders through active participation in student training and internship programs. The Sharp Grossmont Cardiac Catheterization Lab hosted a Grossmont College cardiovascular technologist student three days per week, eight hours per day for eight months, for a total of more than 750 hours. The Cath lab RN and staff also worked with a nursing student every Tuesday during the school year. The Noninvasive Cardiology Department also hosted students in echocardiography, electrocardiography and vascular laboratory two days per week during the school year.

FY 2013 Plan

SGH will do the following:

- Provide free bimonthly cardiac education classes by the Cardiac Rehabilitation Department
- Provide free CHF education classes
- Provide cardiac and/or vascular risk factor education and/or screening through participation in one to two community events, such as health fairs and lectures
- Provide weekly preventive heart and vascular screenings
- In collaboration with SGH Stroke Center, provide carotid artery screenings for community members

Identified Community Need: Orthopedic / Osteoporosis Education and Screening

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the CDC, arthritis is the nation's most common cause of disability. An estimated 50 million U.S. adults (about one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects one in every 250 children (CDC, 2011).
- According to the NIH (2006), osteoporosis is responsible for more than 1.5 million fractures each year, including 250,000 wrist fractures, 300,000 hip fractures, 700,000 vertebral fractures, and 300,000 fractures at other sites.
- According to an HP 2010 Progress Review released in 2006, osteoporosis is responsible for more than \$14 billion in health care costs annually.
- According to data presented in the 2007 CHNA, in the U.S., the age-adjusted prevalence of doctor-diagnosed arthritis is estimated to be 21.3 percent among adults ages 18 and over.
- According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develops protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than 3 months), 3 to 4 percent of the population is temporarily disabled due to back pain, and 1 percent of the working-age population is disabled completely and permanently due to LBP.
- In addition, research for HP 2020 reveals that Americans spend \$50 billion each year for LBP, which is the third most common reason to undergo a surgical procedure and the fifth most frequent cause of hospitalization (2009).
- In the County's east region from 2007 to 2009, the number of arthritis-related hospitalizations increased from 1,654 to 1,726, while the rate of arthritis-related hospitalizations increased from 359.9 to 366.5 per 100,000 population. The region's 2009 arthritis-related hospitalization rate of 366.5 per 100,000 population was higher than all other SDC regions and higher than the age-adjusted County average of 289.3 arthritis hospitalizations per 100,000 population.
- In the County's east region from 2007 to 2009, the number of arthritis-related ED discharges increased from 2,003 to 2,241, while the rate of arthritis-related ED discharges increased from 435.9 to 475.9 per 100,000 population. The region's 2009 arthritis-related ED discharge rate of 475.9 per 100,000 population was higher than the age-adjusted County average of 403.7 per 100,000 population.
- In the County's east region in 2009, females had a higher ED discharge rate for arthritis-related diagnosis than males (514.0 and 435.9 per 100,000

population, respectively). Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons ages 65 and over had higher ED discharge rates for arthritis-related diagnosis than younger persons.

Measurable Objective

- Provide education on orthopedics and osteoporosis to the community, with an emphasis on seniors

FY 2012 Report of Activities

Note: SGH is certified by The Joint Commission in Disease-Specific Care for its Total Knee and Total Hip Replacement Programs. The programs are nationally recognized for their outreach, education and utilization of evidence-based practices, as well as documentation of its performance measures and success rates.

In FY 2012, SGH offered quarterly educational sessions on hip and knee problems to more than 230 community members. Topics included management of arthritis and hip/knee repair and treatment. Sessions were held at the Grossmont Healthcare District Conference Center, the John A. Davis Family YMCA in La Mesa and the Rancho Family YMCA in Rancho San Diego. Attendance ranged from 70 to more than 85 individuals at each event. In addition, SGH provided two seminars for treatment of shoulder pain, reaching more than 180 community members and providing education on arthritis, torn rotator cuff, bursitis, frozen shoulder, as well as treatment options. In collaboration with the SGH Senior Resource Center, SGH offered three Fight Fractures with Fitness classes, where a physical therapist provided education on osteoporosis and the prevention benefits of a simple exercise program to more than 130 members of the senior community.

Additionally, Sharp offered specialized education on osteoporosis prevention and treatment to the community during the Speaking of Women's Health Conference held at the Sheraton San Diego Hotel and Marina in November. The event served approximately 200 community members, and attendees received education regarding osteoporosis, calcium/vitamin D requirements, and exercise for osteoporosis treatment and prevention.

FY 2013 Plan

SGH will do the following:

- Continue to offer orthopedic, arthritis, joint health and osteoporosis educational presentations to the community

- Continue partnership with East County YMCAs to provide education on hip/knee treatment and low-impact exercises for joints
- Provide education and resources to the Sharp Women's Health Conference

Identified Community Need: Women's and Prenatal Health Services and Education

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified maternal, infant and child health/family planning as the fifth most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- According to a 2006 report by the CDC, progress in the United States to improve pregnancy outcomes – including low birth weight, premature birth, and infant mortality – has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat and help women modify behaviors, health conditions and risk factors that contribute to adverse maternal and infant outcomes.
- Between 2005 and 2009, mothers in SDC beginning their prenatal care during their first trimester decreased from 87.2 percent to 82.0 percent, a 5.2 percent decrease.
- According to HP 2020, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception and interconception care. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.
- Women who deliver prematurely, experience repeated miscarriages, or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC (2006).
- According to the CDC, only 30 percent of women ages 18 years and older engage in regular leisure-time physical activity (CDC, 2008).
- Nationally, 35 percent of women ages 20 and older are obese, and 30 percent of these women have hypertension (CDC, 2003 to 2006).
- Data from the 2005 CHIS indicate that only 38.6 percent of SDC women ages 18 to 65 consume the recommended five or more servings of fruits and vegetables daily.
- According to the 2007 CHIS, only 18.1 percent of adult women (aged 18 to 65 years) in SDC indicated that they engage in moderate physical activity.
- In the County's east region, only 13.8 percent of adult women (aged 18 to 65 years) indicated that they engage in vigorous physical activity. The rate of self-reported vigorous physical activity was lower than all SDC regions and lower than the county average of 20.1 percent (CHIS, 2007).

Measurable Objectives

- Conduct outreach and education activities for women on a variety of health topics as well as prenatal care and parenting skills
- Collaborate with community organizations to help raise awareness of women's health issues and services, as well as to provide low-income and underserved women in the San Diego community with critical prenatal services
- Participate in professional associations related to women's services and prenatal health and disseminate research
- Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding

FY 2012 Report of Activities

In FY 2012, SGH offered four wellness and prevention-related community classes that addressed women's health topics. These classes – led by physicians and topic-experts – reached approximately 185 women. The range of topics for these classes included information on heart health, the health benefits of adequate sleep and the ever-popular cooking demonstrations. This latter class focused on healthy cooking methods for cancer-fighting super foods, and provided recipes, nutritional tips and suggestions for healthy cooking to approximately 85 members of the community. One particular seminar entitled The Doctor Is In: Get Answers to Your Women's Top Health Questions, featured a physician and nurse practitioner who provided education to nearly 30 women in the community on various topics, including heart attack symptoms for women, breast cancer risk, urinary tract infections, Kegel exercises, menopause treatment and critical health screenings for women. In addition, attendees had the opportunity to have their personal health questions answered by health care professionals. During FY 2012, SGH also offered three educational seminars to the community on gynecologic robotic procedures, and provided education and resources on treatment options to nearly 75 women through these sessions.

Throughout FY 2012, SGH provided free breastfeeding support groups to the community twice a week. Facilitated by RN lactation consultants, each session provided education and support to approximately 25 mothers in the community. SGH also offered weekly postpartum depression support groups for women and families struggling with the challenges and adaptations of having a newborn.

SGH participated in and partnered with a number of community organizations and advisory boards for maternal and child health in FY 2012, including the local Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) chapter, Women, Infants, and Children (WIC), California Teratogen Information Service (CTIS), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, Association of California Nurse Leaders (ACNL), the regional

Perinatal Care Network (PCN), Perinatal Safety Collaborative, and the Public Health Nurse Advisory Board.

In FY 2012, SGH provided a poster presentation at the annual AWHONN convention on its successful implementation of the *39 Weeks Is Fine* initiative – a program to reduce elective deliveries less than 39 weeks throughout the state of California. SGH also delivered a presentation on this initiative to nurse leaders in the community, sharing the best practices and efforts that resulted in the reduction of the elective delivery rate at SGH by 66 percent. The program also reduced null C-section rates at SGH by nine percent and reduced primary C-section rates from 18 to 15 percent.

Over the past fiscal year, SGH implemented critical process improvements to improve breastfeeding rates among new mothers, and continued to explore and participate in opportunities to share these best practices with the broader health care community. Initiatives included facilitating skin-to-skin contact with the newborn immediately after delivery, and implementing early intervention strategies for women identified as having difficulty with breastfeeding.

Additionally, SGH is currently seeking Baby-Friendly USA Designation by September 2014 through the implementation of evidence-based maternity care practices. Established by the United Nations Children’s Fund (UNICEF) and the World Health Organization (WHO) in 1991, the Baby-Friendly Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-quality breastfeeding care. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities. The requirements for a Baby-Friendly USA Designation include but are not limited to: training health care staff to properly implement a breastfeeding policy; providing education to pregnant women on the benefits of breastfeeding; demonstrating how to breastfeed and maintain lactation to new mothers; encouraging breastfeeding on demand; allowing mothers and infants to remain together 24 hours a day; and establishing breastfeeding support groups and referring mothers to these resources following discharge from the hospital or clinic. Throughout FY 2012, SGH incorporated the requirements of a Baby-Friendly hospital along with other process improvements in order to improve exclusive breastfeeding at discharge. As a result of these comprehensive efforts, SGH Women’s Health Center was successful in raising the exclusive breastfeeding rate at discharge from 49 percent in 2011 to 67 percent in 2012.

SGH also incorporated quality initiatives to promote the exclusive use of breast milk for Neonatal Intensive Care Unit (NICU) infants by incorporating a pumping log for mothers, documenting exclusive breast milk volumes daily and incorporated early intervention strategies to promote the establishment of breast milk in the first couple of weeks. These strategies promote the nutritional health of high risk infants and prevent inflammatory disease processes that can cause serious bacterial infection in the intestine of sick premature infants and can result

in death of intestinal tissue and even progression to blood poisoning or septicemia. In addition, SGH revamped all of the breastfeeding educational resources provided at the community clinics and the childbirth education classes to reflect best practices in breastfeeding for mothers and their families.

SGH's Women's Health Center's Prenatal Clinic midwives continued to provide in-kind help at Neighborhood Health Centers in El Cajon and Lakeside, and Family Health Centers of San Diego (FHCS) throughout FY 2012. The SGH Prenatal Clinic participated in the California Department of Public Health (CDPH) Comprehensive Perinatal Services Program (CPSP) to offer comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits. Services provided included health education, nutritional guidance and psychological/social issue support, as well as translation services for non-English speaking women. As part of this effort, and in order to reduce the number of women that reach gestational diabetic criteria, women were offered nutrition classes, and those with nutrition issues were referred to an SGH registered dietician or the SGH Diabetes Program as appropriate. At-risk women with elevated BMIs received education and glucometers to measure their sugars and help prevent the development of gestational diabetes. Women with a current diabetes diagnosis were referred to the SGH Diabetes Program. Free education on gestational diabetes was also provided to pregnant members of the community. The SGH Women's Health Center's Prenatal Clinic also provided educational resources tailored specifically to the increasing Chaldean population.

In addition, the SGH Women's Health Center continued its partnership with Vista Hill ParentCare to assist drug-addicted patients with psychological and social issues during pregnancy. These approaches have been shown to reduce both low birth weight rates and health care costs in women and infants. The SGH Women's Health Center also provided women with referrals to a variety of community resources including but not limited to CTIS, WIC and the SDC Public Health Nurse.

FY 2013 Plan

SGH will do the following:

- Provide wellness and prevention classes that focus on lifestyle tips to enhance overall health
- Provide cooking demonstrations and wellness classes on nutrition and maintaining a healthy lifestyle
- Provide videos on various nutrition topics through the SGH website and social media
- Provide education on cardiovascular health and wellness as part of the first Women's Heart Health Expo
- Partner with Curves La Mesa to provide education on fitness and weight management

- Provide free breastfeeding and postpartum support groups
- Provide parenting education classes
- Participate in community events such as the Sharp Women's Health Conference
- Provide medical services to low-income patients through the prenatal clinic
- Share evidence-based practices regarding improvements in elective deliveries less than 39 weeks as well as breastfeeding rates at discharge through presentations at national conferences and research publications

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified injury and violence as the fourth most important health-related behaviors overall (when considering a total of seven health-related behaviors) in the 2010 CHNA.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons aged 1 to 44 in California.
- Unintentional injuries – motor vehicle accidents, falls, firearms, fire/burns, drowning, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- In 2010, unintentional injury was the leading cause of death for persons ages 1 to 4 years and 15 to 34 years, and the sixth leading cause of death overall in SDC.
- Between 2006 and 2010, 4,723 San Diegans died as a result of unintentional injuries.
- In 2010, there were 170 deaths due to unintentional injury in the County's east region. The region's age-adjusted death rate due to unintentional injuries was 34.7 deaths per 100,000 population, the highest of all regions and higher than the SDC age-adjusted rate of 29.2 deaths per 100,000 population.
- In 2009, there were 4,129 hospitalizations related to unintentional injury in the County's east region. The rate of hospitalizations was 876.8 per 100,000 population, the highest of all regions and higher than the County average of 663.9 per 100,000 population.
- In 2009, there were 25,245 ED visits related to unintentional injury in the County's east region. The rate of visits was 5,361.0 per 100,000 population, the highest of all regions and higher than the County average of 4,691.2 per 100,000 population.
- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the

community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Measurable Objective

- To offer an injury and violence prevention program for children, adolescents, and young adults throughout SDC

FY 2012 Report of Activities

In FY 2012, ThinkFirst/Sharp on Survival participated in 61 programs that served more than 4,000 elementary, middle and high school students in East County. The programs consisted of one- to two-hour classes on the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. They also heard personal testimonies from individuals, known as Voices for Injury Prevention (VIPs), with traumatic brain or spinal cord injuries. In addition, ThinkFirst/Sharp on Survival offered schools multiple opportunities for learning with the provision of a variety of lesson plans, including information on physical rehabilitation, careers in health care, and disability awareness panels to meet the needs of specific class curricula. ThinkFirst/Sharp on Survival also spoke to at-risk youth about the consequences of reckless driving, violence, and poor decision making.

ThinkFirst/Sharp on Survival participated in a variety of community events throughout FY 2012, including presentations for youth and their parents, health- and safety-related fairs, and community groups. These community-based events and presentations served more than 1,000 participants. Think First/Sharp on Survival participated in the annual Kids Care Fest event sponsored by the Grossmont Healthcare District in La Mesa, providing helmet-fitting information and education on booster and car seats to approximately 500 community members. In addition, children were given the opportunity to win a booster seat by coloring and drawing their version of what a “cool” booster seat looked like. Artwork submissions were mailed into the ThinkFirst office and a winner was picked in November 2012. In October 2011, ThinkFirst/Sharp on Survival also provided proper helmet-fitting information and booster seat education at the El Cajon Fire Department Safety Fair and Open House, serving 500 people.

With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), dozens of schools throughout San Diego County had the opportunity to provide ThinkFirst/Sharp On Survival speakers to their students. These students, who all have an interest in pursuing careers in health care, were

provided with classroom presentations and the opportunity to participate in a half-day tour of the Sharp Memorial Rehabilitation Center. In 2012, a dozen high school seniors from Granite Hills toured the rehabilitation center and received an in-depth look at occupational, physical, speech, recreation therapy and nursing careers. Students also rotated through several “stations” run by VIP speakers to practice their wheelchair mobility, lower body dressing and driving skills using the driving simulator. Additionally, students conducted small group patient therapy activities to test memory, organization and a variety of executive cognitive skills.

In addition, more than 200 college students enrolled in San Diego State University’s (SDSU’s) Disability in Society course and received injury prevention education, learning about brain injury, spinal cord injury and disability awareness.

In FY 2012, ThinkFirst/Sharp on Survival implemented a booster seat project funded by the Grossmont Healthcare District. The project developed in response to the new California law – implemented in January 2012 – that changed the requirements for booster seats from age six or 60 pounds to age eight or a height of four feet nine inches. The project is modeled after a larger, successful booster seat project implemented by ThinkFirst San Diego, in partnership with the ThinkFirst National Office, and funded by the National Health and Transportation Safety Administration (NHTSA) in 2004. This program not only provided education to parents on specifics of the law and consequences of misuse, but also offered education to alter children’s misconceptions that booster seats are for “babies.” After two years, the program successfully increased booster seat use in six schools by an average of 19 percent. The ThinkFirst/Sharp on Survival booster seat project will model the best practices from the previous program, and will provide more than 1,500 students with assembly and classroom education, 65 students with a free booster seat, and approximately 1,000 parents and caregivers with information on the new law and the importance of booster seats. The program is scheduled to run through January of 2013.

FY 2013 Plan

ThinkFirst/Sharp on Survival will do the following:

- With funding support from grants, provide educational programming and presentations for local schools and organizations
- Increase community awareness of the program through attendance and participation at community events and health fairs using grant funding
- Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership
- Continue to address the needs of elementary school children and their parents by providing booster seat education with funding support from grants
- Continue to provide college students with injury prevention education through SDSU’s Disability in Society course

- Explore further opportunities to provide education to health care professionals and college students interested in health care careers

Identified Community Need: Special Support Services for Hospice Patients and Their Loved Ones and the Community

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- As patients and their loved ones deal with death and dying, many experience intense grief over the loss of life, yet have the opportunity to experience a profound transformation. A hospice model – combining medical, spiritual, emotional and other support services – can offer many patients and their families assistance, information and strategies related to bereavement, grief and healing.
- A 2004 *Journal of the American Medical Association (JAMA)* study titled, “Quality of End-of-Life Care and Last Place of Care,” examined 1,578 family members of people who died in the year 2000 of non-traumatic causes. Families were asked about the quality of patients’ experiences at the last place where they spent more than 48 hours. Significant findings of the study include more than one-third of those cared for by nursing homes, hospitals and home health agencies reported either insufficient or problematic emotional support for the patient and/or family, compared to one-fifth of those in hospice (Source: JAMA January 7, 2004).
- As presented in the 2010 CHNA, the Agency for Healthcare Research and Quality has identified coping with the end of life as a component of its National Health Care Quality Report, a conceptual framework for measuring the performance improvement of the U.S. health system in its provision of high-quality care.
- A study by the National Hospice and Palliative Care Organization (NHPCO) suggests that hospice may have a positive impact on patients’ longevity. The study found that for certain well-defined terminally ill populations, patients who choose hospice care live an average of 29 days longer than similar patients who do not choose hospice, allowing patients and their families extra time for resolution and closure at the end of life (Conner, et al., 2007).
- According to a 2011 article in the *American Family Physician Journal (AFPJ)*, in the next few decades, the demand for family caregivers is expected to rise by 85 percent. Furthermore, family caregiving has been affected in several important ways over the past five years: caregivers and care recipients are older and have higher levels of disability than in years past; the duration, intensity and burden of care has increased; the financial cost associated with informal caregiving has risen; and the use of paid formal care has declined significantly.

- According to a 2010 article in JAMA, when compared with nursing homes or home health nursing services, bereaved family members report fewer unmet needs for pain and emotional support when the last place of care was hospice. In addition, lower spousal mortality at 18 months was found among bereaved wives of decedents who used hospice care versus those who did not.

Measurable Objectives

- Provide education, resources, counseling and support to community members with life-limiting illness and their loved ones
- Offer education and outreach to the San Diego community concerning hospice and palliative care services within the care continuum
- Deliver professional education to community physicians and other health care professionals through innovative care model development
- Collaborate with community, state and national organizations to develop and implement appropriate services for the needs of the aging population

FY 2012 Report of Activities

In FY 2012, Sharp HealthCare was awarded the American Hospital Association's (AHA) Circle of Life Award for Transitions, a home-based palliative care program provided by Sharp HospiceCare and built on four pillars of care: in-home skilled care, evidence-based prognostication, caregiver support and advance care planning. This prestigious national recognition is awarded by the AHA to three health care agencies annually, and honors innovative programs in palliative and end-of-life care.

Sharp HospiceCare provides hospice and palliative care within the Sharp HealthCare care continuum. In FY 2012, key services included community and professional education, advance care planning, involvement in community organizations, volunteer and student training, the Memory Bear Program and bereavement counseling and support.

Throughout the year, Sharp HospiceCare offered a variety of bereavement service options in Spanish and English, including professional bereavement counseling for individuals, families and groups, as well as education, support groups and monthly newsletter mailings. In FY 2012, Sharp HospiceCare devoted more than 1,650 hours to home, office and phone contacts made to patients and their loved ones, providing them with pre-bereavement and bereavement counseling services by professionals with specific training in grief and loss. In FY 2012, 15 bereavement support groups, including two Spanish-speaking groups, were provided free of charge and served 215 participants. The various groups were facilitated by skilled mental health care professionals who specialize in the needs of the bereaved. A unique event entitled Healing Through the Holidays served nearly 130 adults at five locations with presentations on

coping with grief during the holiday season, spirituality during the holidays and a family's grief journey through the holidays.

In further support of bereavement counseling, 1,400 people received 13 monthly issues of the bereavement support newsletters, *Healing Through Grief* (for adults) and *Journey to My Heart* (for children under 12 years). In addition, Sharp HospiceCare bereavement counselors provided referrals to needed community services including ongoing mental health services, financial assistance, child protective services, drug and alcohol counseling, parent education courses and anger management.

In an effort to support bereavement needs throughout the Sharp system, Sharp HospiceCare led a workgroup comprised of an interdisciplinary team from each Sharp entity. As a result of their efforts, a bereavement booklet was developed, *When You Lose a Loved One*, in English and Spanish, to assist families who have lost a loved one unexpectedly. The booklet is provided to families served throughout Sharp, and functions as a resource and support tool during their time of need. To date, more than 1,000 booklets have been distributed.

In FY 2012, Sharp HospiceCare provided community education and outreach to more than 2,500 people at an assortment of educational events, expos, community forums and health fairs at various sites throughout SDC, including service clubs, senior centers, retirement communities, home health agencies, community centers, churches, libraries, colleges and universities.

Advance Care Planning (ACP) is a component of the Transitions program that has also been developed into a free community outreach program. Sharp HospiceCare's ACP consultants are available to meet with community members in groups or individually to discuss goals of care and health care preferences, identify an appropriate health care agent and complete an advance directive. In FY 2012, the ACP team provided 17 presentations to more than 400 community members throughout SDC.

In addition, the Sharp HospiceCare integrative therapies team provided a monthly stress management class called *The Power of Touch*, which taught relaxation techniques to nearly 150 family caregivers and their loved ones.

In October 2011, Sharp HospiceCare collaborated with Sharp Coronado Hospital and Healthcare Center (SCHHC) to host an event entitled the Aging: Planning and Coping Conference at the SCHHC Sandermann Education Center. During the free conference, more than 30 community members received educational presentations from Sharp physicians and end-of-life professionals, including Health Care Planning: The Importance of Making Your Wishes Known; A Quick Glance at Medicare; Coping with Stress: Understanding Psychological Challenges of Aging; and Geriatric Frailty Syndrome: Understanding the Physiology of the Aging Process. In addition, in April 2012 Sharp HospiceCare

and the SGH Senior Resource Center coordinated an end-of-life conference at the La Mesa Community Center entitled Aging: Planning and Communicating. More than 100 community members attended the conference to learn about future health care planning and communicating their wishes to loved ones. The free conference provided community resources from health and senior service agencies, as well as presentations from Sharp HospiceCare leadership and community health experts.

The Sharp HospiceCare leadership team provided education to physicians, case managers, nurses and other health care professionals at local and national conferences, including the California Hospice and Palliative Care Association (CHAPCA) Conference, the NHPCO Leadership Conference and the American Hospital Association Committee on Performance Improvement. Presentations included Avoiding Avoidable Care, Understanding Geriatric Frailty, Developing a Concurrent Palliative Care Program in an Accountable Care Organization (ACO) Model, Transforming Late Stage Disease Management, Advance Care Planning and Evidence-Based Nursing Home Care.

In November 2011, Sharp HospiceCare hosted its sixth annual conference for San Diego end-of-life professionals entitled Caring for End-of-Life Patients in the Age of Health Care Reform. The conference featured a nationally renowned expert in hospice and palliative care and provided more than 200 members of the professional health care community with an in-depth perspective on how caregiver core values influence care and treatment at the end of life. In addition, the conference provided attendees the opportunity to examine health care reform guidelines for hospice and palliative care.

In June 2012, approximately 250 community health care professionals attended the Sharp HospiceCare Resource & Education Expo at College Avenue Baptist Church. The expo featured resource exhibits by more than 40 community health agencies supporting end-of-life care, as well as several presentations from community speakers. Presentations included Navigating the Cancer Journey, Donation – Facts vs. Myths, Personal Safety for the Healthcare Provider and Physician Orders for Life-Sustaining Treatment Paradigm (POLST) for Special Populations. In addition, Sharp HealthCare provided presentations entitled Managing Your Personal Power, Injury Prevention, Nursing Skills and Competency, and Delivering on Our Brand Promise, while Sharp HospiceCare leadership provided the expo's keynote address.

Sharp HospiceCare also collaborated with a variety of local networking groups and community-oriented agencies to provide caregiver classes, end-of-life programs, advance care planning seminars and web presentations for consumers and health care professionals. Educational presentations in FY 2012 included Introduction to Hospice, Bioethics, Hospice and Palliative Care, Hospice and Dementia, Transitions and Oncology and Advance Care Planning. Sharp HospiceCare continues to maintain active relationships and leadership roles with

national organizations including NHPCO and CHAPCA, and local organizations including the Hospice and Palliative Nurses Association San Diego Chapter (HPNA), San Diego County Council on Aging (SDCCOA), San Diego Regional Home Care Council (RHCC) and San Diego County Coalition for Improving End of Life Care.

Sharp HospiceCare provided extensive training for more than 70 new volunteers in FY 2012. Volunteers underwent a rigorous 32-hour training program to confirm their understanding of and commitment to hospice care. In FY 2012, more than 190 new and returning Sharp HospiceCare volunteers served as part of the hospice interdisciplinary team. Volunteers devoted more than 14,200 hours to the Sharp HospiceCare team, including more than 6,300 hours of direct patient care and nearly 7,900 hours of clerical and administrative support. Sharp HospiceCare also coordinated a volunteer-run wig donation program for community members who suffer from hair loss. During FY 2012, Sharp HospiceCare and its volunteers met with 37 individuals and provided approximately 75 wigs. Sharp HospiceCare supported its volunteers by providing a monthly volunteer support group and recognized their valuable contribution during National Volunteer Month and National Hospice Month.

The Memory Bear Program, a component of the Volunteer Program, provides a unique keepsake for family members by making teddy bears from garments of the loved one who has passed on. For surviving family members, these bears become permanent reminders of their loved ones. In FY 2012, Sharp HospiceCare volunteers, who handcraft all bears, devoted more than 5,600 hours to craft nearly 950 bears for more than 280 families.

The Sharp HospiceCare Teen Volunteer Program trained 18 teenagers (14 to 18 years old) during FY 2012. The teen program specializes in helping to create family videos; however, teens are also assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes. Sharp HospiceCare also hosted a student volunteer from San Diego Metropolitan Regional & Technical High School during FY 2012. The student spent time in both Sharp HospiceCare's administrative office and a Sharp HospiceCare home, and experienced hospice care through case conferences, interdisciplinary team (IDT) meetings and a variety of other tasks.

In addition, Sharp HospiceCare's LakeView and ParkView homes served as training sites for approximately 30 SDSU nursing students during the 2011 fall semester. Each student spent an eight-hour day shadowing and learning from the highly skilled and compassionate nursing staff at each of the homes. In FY 2012, Sharp HospiceCare staff provided a lecture on hospice care services and the importance of advance care planning to 20 SDSU nursing students, and a lecture entitled Providing Home Health Services at a Hospice Facility to 15 Certified Nursing Assistant (CNA) students from Grossmont College. In addition,

Sharp HospiceCare provided training and supervision to 15 premedical students through the Pre-Professional Program at SDSU.

FY 2013 Plan

Sharp HospiceCare will do the following:

- Continue to provide professional education on hospice-related topics to community members, students and other health care professionals
- Provide community education and resource services
- Conduct outreach activities to community groups, health care facilities, colleges and universities
- Continue to provide training opportunities for nursing students and interns
- Provide an end-of-life learning environment in community-based hospice homes
- Offer individual and family bereavement counseling and support groups
- Provide 13 mailings of bereavement support newsletters
- Provide volunteer training programs for at least 75 adults and teens
- Offer a Memory Bear program to serve 250 families

Identified Community Need: Collaboration With Local Schools to Promote Interest in Health Care Careers

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for registered nurses and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate.
- According to the 2010 *Healthcare Shortage Areas Atlas* from the County of San Diego HHSA, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area.
- The DOL reports that allied health professions represent about 60 percent of the American health care work force and projects severe shortages of many allied health care professionals (DOL, 2010).
- According to the San Diego Workforce Partnership 2011 report titled *Healthcare Workforce Development in SDC: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, registered nurses, medical record and health

information technicians, radiologic technologists and technicians, pharmacists, and medical and clinical laboratory technologists.

- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack necessary real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objective

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore a vast array of health care professions

FY 2012 Report of Activities

In collaboration with Grossmont Union High School District (GUHSD), SGH participated in the Health-careers Exploration Summer Institute (HESI), providing 12 students with opportunities for classroom instruction, job shadowing observations and limited hands-on experiences in hospital departments. At the conclusion of the program, students presented their experiences as case studies to family members, educators and hospital staff. Those completing the program received high school credits equal to two summer school sessions. In FY 2012, HESI students spent approximately 1,344 hours on the SGH campus.

SGH also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2012, providing early professional development for 142 students from a broad array of backgrounds in grades nine through 12. Students spent a total of approximately 42,000 hours with an estimated 50 health professionals in 33 different departments and nursing areas, and were in direct contact with health care professionals throughout the hospital. During each semester, students were supervised in different levels of the HSHMC program as they rotated through instructional pods in areas such as nursing, obstetrics, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, engineering, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services and food services. In May 2012, the HSHMC program graduated its second full class of students.

Level I of the HSHMC program is the entry level for all students and is conducted over a 16-week period. For FY 2012, 51 ninth-graders shadow primarily in non-nursing areas of the hospital, including physical therapy, food services,

laboratory, cardiac services, imaging, physician offices, pulmonary, pharmacy and radiation therapy. In FY 2012, ninth-graders spent a greater length of time within each department in order to more fully experience different clinical areas of the hospital, and in total devoted 6,853 hours to the program.

Level II of the HSHMC program offers patient interaction, where students are trained in Tender Loving Care (TLC) functions and then paired with a CNA on nursing floors. Students were able to view the CNA conduct patient ambulation, personal hygiene, etc. In FY 2012, fifty-eight 10th graders, twenty-three 11th graders and ten 12th graders participated in the Level II TLC program, experiencing college-level clinical rotations, TLC function patient care and mentoring. Students were placed in a new assignment every four to six weeks to view a variety of patient care experiences, and also took additional health-related coursework at San Diego Mesa College, including anatomy, physiology, medical terminology and human behavior courses. In FY 2012 12th graders continued to receive training in First Touch[®] – the patient-centered model of care provided by SGH to help ease patient anxiety and increase trust in their caregiver.

In addition, SGH staff provided HSHMC students instruction on educational requirements, career ladder development and job requirements. At the end of the academic year, SGH staff provided HSHMC students, their loved ones, community leaders and hospital mentors a symposium that showcased the lessons learned throughout the program.

Also in FY 2012, SGH provided more than 820 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Throughout the academic year, more than 615 nursing students spent more than 82,000 hours at SGH, including both time spent both in clinical rotations and individual preceptor training. Among the nursing programs, academic partners included SDSU, PLNU, University of San Diego, National University, California State University-San Marcos, and Kaplan College. Allied health students spent nearly 41,000 hours on the Sharp Grossmont Hospital campus, and came from academic institutions throughout San Diego including Grossmont College, EMSTA College, Palomar College, San Diego Mesa College, NU, USC and SDSU, among others.

Additionally, SGH and Sharp Memorial Hospital have partnered to provide one of only two new Mobile Intensive Care Nurse (MICN) training programs in SDC. Together, the hospitals offer an extensive six-week training program – open to any San Diego base station emergency nurse – three to four times a year. Participants received certification through County Emergency Medical Services (EMS) upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit.

FY 2013 Plan

SGH will do the following:

- In collaboration with GUHSD, participate in the HESI
- Expand integration of First Touch program into 10th, 11th and 12th grades
- Continue to track and report outcomes of HSHMC students and graduates to promote long-term program sustainability
- Continue to provide internship and professional development opportunities to college and university students throughout San Diego

Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved and Underfunded Patients

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Health care access and delivery were identified as the most important overarching health issues (when considering a total of four overarching health issues) in the 2010 CHNA.
- According to the 2010 CHNA, 22.2 percent of those 18 to 64 years of age in the County's east region are uninsured. Persons most likely to be uninsured in the east region include Latinos (63.3 percent), those ages 18 to 24 years (52.5 percent), and those under 100 percent of the Federal Poverty Level (71.8 percent).
- According to data collected by the Grossmont Hospital Corporation for FY 2010 Operating and Capital Budget, the overall East County uninsured population was 14.5 percent, with an expected projected growth of 10 percent. The average unemployment rate in the cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee, and Spring Valley was 11.3 percent (Labor Market Information, State of California Employment Development Department).
- According to the Bureau of Labor Statistics, 43.9 percent of unemployed persons nationally, remained so for 27 weeks or greater.
- According to the 2010 CHNA, in the County's east region for those 18 to 64 years of age, the most common sources of health insurance coverage include employment-based coverage (62.4 percent) and public programs (12 percent).
- The cost of living in California is 35 percent above the U.S. average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (CHA Special Report, October 2011).

- According to the 2010 CHNA, by the year 2020, the County's east region is projected to grow by 8.8 percent overall, including a 20 percent growth among African-Americans, Asians and Latinos, and a 43 percent growth among persons aged 65 years or older.
- According to the 2010 CHNA, demand for emergency department services in the SDC increased by 11.9 percent, from 582,129 to 651,595 visits, between 2006 and 2009.
- In FY 2010, SGH discharged 10,213 unfunded or underfunded inpatients and treated a total of 121,354 unfunded or underfunded patients.
- In 2010, California hospitals provided more than \$12.5 billion in uncompensated care (CHA Special Report, October 2011).
- In 2010, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$375 to \$470 per month; for a family of three or more in California, COBRA costs ranged from \$1,123 to \$1,406.51 per month. These rates represent anywhere from 20 to 78 percent of a person's income (2010 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans).
- Community clinics in SDC have experienced rising rates of primary care clinic utilization. According to the 2010 CHNA, the number of persons utilizing the clinics increased by 14.4 percent between 2008 and 2009.

Measurable Objectives

- Connect high-risk patients and community members to community resources and organizations for low-cost medical equipment, housing options and follow-up care
- Assist high-risk, underfunded patients with access to durable medical equipment (DME)
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance
- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals
- Establish a follow-up program to support underserved patients with complex medical needs who are at high risk for readmission after transition from hospital to home

FY 2012 Report of Activities

In FY 2012 SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment. Individuals received referrals to and assistance from a variety of local resources and organizations that provided support with transportation, placement, medical equipment, medications, as well as outpatient dialysis and nursing home stays. SGH referred high-risk patients, families and community

members to churches, shelters and other community resources for food, safe shelter and other resources.

For unemployed and underfunded patients, or for those who simply cannot afford the expense of a wheelchair, walker or cane due to a fixed income, SGH has committed to improving access to DME for high-risk patients upon discharge. SGH case managers actively recruit DME donations from the community in order to provide for patients in need. In FY 2012, SGH staff participated in the Summer Healthcare Saturday event at Grossmont Center and provided education to community members about the importance of DME, the impact of DME for those in need, as well as the guidelines for donation. Also in FY 2012 SGH began including information on DME in the pre-recorded message that callers to SGH hear when they are placed on hold. SGH case managers and social workers provide and track DME items to patients who are uninsured, underinsured or who are otherwise unable to afford the equipment required to keep them safe and healthy.

To assist economically disadvantaged individuals, in FY 2012 SGH provided more than \$158,000 in free medications, transportation, lodging and financial assistance through its Project HELP funds. These funds assisted more than 4,000 individuals in FY 2012. In addition, SGH pharmacists assisted more than 200 economically disadvantaged patients with various outpatient prescriptions valued at approximately \$160,000.

In FY 2012, SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SGH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the Rescue Mission's programs in order to help these patients get back on their feet. Additionally, SGH continued its partnership with Father Joe's Villages to support Project SOAR. This project is designed to facilitate and expedite the processing of social security and disability applications for homeless individuals with urgent health issues. With assistance from SGH case managers, eligible homeless patients are transitioned to Project SOAR in order to ensure they obtain timely access to income and medical care benefits. SGH also works with Gardner Group to assist high-risk patients in their home with the completion of enrollment forms for government assistance programs.

In addition, in FY 2012 SGH piloted the Care Transitions Intervention Program (CTI) for its Medicare patients in need. CTI is a four-week evidence-based program, supporting underserved patients with complex medical needs who are at high risk for readmission after transition from the hospital to their homes. The program includes education provided by one hospital and one home visit, as well as a series of follow-up phone calls by a trained RN Transition Coach using the

Coleman Care Transitions[®] Model. In this model, the Transition Coach provides patient coaching and motivational interviewing techniques to help improve patient self-management skills. Topics covered include information about medications, diet and other discharge orders, as well as how to identify problems early on to avoid costly and unnecessary trips to the ED. Through this program, patients with chronic health conditions develop improved capacity in the areas of medication management, personal health record maintenance, knowledge of “red flags,” and follow-up care with primary care providers and specialists. In FY 2012, 34 patients were enrolled in the CTI Program.

FY 2013 Plan

SGH will do the following:

- Continue to provide post-acute care facilitation to high-risk patients
- Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME
- Continue to administer Project HELP funds to those in need
- Continue to collaborate with community organizations to provide medical care, financial assistance, psychiatric and social services to chronically homeless patients
- With federal funding, expand the CTI program to all of Sharp HealthCare’s acute care hospitals, and further expand the program to include community agencies and other local health care providers and hospitals

SGH Program and Service Highlights

- 24-hour emergency services with heliport and paramedic base station – designated STEMI Center
- Acute care
- Ambulatory care services, including infusion therapy
- Behavioral Health Unit
- Breast Health Center, including mammography
- Cardiac services, recognized by the American Heart Association – GWTG
- Cardiac Training Center
- CT scan
- David and Donna Long Center for Cancer Treatment
- EEG and EKG
- Endoscopy unit
- Grossmont Plaza Outpatient Surgery Center
- Group and art therapies
- Home health¹
- Home infusion therapy
- Hospice²
- Hyperbaric treatment
- Intensive Care Unit
- LakeView Home³
- Neonatal Intensive Care Unit
- Orthopedics
- Outpatient diabetes services, recognized by the American Diabetes Association
- Outpatient Imaging Centers
- Laboratory services (inpatient and outpatient)
- ParkView Home³
- Pathology services
- Pediatric services⁴
- Pulmonary services
- Radiology services
- Rehabilitation Center
- Robotic surgery
- Senior Resource Center
- Sleep Disorders Center
- Spiritual care services
- Stroke Center
- Surgical services
- Transitional Care Unit
- Van services
- Vascular services

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

³ Hospice residential facility

⁴ Inpatient services are provided through an affiliation with Rady Children's Hospital

- Women's Health Center
- Wound Care Center

Providing Comprehensive Medical Care

~ SHARP METROPOLITAN MEDICAL CAMPUS ~

Sharp Metropolitan Medical Campus, centrally located in San Diego County, offers a complete range of specialty hospitals and medical services in one convenient location. The campus is home to Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center.

{ *Commitment* }

Section

7 Sharp Metropolitan Medical Campus

The Sharp Metropolitan Medical Campus (SMMC) comprises Sharp Mary Birch Hospital for Women & Newborns, Sharp Memorial Hospital, Sharp Memorial Outpatient Pavilion, Sharp Mesa Vista Hospital and Sharp McDonald Center.

FY 2012 Community Benefits Program Highlights

SMMC provided a total of **\$135,552,633** in community benefits in FY 2012. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMMC's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Metropolitan Medical Campus – FY 2012

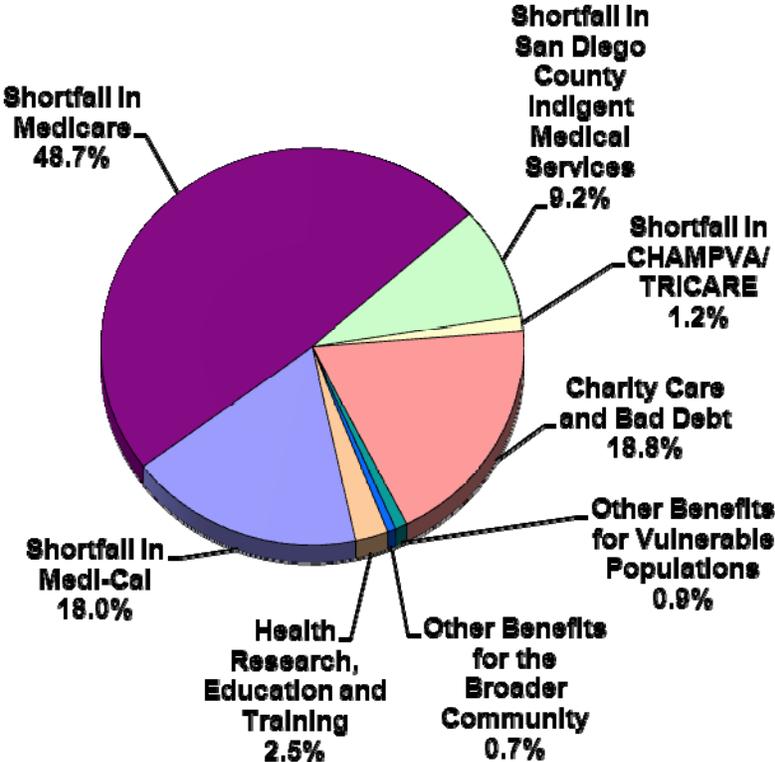
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$24,434,906
	Shortfall in Medicare ¹	66,021,769
	Shortfall in San Diego County Indigent Medical Services ¹	12,407,592
	Shortfall in CHAMPVA/TRICARE ¹	1,662,316
	Shortfall in Workers' Compensation	657
	Charity Care and Bad Debt ²	25,471,165
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	1,254,942
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	870,203
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	3,429,083
	TOTAL	\$135,552,633

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
Sharp Metropolitan Medical Campus – FY 2012





Training the Nurses of Tomorrow

~ SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS ~

Sharp Mary Birch Hospital for Women & Newborns is committed to the education and development of nursing students throughout San Diego County. In partnership with the San Diego Nursing Service-Education Consortium, the hospital coordinates clinical placement opportunities for students from a variety of academic nursing programs. Nursing students complete specialized clinical rotations focused on the unique health needs of women and infants, including lactation, childbirth, obstetrics and gynecology, labor and delivery, and neonatal and perioperative nursing.

By providing hands-on clinical training, the hospital prepares students for a career in nursing and enhances the community's future nursing workforce.

Sharp Mary Birch Hospital for Women & Newborns also provides education and training for paramedic, pharmacy and social work students, and provides interactive clinical opportunities for Health Sciences High and Middle College (HSHMC) students to help foster their early interest in health sciences and prepare them for a career in health care.

Commitment

Section

8 Sharp Mary Birch Hospital for Women & Newborns

Sharp Mary Birch Hospital for Women & Newborns (SMBHWN) is located at 3003 Health Center Drive in San Diego, ZIP code 92123.

FY 2012 Community Benefits Program Highlights

SMBHWN provided a total of **\$6,074,797** in community benefits in FY 2012. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMBHWN's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Mary Birch Hospital for Women & Newborns – FY 2012

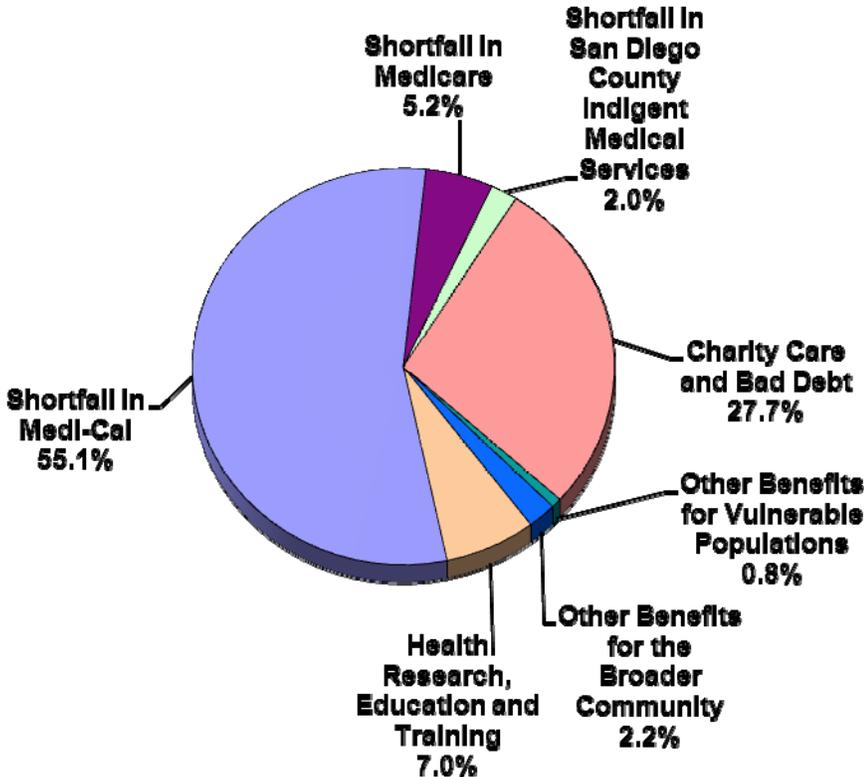
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$3,344,025
	Shortfall in Medicare ¹	315,102
	Shortfall in San Diego County Indigent Medical Services ¹	124,355
	Shortfall in Workers' Compensation	657
	Charity Care and Bad Debt ²	1,684,477
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	48,031
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	133,424
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	424,726
	TOTAL	\$6,074,797

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Mary Birch Hospital for Women & Newborns – FY 2012



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE; unreimbursed costs of workers' compensation programs; and financial support for on-site workers to process Medi-Cal eligibility forms. In FY 2012, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 2011 through December 2013. This resulted in an increased reimbursement of \$27 million to SMBHWN and an assessment of a quality assurance fee totaling \$17 million in FY 2012. The net impact of the program totaling \$10 million reduced the amount of unreimbursed medical care services for the Medi-Cal population at SMBHWN. This reimbursement helped offset prior years' unreimbursed medical care services; however the additional funds recorded in FY 2012

understate the true unreimbursed medical care services performed for the past fiscal year.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events; and collaboration with local schools to promote interest in health care careers. SMBHWN also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), Miracle Babies, the National Perinatal Information Center, the Council of Women's and Infants' Specialty Hospitals (CWISH), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), the International Lactation Consultants Association (ILCA), the National Association of Neonatal Nurses (NANN), the American Hospital Association, the Perinatal Social Work Cluster, and the Regional Perinatal System. See **Appendix A** for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.
- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; time devoted to generalizable health-related research projects that were made available to the broader health care community; and financial support of the Sharp HealthCare Professional Education and Research Institute at San Diego State University (SDSU).

Definition of Community

As a specialty hospital, SMBHWN serves the community of San Diego County. See **Appendix B** for a map of community and region boundaries.

Description of Community Health

In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults had health insurance, failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

**Table 2: Health Care Access in San Diego County
2009**

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	95.4%	100%
Children 12 to 17 Years	95.6%	100%
Adults 18 + Years	84.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	97.2%	100%
Children 12 to 17 Years	87.3%	100%
Adults 18 + Years	88.3%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	17.7%	

Source: 2009 CHIS

**Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured
in San Diego County (Adults Ages 18 to 64 Years), 2009**

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

On average, there were 46,415 live births a year in San Diego County during the three-year period from 2007 through 2009. During this time, San Diego County met the HP 2020 national targets for all maternal and infant health indicators.

¹ The U.S. Department of Health and Human Services' (DHHS) HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development and healthy behaviors across all life stages.

Additionally, in 2009, fetal mortality in San Diego County was 3.9, also meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths. See **Table 4** for a summary of maternal and infant health indicators.

**Table 4: Maternal and Infant Health Indicators in San Diego County
Three-Year Average (2007 Through 2009)**

Maternal and Infant Health Indicator	Rate	Year 2020 Target
First Trimester Prenatal Care	81.9%	77.9%
Preterm Births	10.2%	11.4%
Very Low Birth Weight (VLBW) Infants	1.1%	1.4%
Low Birth Weight (LBW) Infants	6.7%	7.8%
Infant Mortality	4.8%	6.0%

Notes:

Preterm births are births with less than 37 weeks gestation.

Very low birth weight infants weigh less than 1,500 grams, approximately 3.5 pounds.

Low birth weight infants weigh less than 2,500 grams, approximately 5.5 pounds.

Fetal mortality describes the death of the fetus after at least 20 complete weeks of gestation, commonly referred to as stillbirths.

Infant mortality refers to the death of infants less than one year of age.

Infant mortality rates are per 1,000 live births. Fetal mortality rates are per 1,000 live births and fetal deaths.

Sources: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services.

During the three-year period from 2007 through 2009, San Diego County regions met all HP 2020 national targets except for preterm births in the central and east regions. Additionally, in 2009, fetal mortality was 3.9 (fetal deaths per 1,000 live births and fetal deaths) in the north coastal region, 3.0 in the north central region, 4.9 in the central region, 4.1 in the south region, 3.9 in the east region and 3.6 in the north inland region. In 2009, all San Diego County regions met the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths. See **Table 5** for a summary of maternal and infant health indicators by region.

Table 5: Maternal and Infant Health Indicators by Region in San Diego County, Three-Year Average (2007 Through 2009)

Indicator	North Coastal	North Central	Central	South	East	North Inland
Prenatal Care	78.8%	89.9%	80.6%	84.4%	78.3%	79.4%
Preterm Births	9.4%	10.1%	11.8%	9.5%	11.6%	9.1%
VLBW Infants	1.1%	1.0%	1.2%	1.0%	1.2%	1.0%
LBW Infants	6.4%	6.8%	7.2%	6.4%	6.9%	6.4%
Infant Mortality	4.4	4.1	5.6	5.0	5.1	4.5

Sources: County of San Diego, HHSA, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, SMBHWN:

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services based on community needs, the prior year's experience, and current funding levels
- Participates in programs and workgroups to review and implement services that improve the health status and emotional well-being of women and infants (Note: This is beyond the scope of current efforts of CHIP.)

Priority Community Needs Addressed in Community Benefits Report

The following identified community needs are addressed in the SMBHWN Community Benefits Report:

- Reducing the incidence of neonatal morbidity and mortality associated with preterm delivery
- Providing professional education and development

- Meeting the needs of new mothers and their families

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities.

Identified Community Need: Reducing the Incidence of Neonatal Morbidity and Mortality Associated With Preterm Delivery

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified maternal, infant and child health/family planning as the fifth most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- Preterm births account for 75 percent of newborn deaths. Preterm infants are 40 times more likely to die in the neonatal period than full-term infants and 22 times more likely to develop neurodevelopment handicaps such as cerebral palsy, seizure disorders and mental retardation.
- On average, there were 4,688 preterm births (less than 37 weeks gestation) a year in San Diego County (SDC) during the three-year period from 2007 through 2009. The preterm birth rate was 10.2 percent. In 2009, preterm births were higher in male newborns when compared to females, and highest among black mothers when compared to mothers of other race/ethnicity and mothers age 35 years and older when compared to mothers in two other age groups (15 to 24 years and 25 to 34 years).
- In 2009, 199 infants died before their first birthday in SDC. The infant mortality rate was 4.4 infant deaths per 1,000 live births. Infant mortality was similar for males and females and was highest among black infants when compared to infants of other race/ethnicity.
- Behavioral and social risk factors for infant mortality include substance use, medical complications, lack of prenatal care, environmental exposures, poor nutrition and lack of social supports. Demographic risk factors for infant mortality include race/ethnicity, genetics/family history, maternal age (young, older), socioeconomic status and cultural stress.
- The cost of caring for a premature infant in a hospital Neonatal Intensive Care Unity (NICU) ranges from \$20,000 to \$2.5 million, depending on the degree of prematurity. In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable. It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved. Education of parents and health care providers regarding risk reduction, early detection, and intervention is effective in preventing preterm births.

Measurable Objectives

- Develop, coordinate and provide educational programs on preterm labor and births, as well as prenatal health to women in the community
- Participate in community events and provide education on preterm births and prenatal health

FY 2012 Report of Activities

In FY 2012, SMBHWN offered free, monthly Preterm Birth Prevention classes on the warning signs of preterm labor and preventing preterm births, serving 120 people (including women and partners). SMBHWN also offered its Teen Child Birth Preparation course to 35 pregnant San Diego teens in FY 2012. The program provided free support and information on a variety of topics, including preparing for birth, what to expect postpartum, birth control, baby care, SIDs prevention, breastfeeding and topics selected by group members – ranging from childproofing one's home to communication skills.

SMBHWN actively supported Miracle Babies in FY 2012 and fundraised more than \$12,400 as well as participated in the Miracle Babies Walk in November. These funds helped provide financial assistance and support to San Diego families in need with newborns in the NICU. SMBHWN also provided educational resources to hundreds of community members through participation in various community events, including the AHA Heart Walk, the ACS Go Red for Women luncheon and the Speaking of Women's Health Conference.

Throughout FY 2012, SMBHWN led a variety of educational programs and workshops for expecting mothers and their families, covering various aspects of prenatal care. Topics included: how one's body prepares for birth and delivery; hospital procedures; medication choices; Cesarean delivery; relaxation and breathing techniques; postpartum care; breastfeeding and infant feeding; newborn characteristics and procedures; infant care information for grandparents; positive parenting techniques; and prenatal yoga.

FY 2013 Plan

SMBHWN will do the following:

- Continue to offer monthly preterm birth prevention classes
- Continue to conduct community outreach and education at various health fairs and events
- Continue to support the Miracle Babies foundation in San Diego

Identified Community Need: Providing Professional Education and Development

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for RNs and other health care personnel in the United States will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The U.S. Department of Health and Human Services (DHHS) estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate. According to the California Hospital Association (CHA), SDC will face a significant shortage of RNs over the next 20 years. Currently, there is an estimated shortage of more than 2,000 nurses in the County.
- The DOL reports that allied health professions represent about 60 percent of the American health care work force, and projects severe shortages of many allied health care professionals (DOL, 2010).
- According to the San Diego Workforce Partnership 2011 *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times* report, health care occupations that will be in highest demand in the next three to five years include physical therapists; medical assistants; occupational therapists; registered nurses; medical record and health information technicians; radiologic technologists and technicians; pharmacists; and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real-world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real-world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- Provide education and training for health care professionals
- Participate in professional organizations to enhance staff learning and share expertise
- Provide education and training for students interested in health care careers

FY 2012 Report of Activities

In FY 2012, SMBHWN served as a training site for more than 200 interns, residents, educators and student nurses in the following specialized areas: paramedics; social work; pharmacy; lactation; childbirth; obstetrics/gynecology; labor and delivery; neonatal; and perioperative nursing. Nearly 175 student nurses spent more than 15,000 hours at SMBHWN during the fiscal year, while ancillary health students spent more than 5,000 hours on the campus. Academic institution partners included University of San Diego (USD), Point Loma Nazarene University (PLNU), SDSU, Kaplan College and University of California, San Diego (UCSD). SMBHWN also provided lectures on the role of hospital social workers to both SDSU nursing students as well as chaplain residents, offering education to more than 20 attendees in FY 2012.

In FY 2012, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as ILCA, AWHONN, CWISH, NANN, March of Dimes, Perinatal Social Work Cluster and the National Perinatal Information Center. In addition, SMBHWN offered professional education classes for physicians, nurses and other health care professionals. SMBHWN gave numerous local and national presentations to organizations, including the Regional Perinatal System (RPS), CWISH and AWHONN. Presentations covered a variety of topics including outpatient newborn hearing screening, neonatology, infant fall prevention and the role of resource nurses in fire safety. This latter presentation at the annual AWHONN convention illustrated how resource nurses increased the perception of a safe, supportive work environment for the entire health care team, and prevented near-misses and sentinel events. The infant fall prevention poster focused on case studies of infant falls within the hospital, infant fall prevention education for staff and patients, and action steps to prevent future falls. The AWHONN presentation on the outpatient newborn screening program described how SMBHWN's outpatient program provides further opportunities to educate families about the normal development of hearing and speech ages and stages. The presentation demonstrated the importance for parents and caregivers to continue to diligently assess for age-appropriate speech and language development through the first years of life. Additionally, SMBHWN provided a presentation for NANN entitled Using a Performance Improvement Model to Decrease Central Line Blood Stream Infections in the NICU. SMBHWN also instructed a S.T.A.B.L.E. course, which is an educational program for health care providers on the management of unstable neonates awaiting transport and NICU admission.

In FY 2012, SMBHWN completed its fifth year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to students in grade levels nine, 11 and 12. In FY 2012, SMBHWN provided 19 students with professional development opportunities where students spent more than 1,550 hours at the hospital. During a 16-week

period, students were supervised as they rotated through a variety of departments, including labor and delivery, family home care classes, maternal and infant services, transportation, surgical services, perinatal special care unit (PSCU) and well-baby nursery. Students received instruction on educational and job requirements, as well as career ladder development.

FY 2013 Plan

SMBHWN will do the following:

- Continue to serve as a training site for interns, residents, educators and student nurses
- Continue to participate in collaboratives to learn and share specialty expertise
- Continue to participate in the HSHMC program

Identified Community Need: Meeting the Needs of New Mothers and Their Families

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Maternal, infant and child health/family planning was identified as the fifth most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy. The U.S. preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010).
- According to a 2006 report by the Centers for Disease Control and Prevention (CDC), progress in the United States to improve pregnancy outcomes – including low birth weight, premature birth and infant mortality – has slowed, in part because of inconsistent delivery and implementation of interventions before pregnancy to detect, treat and help women modify behaviors, health conditions and risk factors that contribute to adverse maternal and infant outcomes.
- Between 2005 and 2009, mothers in SDC beginning their prenatal care during their first trimester decreased from 87.2 percent to 82.0 percent, a 5.2 percent decrease.
- According to the CDC, maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes

include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid.

- Women who deliver prematurely, experience repeated miscarriages or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC.
- According to the American Psychological Association (APA), between 9 and 16 percent of postpartum women will experience postpartum depression (PPD), and among women who have already experienced PPD following a previous pregnancy, some prevalence estimates increase to 41 percent.

Measurable Objectives

- Provide outreach, education and support to new mothers and their families around preterm birth, prenatal health and women's health
- Provide support and education to new mothers and their families on postpartum care
- Provide NICU-specific support services to new mothers and their families
- Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding

FY 2012 Report of Activities

In FY 2012, SMBHWN was selected from more than 200 applicants to participate in the National Initiative for Children's Healthcare Quality (NICHQ) Best Fed Beginnings Learning Collaborative, consisting of ninety hospitals throughout the nation. The collaboration enables participating hospitals to exchange information and best practices in order to become a designated Baby-Friendly Hospital by 2014. Established by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 1991, the Baby-Friendly Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-quality breastfeeding care. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities.

SMBHWN anticipates Baby-Friendly USA Designation by September 2014, through the implementation of evidence-based maternity care practices and participation in the NICHQ Best Fed Beginnings Learning Collaborative. The requirements for a Baby-Friendly USA Designation include but are not limited to: training health care staff to properly implement a breastfeeding policy; providing education to pregnant women on the benefits of breastfeeding; demonstrating how to breastfeed and maintain lactation to new mothers; encouraging breastfeeding on demand; and referring mothers to breastfeeding support groups following discharge from the hospital.

In FY 2012, SMBHWN continued to offer free day and evening breastfeeding support groups to mothers and their families. Facilitated by an experienced

lactation educator, the groups met two to three times per week, and provided support and education to more than 2,200 mothers about the joys and challenges of breastfeeding. In addition, SMBHWN provided a weekly NICU Breastfeeding Support Group – the Mother’s Milk Club – open to all mothers in the community with a baby who spent any length of time in the NICU. The group provides support and counseling for specific topics of concern in this particular population, including milk supply, latching, sleeping, the stress of having a baby who is having problems and any other concerns of the group. Mothers are provided the opportunity to share their experiences, as well as to feed and show off their babies. In addition, a scale at the support group allows mothers to measure and track their baby’s growth. In FY 2012, nearly 100 mothers in the community attended the Mother’s Milk Club.

Additionally, SMBHWN provided specialized education and support to more than 400 mothers in FY 2012 through its open, ongoing, free postpartum support groups. Support groups met weekly and were open to new mothers in the community with babies of newborn age up to 12 months. The groups were led by licensed social workers and provided emotional support to women dealing with the challenges associated with new motherhood. SMBHWN also offered its monthly multiple loss support group, providing support and education to nearly 20 mothers and families in the community who lost a child during their pregnancy with twins or more.

In FY 2012, SMBHWN continued to provide a variety of educational programs and workshops for new mothers and their families that covered various aspects of postpartum care, including: postpartum depression and/or anxiety; infant sleep patterns and strategies; infant massage; newborn characteristics and procedures; infant nutrition; and positive parenting techniques. SMBHWN also offered daily family home care classes, providing critical support and information to new mothers, their families and nursing students. Topics included car seat safety, sudden infant death syndrome (SIDS), shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice. In FY 2012, staff devoted more than 700 hours to family home care classes and reached more than 4,000 patients, family members and student nurses.

SMBHWN also offered parents in the San Diego community a special volunteer opportunity in FY 2012 through the NICU Navigator Program, a unique program designed to connect families with babies in the NICU to parents whose newborns previously graduated from the NICU. These parents serve as NICU Navigators and volunteer their time to provide parents with free, one-on-one advice, guidance to appropriate resources and assistance as their baby transitions from hospital to home. The NICU Navigator Program also offered a Parent Hour, an hour-long informational session designed to enhance a parent’s developing relationship with his or her newborn. Each Parent Hour session was offered free to families with a baby in the NICU and focused on an assortment of topics, including premature growth and development, parenting a NICU infant, feeding,

bonding, medications and discharge preparations. In FY 2012, the NICU Navigator Program provided education, encouragement and emotional support to more than 200 parents and families with NICU newborns at SMBHWN.

Through the annual NICU Little Graduate Reunion, SMBHWN offers a unique experience for patients and families who have spent time in the NICU to continue the celebration of their care long after they leave the hospital. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team, and to celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. The reunion offers free developmental screenings, with connection to the Developmental Follow-up Program provided as needed. In FY 2012, approximately 500 former patients and their families attended the NICU Little Graduate Reunion.

FY 2013 Plan

- Continue to implement current evidence-based breastfeeding practices for new mothers and their families, and participate in the NICHQ Best Fed Beginnings Learning Collaborative
- Continue to offer a variety of free educational classes, workshops and outreach activities targeting new mothers and their families
- Continue to offer free postpartum and breastfeeding support groups to new mothers and their families
- Continue to provide the NICU Navigator Program and the NICU Little Grad Reunion to current and former NICU patients and their families

SMBHWN Program and Service Highlights

- Antenatal Diagnostic Center
- Breast Milk Depot
- Gynecologic oncology
- Lactation services
- Labor and delivery
- Mother and baby services
- Neonatal Intensive Care Unit
- New Beginnings Boutique and Gift Shop
- Obstetrical and women's triage services
- Parent education programs
- Perinatal Special Care Unit
- Prenatal Diagnostic Center
- Robotic gynecologic surgery
- Spiritual care and education
- Teen pregnancy program
- Van services
- Women's and infants' pathology services
- Women's education programs
- Women's surgery services



Encouraging Patient-Centered Care

~ SHARP MEMORIAL HOSPITAL ~

At Sharp Memorial Hospital, care is tailored to the needs of the individual in an environment that is supportive and respectful of personal preferences. The hospital shares best practices for its patient- and family-centered care delivery model with health care professionals across the nation and the world. In fiscal year 2012, more than 300 members of the health care community participated in educational opportunities at Sharp Memorial Hospital to learn about moving care delivery from a provider-centric approach to a patient- and family-centric approach. These individuals participated in experiential learning that combined individualized care with operational excellence.

Additionally, Sharp Memorial Hospital led community education and training in delivering compassionate care. In collaboration with the Stanford School of Medicine and the Center for Compassion Altruism Research and Education, members of the San Diego community participated in an eight-week Compassion Cultivation Training held at the Sharp Memorial Rehabilitation Center. The training used an integrative approach to ease compassion fatigue and re-energize individuals who provide ongoing care to others.

9 Sharp Memorial Hospital

- Sharp Memorial Hospital (SMH) is located at 7901 Frost Street in San Diego, ZIP code 92123.
- Sharp Memorial Outpatient Pavilion (the Pavilion) is located at 3075 Health Center Drive in San Diego, ZIP code 92123.
- Sharp Home Care is located at 8080 Dagget Street in San Diego, ZIP code 92111.
- Sharp Senior Health Center Downtown is located at 956 10th Avenue in San Diego, ZIP code 92101; Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, ZIP code 92117.

FY 2012 Community Benefits Program Highlights

SMH provided a total of **\$119,435,933** in community benefits in FY 2012. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMH's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Memorial Hospital – FY 2012

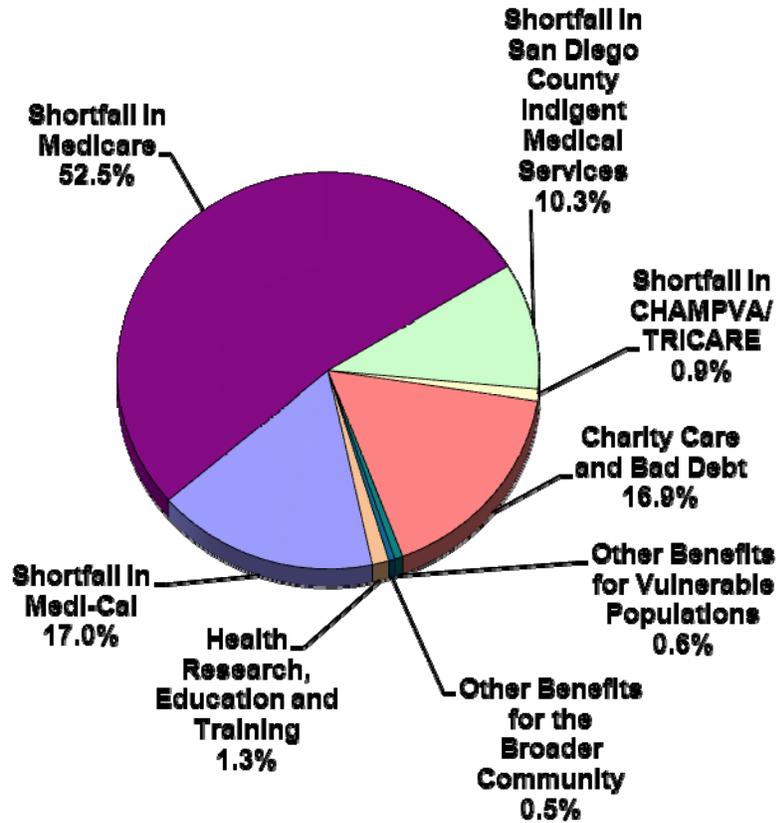
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms ¹	\$20,339,367
	Shortfall in Medicare ¹	62,706,205
	Shortfall in San Diego County Indigent Medical Services ¹	12,283,237
	Shortfall in CHAMPVA/TRICARE ¹	1,125,656
	Charity Care and Bad Debt ²	20,138,415
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	742,724
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	562,766
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,537,563
	TOTAL	\$119,435,933

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits, plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Memorial Hospital – FY 2012



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who are unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services; and financial support for onsite workers to process Medi-Cal eligibility forms. In FY 2012, the State of California and the Centers for Medicare and Medicaid Services approved a Medi-Cal Hospital Fee Program for the time period of January 2011 through December 2013. This resulted in an increased reimbursement of \$31 million to SMH and an assessment of a quality assurance fee totaling \$22.9 million in FY 2012. The net impact of the program totaling \$8.1 million reduced the amount of unreimbursed medical care services for the Medi-Cal population at SMH. This reimbursement helped offset prior years' unreimbursed medical care services; however the additional funds recorded in FY 2012 understate the true unreimbursed medical care services performed for the past fiscal year.
- Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Project HELP; contribution of time

to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.

- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; support groups; health screenings for diabetes, stroke, arthritis, osteoporosis, depression, blood pressure, heart disease, nutrition, BMI, hearing, balance and diseases or disorders of the hands, such as arthritis and tendonitis; and the Cancer Institute's Patient Navigator program. SMH collaborated with local schools to promote interest in health care careers. The Senior Resource Center and Senior Health Centers offered flu vaccinations and specialized education and information for seniors. SMH also offered meeting room space at no charge to community groups. In addition, hospital staff actively participated in community boards, committees and other civic organizations, such as the American Cancer Society, the American Heart Association, Health Sciences High and Middle College Board, San Diego Association of Diabetes Educators, San Diego Eye Bank Nurse Advisory Board, University of California, San Diego (UCSD) Advisory Board, Emergency Nurses Association – San Diego Chapter, YMCA, Association for Clinical Pastoral Education (ACPE), Community Health Improvement Partners (CHIP), Healthcare Association of San Diego and Imperial Counties, San Diego Emergency Medical Care Committee, San Diego Blood Bank, San Diego Healthcare Disaster Council, and San Diego Interreligious Committee. See **Appendix A** for a listing of Sharp community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.
- **Health Research, Education, and Training Programs** included education and training of health care professionals; student and intern supervision; time devoted to generalizable health-related research projects that were made available to the broader health care community; and financial support of the Sharp HealthCare Professional Education and Research Institute at San Diego State University (SDSU).

Definition of Community

The community served by SMH includes the north central region of San Diego County, including the sub-regional areas of Kearny Mesa and Clairemont, and the central coast of San Diego County from Del Mar to the Point Loma area. See **Appendix B** for a map of community and region boundaries in San Diego County.

Description of Community Health

In the north central region in 2009, 97 percent of children ages 0 to 11, 96 percent of children ages 12 to 17 and 90.4 percent of adults had health insurance, failing to meet the HP 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in San Diego County's North Central Region, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	97.0%	100%
Children 12 to 17 Years	96.0%	100%
Adults 18 + Years	90.4%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	99.0%	100%
Children 12 to 17 Years	94.7%	100%
Adults 18 + Years	89.1%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	11.4%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 Years), 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

¹ The U.S. DHHS' HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all, and to promote quality of life, healthy development and healthy behaviors across all life stages.

Heart disease and cancer were the top two leading causes of death in the north central region. See **Table 4** for a summary of leading causes of death in the north central region.

Table 4: Leading Causes of Death in San Diego County’s North Central Region, 2010

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	888	26.4%
Disease of heart	757	22.5
Alzheimer’s disease	223	6.6
Cerebrovascular diseases	173	5.1
Chronic lower respiratory diseases	170	5.1
Accidents (unintentional injuries)	151	4.5
Intentional self-harm (suicide)	82	2.4
Diabetes mellitus	73	2.2
Influenza and pneumonia	62	1.8
Chronic liver disease and cirrhosis	46	1.4
Parkinson’s disease	46	1.4
Essential (primary) hypertension and hypertensive renal disease	38	1.1
Septicemia	31	0.9
Nephritis, nephritic syndrome and nephrosis	17	0.5
Viral hepatitis	14	0.4
All other causes	595	17.7
Total Deaths	3,366	100.0%

Source: County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, SMH:

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services, based on community needs, the prior year’s experience and current funding levels

- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Report

The following identified community needs are addressed in the SMH Community Benefits Report:

- Outreach for flu vaccines
- Health education and screening for seniors
- Health education and wellness
- Diabetes education and screening
- Cancer education and patient navigator services
- Education, support and screening for stroke
- Orthopedic and osteoporosis community education
- Prevention of unintentional injuries
- Support of community nonprofit health organizations
- Health professions education and training, and promotion of interest in health care careers
- Support during the transition of care for high-risk, underserved and underfunded patients

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities.

Identified Community Need: Outreach for Flu Vaccinations

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified keeping immunizations current as the seventh most important health-related behavior overall in the 2010 CHNA.
- Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management. Large differences were observed between individuals with private insurance and those with no insurance for measures related to: cancer screening; diabetes management; dental care; counseling about diet and exercise; and flu vaccination.
- Pneumonia and influenza ranked as the ninth leading cause of death in SDC.
- In 2010, there were 62 deaths due to pneumonia and influenza in the County's north central region. The region's age-adjusted death rate due to pneumonia and influenza was 9.7 per 100,000 population, higher than the County average of 9.2 deaths per 100,000 population.
- In SDC, an estimated 72 percent of seniors age 65 years and older were vaccinated for influenza in 2007, failing to meet the HP 2020 target of at least 90 percent of adults age 65 years and older vaccinated annually for influenza.
- The Centers for Disease Control and Prevention (CDC) recommends annual vaccination against influenza for the following: people age 50 years and older; adults and children with a chronic health condition; children aged six months up to their 19th birthday; pregnant women; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than 5 years of age.
- Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers.

Measurable Objective

- In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations

FY 2012 Report of Activities

The SMH Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, newspaper notices and the 82-SHARP events page on Sharp's website, Sharp.com.

In FY 2012, the SMH Senior Resource Center and the Sharp Senior Health Centers (Clairemont and Downtown) sponsored nine community seasonal flu clinics, serving nearly 630 seniors and others with chronic illnesses. Seasonal flu clinics were held in a variety of locations including Sharp Senior Health Center Clairemont, Sharp Senior Health Center Downtown, Jewish Family Services, Bayside Community Center, the Potiker Family Senior Residence, City Heights Senior Residence, All Souls' Episcopal Church, Saint Agnes Catholic Church, Holy Trinity Catholic Church, the Senior Health Fair at Point Loma Community Presbyterian Church, the Gary and Mary West Senior Wellness Center, and the Orchard Apartments (low-income senior housing). At many of these community sites, the SMH Senior Resource Center provided calendars of the activities at the SMH Senior Resource Center and upcoming community events, including blood pressure clinics, community senior programs and health services.

FY 2013 Plan

The SMH Senior Resource Center and the Sharp Senior Health Centers will do the following:

- Provide seasonal flu vaccinations at nine community sites for seniors with limited mobility and access to transportation, as well as for high-risk adults, including low-income, minority and refugee populations
- Coordinate the notification of seniors regarding the availability of seasonal flu vaccines and the provision of flu vaccines to high-risk individuals in selected community settings
- Direct seniors and other chronically ill adults to available seasonal flu clinics, including physicians' offices, pharmacies and public health centers
- Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults
- Publicize flu clinics through media and community partners
- Continue to provide seasonal flu immunizations at food bank sites

Identified Community Need: Health Education and Screening for Seniors

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke; cancer; diabetes; arthritis; overweight and obesity; and chronic respiratory disease as the top six health issues facing seniors ages 65 years and older in the 2010 CHNA.
- In 2010, the leading causes of death among senior adults age 65 years and older in SDC were heart disease; cancer; Alzheimer's disease; stroke; chronic lower respiratory diseases; diabetes; influenza and pneumonia; unintentional

injuries; hypertension and hypertensive renal disease; chronic liver disease and cirrhosis; and Parkinson's disease.

- In 2007, there were 83,906 visits by seniors aged 65 years and older that were treated and discharged from a SDC emergency department (ED) (23,883 per 100,000), or one out of every four senior residents of SDC. The rate of ED discharge increased with age group and was higher among females than males. Black and Hispanic seniors had the highest rates of ED discharge, and rates were highest among residents of the County's central and east regions.
- In 2009, rates of hospitalization among senior adults age 65 years and older in SDC were higher than the general population due to coronary heart disease, stroke, diabetes, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), arthritis and dorsopathy (diseases of the spine).
- In 2008, the top causes of ED utilization among persons age 65 years and older were falls, arthritis, chronic lower respiratory diseases, diabetes and stroke.
- Older adults utilize more ambulatory care, hospital services, nursing home services and home health services than young people.
- Seniors in SDC use the 911 system at higher rates than any other age group. In 2007, 58,060 calls were made to 911 for seniors ages 65 years and older needing pre-hospital (ambulance) care in SDC, at a rate of 16,526 per 100,000 population, or one out of every six seniors. The rate increased with age to one out of three seniors ages 85 years and older, and was higher for females than for males.
- There are an estimated 4 million family caregivers in California today, according to the California Caregiver Resource Center. Whether aging Californians live in their own homes, with a relative, in an assisted-living residential facility or in a nursing home, one of the keys to their care is family caregiving – defined as those family members and informal care providers who assist with the care of disabled elderly relatives. Reaching out to families and community members who are caring for older adults helps to maintain the health of older adults as well as their caregivers.

Measurable Objective

- Coordinate and host a variety of senior health programs, including education, information and screenings

FY 2012 Report of Activities

In FY 2012, SMH Senior Resource Center provided free health education programs to 521 seniors, caregivers and loved ones of the elderly, and coordinated health promotion classes on topics such as stroke, diabetes, arthritis, osteoporosis, fall prevention, nutrition, hearing, memory loss, end-of-life issues, caregiver resources, maintaining a healthy voice, sleep disorders, Vials of

Life, Medicare and insurance, advance directives, and communication with health care providers. In addition, the SMH Senior Resource Center served more than 500 seniors through health screenings for blood pressure, medication management, stroke, hearing, balance, hand conditions, arthritis and diabetes, and provided referrals to 93 individuals for follow-up care.

The SMH Senior Resource Center also participated in 11 community health events in FY 2012 – including health fairs, conferences, seminars and expos – and reached approximately 900 attendees through these venues. Among these events, the SMH Senior Resource Center participated in the San Diego Community Action Network (SanDi-Can) End-of-Life Conference in Balboa Park; Caregiver Conferences at Point Loma Community Presbyterian Church and First United Methodist Church; health fairs at St. Paul's Senior Homes & Services and the Mission Valley YMCA; an Arthritis Expo and an Aging: Planning and Coping Conference at Point Loma Community Presbyterian; the Standing Together to Prevent Falls event at the First United Methodist Church; and the Games Day event at All Saints Unitarian Church. This latter event was the annual fundraiser for the Peninsula Shepherd Center, which provides information, referrals, transportation and outreach to seniors in Point Loma. In addition, the SMH Senior Resource Center conducted a Meet the Pharmacist event at the George Stevens Senior Center and provided a pharmacist to review different medications – including prescriptions, over-the-counter medications, herbs and supplements – with more than 90 seniors in the community. Through a presence at these community venues, the SMH Senior Resource Center provided education and resources to nearly 700 community members. The SMH Senior Resource Center also coordinated a senior health fair in Point Loma that provided 200 attendees with flu vaccinations, health screenings, health resources and community services. Additionally, calendars highlighting SMH's Senior Resource Center activities were mailed monthly to approximately 3,000 households.

In FY 2012, SMH Senior Resource Center distributed more than 1,800 Vials of Life – providing important medical information to emergency personnel for seniors and disabled people living in their homes – and more than 50 advance directives for health care.

The Sharp Senior Health Centers also presented educational health information to seniors regarding advance directives, Medicare and Medi-Cal benefits, depression and care options, as well as food, eye glasses and dental resources. Through these educational presentations, the Senior Health Centers reached 180 community members.

The Sharp Senior Health Centers participated in a variety of community events in FY 2012, providing education and resources to hundreds of attendees at the Senior of Today Conference in Poway; the Caregiver Conference at Point Loma Community Presbyterian Church; the SanDi-Can End of Life Conference; Live Well San Diego; the San Diego County Council on Aging and the Third Avenue

Charitable Organization (TACO) in Downtown San Diego, which provides free medical, acupuncture, dental and legal clinics to those in need. The SanDi-Can End of Life Conference focuses on helping community members plan ahead regarding burial, advanced directives and financial management. At Live Well San Diego, the Senior Health Centers spoke about aging and how they can help keep seniors healthy and active.

In addition, the Sharp Senior Health Centers participated in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center, providing information on topics such as fall prevention, nutrition and exercise, balance issues, doctor visits, anxiety reduction techniques, medications and Medicare to more than 300 members of the senior community.

In FY 2012, the SMH Senior Resource Center and/or Sharp Senior Health Centers maintained active relationships with Peninsula Shepherd Senior Center, Senior Community Centers of San Diego, Bayside Community Center, Westminster Tower (senior housing), Jewish Family Service of San Diego, Live Well San Diego, Caregiver Coalition of San Diego, Adult Protective Services, Southern Caregiver Resource Center, Alzheimer's Association, American Parkinson Disease Association, Inc., Arthritis Foundation, SanDi-Can, and Health Insurance Counseling and Advocacy Program (HICAP) – ensuring ongoing networking among community professionals and the provision of quality programs for seniors. The Sharp Senior Health Centers' collaboration with HICAP included the provision of biweekly counseling and education by a HICAP representative to community members at the Senior Health Center Clairemont. HICAP staff offered objective counseling on Medicare rights, benefits and insurance policy options to address seniors' questions and concerns.

FY 2013 Plan

The SMH Senior Resource Center and/or Sharp Senior Health Centers will do the following:

- Coordinate, publish and mail a calendar of activities to approximately 3,000 San Diego households
- Provide information on various senior issues such as senior mental health, memory loss, hospice, senior services, nutrition, healthy aging and balance and fall prevention
- Provide health information, health promotion classes and health screenings to the community
- Participate in community health fairs
- Coordinate two conferences – one dedicated to family caregiver issues in collaboration with the Caregiver Coalition of San Diego and one focused on chronic care management in collaboration with Sharp HospiceCare
- Continue support of the Vials of Life program by distributing 1,000 vials

- Maintain active relationships with community organizations serving seniors throughout San Diego, including Point Loma, the County's central and north central regions, and downtown
- Continue to participate in a monthly SHC Speaker Series at the Gary and Mary West Senior Wellness Center

Identified Community Need: Health Education and Wellness

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified improving nutrition and achieving a healthy weight status as the most important health-related behavior overall (when considering a total of six health-related behaviors) in the 2010 CHNA.
- Other health-related behaviors considered to be important components in long-term health included (ranked in priority order) physical activity and fitness; substance abuse and tobacco use; injury and violence prevention; oral health; and immunization.
- CHIP members also identified the most important health outcomes (ranked in priority order) as: diabetes; heart disease and stroke; mental health and mental disorders; cancer; maternal, infant and child health/family planning; infectious disease; and respiratory diseases.
- According to findings presented in the 2010 CHNA, nationally, the prevalence of obese adults has increased by 68 percent since 1995, from 16 percent to almost 27 percent.
- 2009 Behavioral Risk Factor Surveillance System data for SDC indicate that almost 59 percent of the adult population is considered either overweight or obese.
- Obese children are 70 percent more likely to continue being obese into adulthood and more likely to die prematurely before the age of 55, compared with healthy-weight children, according to a 2010 report from the Robert Wood Johnson Foundation. Additionally, they are at greater risk for a variety of serious medical issues including heart disease, high cholesterol, high blood pressure, diabetes, sleep apnea and cancer. In addition to the clinical consequences of obesity, these children are more likely to experience social discrimination, low self-esteem and depression.
- According to research presented in the 2010 CHNA, being overweight or obese as an adult increases the risk for coronary heart disease; congestive heart failure; Type II diabetes; certain cancers; hypertension; dyslipidemia; stroke; liver and gallbladder disease; osteoarthritis; sleep apnea and respiratory problems; gynecological problems; psychological disorders; and discrimination.
- Many factors contribute to overweight and obesity including genetic predisposition, environmental influences, behavior (dietary patterns and

physical activity), cultural influences and socioeconomic status, according to research presented in the 2010 CHNA.

Measurable Objective

- Coordinate and host a variety of health education and wellness offerings for the community

FY 2012 Report of Activities

The Sharp Memorial Outpatient Pavilion (the Pavilion) and various departments of the hospital conduct a broad spectrum of community health education classes. In FY 2012, classrooms were booked for more than 2,600 hours and set up for more than 18,500 students. Topics included (but were not limited to): integrative therapies and holistic healing (acupuncture, massage, meditation, stress reduction, etc.), fall prevention, brain health, spine health, arthritis, healing touch, hearing loss, urinary incontinence, diabetes, nutrition, cooking classes, high blood pressure, caregiver issues, advance directives, estate planning and senior resources. In addition, the Pavilion hosted numerous health screenings including osteoporosis, stroke, diabetes, depression, blood pressure and body mass index (BMI).

Various support groups for diabetes, cancer, breastfeeding, postpartum support, bereavement, disability, stroke, heart disease and heart transplantation were also provided at the Pavilion Community Conference Center and SMH Rehabilitation Services. Heart disease and stroke support groups included Women With Heart Disease, Congestive Heart Failure, and Young Enthusiastic Stroke Survivors (YESS).

Sharp Rehabilitation Services (Sharp Rehab) also offered the Challenged Women's Support Group (CWSG) in FY 2012, which strives to empower women with disabilities by offering facilitated support groups, peer support, lectures and social events. In FY 2012, the group met monthly at the Sharp Memorial Rehabilitation Center where women gathered to share thoughts and emotions about their current life challenges, victories and visions. The CWSG also arranged special outings in FY 2012, including a visit to the Japanese Friendship Gardens and Mengei International Museum at Balboa Park, among other activities. The CWSG is facilitated by two experienced Sharp Rehab social workers and included 70 participants in FY 2012. With a network of 140 disabled women and community partners, the CWSG is the only support group strictly for women with disabilities in the San Diego area.

Also in FY 2012, Sharp Rehab offered the Support Group for Men with SCI (Spinal Cord Injury). The support group provided emotional support through meetings twice a month, guest speakers and special outings, including a trip to the Padres game. Furthermore, support group members offered their own peer

support to patients with recent injuries. Led by a Sharp Rehab social worker, the Support Group for Men with SCI included approximately 60 meeting attendees in FY 2012, as well as an additional 60 community members involved through an electronic resource and support network. Sharp Rehab also provided the Sharp Players weekly support group to approximately 25 members with a range of conditions including brain injury, SCI, spina bifida, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. The Sharp Players use a drama-focused approach to facilitate emotional healing and support. In FY 2012, the group provided six performances for senior centers and other community organizations in SDC. In addition, Sharp Rehab gave numerous professional presentations throughout the year, contributing to the advancement and improvement of rehabilitation services in the community.

The Pavilion also offers the Community Health Library at the Cushman Wellness Center, featuring DVDs, CDs, books, pamphlets, access to the Internet and two staff members to help consumers locate health information. The library publishes and distributes a quarterly newsletter, as well as a classroom community calendar for the Pavilion and other pertinent health news and information. In FY 2012, 1,800 newsletters were mailed and 400 newsletters were delivered electronically. The library also collaborates with and provides resources to all Sharp entities. In FY 2012, outreach to the local community was a high priority. The consumer health librarian provided presentations on health literacy topics to nearly 950 community members at a variety of community organization sites, health fairs and events, including the Earth Fair at Balboa Park, the Sharp Senior Health Center Downtown, St. Vincent de Paul Village, the Southern California Library Literacy Network (SCLLN), the California Library Association (CLA), CUSO Financial Services, the Family Health Centers of San Diego's (FHCS) Black Infant Health Program, an integrative medicine in-service talk, Epsilon Xi Omega Chapter and Sharp's annual Speaking of Women's Health Conference. During the Speaking of Women's Health Conference, Pavilion team members registered community members for Sharp's email newsletter, provided education on finding appropriate health information on the Internet and informed attendees about the various health resources available through the Cushman Wellness Center Community Health Library.

The consumer health librarian also served on the CHIP Health Literacy Task Force and developed health literacy resources for other consumer health librarians and consumers, as well as provided educational talks on health literacy on behalf of CHIP and Sharp. To further extend education to community members, the Pavilion continued the Text-a-Health-Librarian Program through which community members have the capability to text questions to and receive responses from Sharp's consumer health librarian. Community members can learn more about the Community Health Library through Sharp.com and may contact the consumer health librarian by email or phone.

SMH also provided its Arts for Healing Program in FY 2012. Arts for Healing is led by Sharp's Spiritual Care team and provides music and art to improve patients' emotional and spiritual health, and support faster recovery. In FY 2012, fifty volunteers, including several students from Point Loma Nazarene University (PLNU) and San Diego Mesa College supported Arts for Healing by facilitating art activities for patients and their loved ones. In December, Arts for Healing provided art activities for children at Saturday With Santa, a public event hosted by the SMH auxiliary for children to have their picture taken with Santa. Approximately 400 people attended this event. In addition, Arts for Healing provided art therapy for patients at SMH and Sharp Rehab, and community members at the Pavilion cancer support group.

In the summer of FY 2012, SMH received a year-long LIVESTRONG Grant to facilitate the replication of an Artist in Residence (AIR) program founded by The Creative Center in New York City. The AIR program brings art-making to patients' bedsides, serving patients, families and health care staff. The goal of AIR is to develop supportive relationships with patients and enhance the healing process by providing relief from boredom, stress, fear and pain associated with diagnosis and hospitalization. Activities include painting, drawing, mixed media, mandala making, beading, paper arts and other fine arts projects. Since July 2012, SMH's Artist in Residence has engaged more than 120 oncology patients, guests and staff in art by the bedside.

FY 2013 Plan

SMH will do the following:

- Develop and coordinate quarterly calendars and newsletters of community health education and screening events
- Continue to host community support groups on a variety of topics
- Continue to partner with local, national and international organizations to increase health literacy in the community as well as train front and back office staff on health literacy
- Continue to increase awareness of the Community Health Library and its resources
- Continue to provide health information, health promotion classes and health screenings to community members
- Continue to participate in community health fairs
- Expand the Artist in Residence program to include patients in the SMH Outpatient Infusion Center

Identified Community Need: Diabetes Education and Screening
Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified diabetes as the most important health outcome overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- In 2010, there were 73 deaths due to diabetes in the County's north central region. The region's age-adjusted death rate due to diabetes was 12.2 per 100,000 population. (Note: Diabetes is also a contributing cause of death.)
- In 2009, there were 411 hospitalizations due to diabetes in the County's north central region. The rate of hospitalizations for diabetes was 65.9 per 100,000 population. The hospitalization rate in the region was the lowest among SDC's regions and lower than the County average of 126.5 diabetes hospitalizations per 100,000 population.
- In 2009, there were 479 diabetes-related ED visits in the County's north central region. The rate of visits was 76.8 per 100,000 population. The diabetes-related ED visit rate in the region was the lowest among SDC's regions and lower than the County average of 132.7 per 100,000 population.
- 7.4 percent of adults in SDC's north central region participating in the 2009 CHIS indicated that they were ever diagnosed with diabetes, lower than the County statistic of 7.8 percent.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's Health and Human Services Agency (HHS), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)

Measurable Objective

- Provide diabetes education and screening in the north central region of San Diego County

FY 2012 Report of Activities

The SMH Diabetes Education Program is recognized by the American Diabetes Association (ADA) and meets national standards for excellence and quality in diabetes education.

In FY 2012, the SMH Diabetes Education Program conducted two blood glucose screening events in collaboration with the SMH Senior Resource Center. The events were held at the Point Loma Community Presbyterian Church and the Point Loma YMCA, and provided screenings to 34 community members and identified four attendees with elevated blood glucose levels. In addition, the SMH

Diabetes Education Program provided educational lectures to the San Diego community, including seniors at the SMH Outpatient Pavilion Senior Health Fair, and the SDSU Senior Health Fair. Through these events, the SMH Diabetes Education Program provided screenings and delivered education on topics such as diabetes prevention, management of diabetes, nutrition, exercise, weight loss and lipid control to more than 45 members of the senior community. Of the individuals screened, 16 were identified with elevated blood glucose levels and received resources for follow-up.

In addition, the SMH Diabetes Education Program provided lectures to cardiac rehabilitation students in San Diego. Approximately 30 cardiac rehabilitation students received informative education about the role of diabetes in patient treatment. Screenings and education events were developed with input from the Diabetes Behavioral Institute. The SMH Diabetes Education Program also continued to support the ADA's Step Out: Walk to Stop Diabetes held in October at Mission Bay through fundraising and team participation.

As Type II diabetes is one of the leading causes of kidney disease, the SMH Diabetes Education Program is actively involved with the renal health community in San Diego. In FY 2012, the SMH Diabetes Education Program collaborated with the Balboa Nephrology Medical Group and the John Brockington Foundation to provide ongoing education and support to community members that had undergone transplant or experienced kidney disease, as well as members of the professional health care community. In addition, the SMH Diabetes Education Program conducted two educational lectures about living with diabetes for transplant staff in the community, and provided education and resources on dialysis, stages of kidney disease and other topics to more than 40 individuals. The SMH Diabetes Education Program also participated in the National Kidney Foundation's Kidney Early Evaluation Program (KEEP) event, which emphasized the importance of screening for kidney disease. Event attendees visited different booths that provide screenings – including blood glucose, blood pressure, and cholesterol – as well as education and resources on the warning signs of diabetes, and the opportunity to consult with a nephrologist regarding their screening results. Additionally, the SMH Diabetes Education Program provided an educational session and support group for patients and family members awaiting kidney transplant in FY 2012. The session featured a transplant recipient and donor who shared their personal experiences, as well as provided attendees with information on steps to remain healthy in preparation for their transplant.

The SRS Diabetes Education Program also conducted screenings and education at a variety of events throughout San Diego, including December Nights and the Speaking of Women's Health Conference. The SRS Diabetes Education Program screened more than 400 community members at these events, and as a result of these screenings, approximately 70 individuals were identified with elevated blood glucose levels. Of those identified with elevated blood glucose

levels, nearly 20 had a pre-existing diagnosis of diabetes mellitus. The SRS Diabetes Education Program also provided education and screenings at the Mission Valley YMCA health fairs, held in both April and June. Through these events, nearly 75 community members were screened, and three individuals were identified with elevated blood glucose levels and provided with follow-up resources.

FY 2013 Plan

SMH's Diabetes Education Program will do the following:

- Coordinate and implement blood glucose screenings at community and hospital sites in SDC's north central region
- Conduct educational lectures at various community venues
- Continue to support ADA's Step Out: Walk to Stop Diabetes
- Continue to collaborate with the Diabetes Behavioral Institute to host community lectures that will assist diabetes patients and their loved ones
- Conduct educational symposiums for health care professionals that include a focus on special population needs such as transplant and kidney patients
- Keep current on resources to support the community
- Foster relationships with community clinics to provide education and resources to community members

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified cancer as the fourth most important health outcome overall (when considering a total of seven health outcomes).
- Findings presented in the 2010 CHNA revealed that uninsured individuals are less likely to get recommended care for disease prevention and management. Large differences were observed between individuals with private insurance and those with no insurance for measures related to: cancer screening; diabetes management; dental care; counseling about diet and exercise; and flu vaccination.
- In 2010, cancer was the leading cause of death in the County's north central region responsible for 26.4 percent of deaths.
- In 2010, there were 888 deaths due to cancer (all sites) in the County's north central region. The region's age-adjusted death rate due to cancer was 149.8 deaths per 100,000 population.
- According to the ACS, cancer survival is greatly improved if the cancer is diagnosed at an early stage. Such diagnosis is an indication of screening

(ACS, 2006). Review of 2004 cancer cases diagnosed at an early stage in SDC found that early stage diagnosis among Latinos is lowest for female breast cancer, prostate cancer, and male and female colon cancer, with rates of 76 percent, 63 percent, 37 percent and 41 percent, respectively. Low percentage of early stage diagnoses is an important indicator of inadequate cancer screening for these types of cancer among Latinos.

- Participants in the 2007 CHNA focus groups recognized the importance of various types of cancer screenings, such as mammography, pap smears and prostate examinations, in preventing disease.
- Cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. According to findings presented in the 2007 CHNA, cancer survivors identified several significant burdens, including poorer health, spending more days in bed, increased need for help with activities of daily living and less likely to be employed.
- Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.
- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California. In addition, of the estimated 12,490 new cases of all cancers in San Diego County for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000).
- In San Diego County, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.
- According to a survey of San Diego providers in the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the majority of providers identified Mexicans as the ethnic and the immigrant group most in need of additional resources (the survey separated Mexicans from other Latinos in order to collect more specific information).
- According to the Susan G. Komen for the Cure San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care access included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors, while the most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education, and language barriers. Increased advocacy, education, funding and partnerships

were among the suggestions for improving programs, services and the breast health care system overall.

Measurable Objective

- Provide cancer education, support services and patient navigation to the community

FY 2012 Report of Activities

In FY 2012, the SMH Cancer Institute, a program partially sponsored by grant funding from the Susan G. Komen Breast Cancer Foundation, devoted approximately 145 staff hours to a variety of community programs that reached nearly 400 community members. Educational classes included Nutrition, Exercise and Complimentary Therapies; The Healing Power of Music; Mind, Breath and Meditation; a Food for Life cooking series; and nutrition classes. In addition, quarterly Cancer Survivorship classes were offered, which focused on physical and emotional issues after cancer, as well as a class entitled Exploring the Garden of Life, which discussed holistic approaches to health including getting to know one's inner self and nourishing the soul. A class entitled In Sickness and In Health educated attendees on the importance of knowing their family history and how to obtain and share it with their medical team.

Three lymphedema seminars were also held in FY 2012, providing community members with free lymphedema education including risk factors, steps for prevention and next steps for dealing with the condition. Uninsured patients at risk for or suffering from lymphedema were referred to appropriate preventive services as well as community resources for need-based compression sleeves and gauntlets. In addition, three breast cancer education forums were held for women newly diagnosed with breast cancer, and provided education from four specialty physicians on all aspects of breast cancer treatment, including surgery, reconstruction, pathology and medical and radiation oncology.

In July 2012, the SMH Cancer Institute provided a class entitled Cancer 101, which educated community members about diagnosis and treatment for cancer, the psychosocial aspects of dealing with cancer, caring for the caregiver, survivorship following cancer treatment, advance care planning and home care options. In September, a seminar entitled Advanced Treatment Options for Prostate Cancer was led by two physicians who provided education on diagnosis and treatment options for prostate cancer, and included a question and answer period focused on prostate cancer screening. In October, a Celebration of Life event held at the Pavilion provided all cancer patients in the community with a celebratory meal and interactive healing music. In addition, the SMH Cancer Institute provided an educational presentation to the International Youth Council about cancer diagnosis and treatment.

In FY 2012, the SMH Cancer Institute provided a variety of cancer support groups for more than 430 patients and community members. Support groups included Women's Cancer, Life After Cancer, Living With Stage IV Cancer (a support group specifically for friends and family members of cancer patients) and the Young Patient's support group (the only support group in San Diego for young adult men and women with cancer).

The SMH Cancer Institute also offers three patient navigators to assist patients and family members from the time of diagnosis through the course of treatment. Each patient navigator is assigned to a group of specific cancer diagnoses, including: breast cancer; lymphomas and head, neck and lung cancers; and colon, rectal, renal, prostate, gynecological and all other cancers. The SMH patient navigators provide ongoing guidance for patients and families, including: facilitation of appointment scheduling; explanation of procedures and test results; provision of education and support during diagnosis and treatments; and provision of financial resources and referrals to community agencies. In addition, the patient navigator team provides free educational seminars, classes and materials to help patients, families and community members better understand a specific cancer diagnosis. In addition, for the past nine years, the SMH patient navigators have provided weekly Healthy Steps classes to community members. Healthy Steps is a gentle, therapeutic exercise program that utilizes the Lebed method to aid the lymphatic system. In FY 2012, Healthy Steps served approximately 10 attendees per week.

In FY 2012, the SMH Cancer Institute participated in the ACS Making Strides Breast Cancer Walk, as well as hosted an awareness booth at Sharp's annual Speaking of Women's Health Conference, where they provided educational materials, calendars and information on breast cancer screenings and performing a self-breast exam.

FY 2013 Plan

SMH will do the following:

- Continue to provide a variety of cancer-focused community education classes through the SMH Cancer Institute
- Continue to participate in community walks, health fairs and events
- Continue to provide a variety of cancer support groups
- Provide patient navigator services to all cancer patients
- Continue to seek funding to support the Cancer Institute

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified heart disease and stroke as the second most important health outcomes overall (when considering a total of seven health outcomes) in the 2010 CHNA.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County's Health and Human Services Agency (HHSA), in 2007, stroke was the third leading cause of death in SDC.
- On average, there were 184 deaths a year due to stroke in the County's north central region during the three-year period from 2008 through 2010. In SDC, the average age-adjusted death rate due to stroke during this period was 35.1 deaths per 100,000 population, higher than the HP 2020 target of 33.8 deaths per 100,000.
- If no changes are made in risk behavior, based on current disease rates it is projected that the total number of deaths from heart disease and stroke will increase by 38 percent by the year 2020, according to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County of San Diego HHSA.
- In 2009, there were 1,097 hospitalizations due to stroke in the County's north central region. The rate of hospitalizations for stroke was 175.8 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County of San Diego HHSA, in 2007, nearly 63 percent of hospitalizations were due to heart disease and stroke. If no changes are made in risk behavior, based on current rates, it is projected that the total number of hospitalizations for stroke will increase by 31 percent by the year 2020.
- In 2009, there were 192 stroke-related ED visits in the County's north central region. The rate of visits was 30.8 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report from the County of San Diego HHSA, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.

Measurable Objective

- Provide stroke education and screening services for the community, with an emphasis on seniors

FY 2012 Report of Activities

Note: SMH is certified by The Joint Commission as a Primary Stroke Center (recertified in FY 2011). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the American Heart Association's (AHA) Get With the Guidelines (GWTG) Gold Plus Achievement Award for Stroke, and the Target: Stroke Award. The AHA's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients. The AHA's Target: Stroke award focuses on improving the timeliness of intravenous tissue plasminogen activator (IV rt-PA) administration to eligible patients.

In conjunction with the seasonal flu clinics conducted by the SMH Senior Resource Center in FY 2012, the SMH Stroke Center provided stroke screenings to seniors and high-risk adults. In collaboration with the SMH Senior Resource Center, SMH provided a presentation to 20 community members entitled Stroke Is a Brain Attack, in which a neurologist spoke about stroke prevention and warning signs. The event, held at the SMH Outpatient Pavilion, provided education and screenings to approximately 20 seniors. Additionally, the SMH Stroke Center provided support to the Summer Healthcare Saturday event in Grossmont Center.

In addition, the Sharp system stroke program participated in the collaborative Strike Out Stroke Night at the Padres. Held in May, the event was a collaboration with the San Diego Stroke Consortium and the County of San Diego, and included the participation of Scripps Health, Palomar Health, Tri-City Medical Center, Alvarado Hospital, Kaiser Foundation Hospital San Diego, UCSD Health and the San Diego Padres to promote an evening of stroke awareness and survivor celebration. SMH chaired the event, and provided coordination for community partners, logistics, as well as a stroke survivor to speak at the event. More than 900 community members attended the event, and more than 40 screenings were provided to attendees. Additionally, stroke education was provided throughout the evening to the entire stadium of 19,000 community members via the prominently displayed JumboTron.

SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors (YESS), a free weekly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills; adjustment; family and intimacy; work and school re-entry; and support. SMH also offered specialized assistance to YESS, as well as the Challenged Women's Support Group and Support Group for Men with SCI, to help prioritize learning needs, and plan and implement successful educational presentations.

In addition, SMH actively participated in the quarterly San Diego County Stroke Consortium – a collaborative effort to improve SDC stroke care and discuss

issues impacting stroke care in SDC. In FY 2012, SMH collaborated with SDC to provide data for their stroke registry.

FY 2013 Plan

SMH Stroke Center will do the following:

- Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults
- Provide a stroke prevention presentation for the community during Stroke Month (May)
- Provide education for individuals with identified risk factors
- Provide one community stroke education event featuring a Sharp physician
- Participate with other SDC hospitals in the Stroke Consortium
- Collaborate with the state of California to develop a Stroke Center Registry
- Provide stroke education and screenings for the Sharp Women's Health Conference
- Continue to offer stroke support groups through Sharp Memorial Rehabilitation Services
- Develop a post discharge Nurse Practitioner Clinic for stroke patients

Identified Community Need: Orthopedic and Osteoporosis Community Education

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to a 2011 report from the Centers for Disease Control and Prevention (CDC), arthritis is the nation's most common cause of disability. An estimated 50 million U.S. adults (about one in five) report doctor-diagnosed arthritis. As the U.S. population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects one in every 250 children.
- According to the National Institute of Health (NIH), osteoporosis is responsible for more than 1.5 million fractures each year, including 250,000 wrist fractures, 300,000 hip fractures, 700,000 vertebral fractures and 300,000 fractures at other sites (2006).
- According to a Healthy People (HP) 2010 Progress Review released in 2006, osteoporosis is responsible for more than \$14 billion in health care costs annually.

- According to the 2007 CHNA, in the U.S., the age-adjusted prevalence of doctor-diagnosed arthritis is estimated to be 21.3 percent among adults ages 18 and over.
- According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develop protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than three months), 3 to 4 percent of the population is temporarily disabled due to back pain and 1 percent of the working-age population is disabled completely and permanently due to LBP.
- In addition, research for HP 2020 reveals that Americans spend \$50 billion each year for LBP, which is the third most common reason to undergo a surgical procedure and the fifth most frequent cause of hospitalization (2009).
- In the County's north central region from 2007 to 2009, the number of arthritis-related hospitalizations increased from 1,595 to 1,640.
- In SDC's north central region from 2007 to 2009, the number of arthritis-related ED discharges increased from 1,723 to 1,799.
- In 2009, females had a higher hospitalization rate for arthritis-related diagnosis than males (292.5 and 232.8 per 100,000 population, respectively).
- In the County's north central region in 2009, blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons ages 65 and over had higher ED discharge rates for arthritis-related diagnosis than younger persons.

Measurable Objective

- Provide education on orthopedics and osteoporosis to the community

FY 2012 Report of Activities

Note: SMH is certified by The Joint Commission in Disease-Specific Care for their Total Knee and Total Hip Replacement Programs. The programs are nationally recognized for their outreach, education and utilization of evidence-based practices, as well as documentation of its performance measures and success rates.

In October, SMH offered an educational session entitled Hip Arthroscopy 2011 at the SMH Hip Preservation Center for national and community physicians, residents, interns and Navy physicians. The SMH Hip Preservation Center provides specialized treatment of orthopedic hip conditions.

In collaboration with the Sharp Senior Resource Center, SMH provided two presentations on Arthritis in Hands for more than 40 seniors, as well as three community hand screening events for 30 seniors during FY 2012. Hand screenings allowed seniors in the community to meet individually with a hand therapist for a 15-minute session to discuss concerns such as difficulties with their hands, decreased function and pain. Also in collaboration with the Senior

Resources Center, SMH provided an educational session entitled Arthritis of the Knee to 25 community members.

In addition, Sharp provided osteoporosis education during the Speaking of Women's Health Conference held at the Sheraton San Diego Hotel and Marina in November. The event served approximately 200 community members, and attendees received education regarding osteoporosis, calcium and vitamin D requirements, and exercise for osteoporosis treatment and prevention.

FY 2013 Plan

SMH will do the following:

- Offer arthritis and osteoporosis educational presentations to the community
- Provide continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center
- Provide an orthopedic conference for community physicians and staff
- Provide education and resources to the Sharp Women's Health Conference
- Provide a two-day conference for orthopedic nurse certification
- Participate in the December Nights event to provide education on osteoporosis and joint replacement

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- CHIP members identified injury and violence prevention as the fourth most important health-related behaviors overall (when considering a total of six health-related behaviors) in the 2010 CHNA.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons aged 1 to 44 in California.
- Unintentional injuries – motor vehicle accidents, falls, firearms, fire/burns, drowning, poisoning (including drugs and alcohol, gas, cleaners and caustic substances) and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- In 2010, unintentional injury was the leading cause of death for persons ages 1 to 4 years and 15 to 34 years, and the sixth leading cause of death overall in SDC.
- Between 2006 and 2010, 4,723 San Diegans died as a result of unintentional injuries.
- In 2010, there were 151 deaths due to unintentional injury in the County's north central region. The region's age-adjusted death rate due to unintentional injuries was 24.3 deaths per 100,000 population.

- In 2009, there were 3,622 unintentional hospitalizations related to injury in SDC's north central region. The rate of hospitalizations due to unintentional injury was 580.4 per 100,000 population. The hospitalization rate in the region was lower than the County's age-adjusted rate of 652.9 per 100,000 population.
- In 2009, there were 22,737 unintentional injury-related ED visits in the County's north central region. The rate of visits due to unintentional injury was 3643.3 per 100,000 population. The ED visit rate in the region was the lowest in SDC and lower than the County's age-adjusted rate of 4671.4 per 100,000 population.
- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Measurable Objective

- To offer an injury prevention program for children, adolescents and young adults throughout SDC

FY 2012 Report of Activities

In FY 2012, ThinkFirst/Sharp on Survival participated in the Health Sciences High and Middle College (HSHMC) program. Several HSHMC students spent one or two semesters in the physical rehabilitation center, and learned about different therapies as well as how the multidisciplinary team works together to treat the patient as a whole. Each day, students shadowed individual patients as they went through their various outpatient therapy sessions. Weekly activities included physical, occupational and speech therapy sessions, as well as community therapy sessions (e.g., shopping, bowling, visiting parks and museums, etc.). The experience provided students with an understanding of the benefits of using different therapies to treat individual clients and create a unique patient experience.

With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), dozens of schools throughout San Diego County had the opportunity to provide ThinkFirst/Sharp On Survival speakers to their students. These students, who all have an interest in pursuing careers in health care, were provided with classroom presentations and the opportunity to participate in a half-

day tour of the Sharp Memorial Rehabilitation Center. In 2012, a dozen high school seniors from San Diego High School toured the rehabilitation center and received an in-depth look at careers in nursing and occupational, physical, speech and recreation therapy. Students also rotated through several stations run by Voices for Injury Prevention (VIP) speakers and practiced their wheelchair mobility, lower body dressing, and driving skills using the driving simulator. Additionally, students conducted small group patient therapy activities to test memory, organization and a variety of executive cognitive skills.

In FY 2012, ThinkFirst/Sharp on Survival continued to provide education to San Diego's South Bay region. ThinkFirst/Sharp on Survival health educators and VIPs provided five presentations on the consequences of poor decision making to more than 150 students at Mar Vista High School, San Ysidro High School and San Ysidro Middle School. Students also received presentations on physical rehabilitation careers within health care through the HASPI program.

FY 2013 Plan

SMH will do the following:

- With funding support from grants, provide educational programming and presentations for local schools and organizations
- With grant funding, increase community awareness of ThinkFirst/Sharp on Survival through attendance and participation at community events and health fairs
- Continue to evolve program curricula to meet the needs of health career pathway classes as part of the HASPI partnership
- Explore further opportunities to provide education to health care professionals and college students interested in health care careers

Identified Community Need: Support of Community Nonprofit Health Organizations

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

Support of community nonprofit health organizations is an effective means to: raise awareness of various health conditions, such as heart disease and cancer; collaborate to maximize community efforts without needless duplication of resources; and continue to share experiences and/or leadership capacity with others that share similar goals. To this end, SMH participates in community-sponsored events, assists with coordination, provides support and fundraises for health-related causes, and participates in community boards and committees.

Measurable Objective

- Participate in community-sponsored events and support nonprofit health organizations

FY 2012 Report of Activities

In FY 2012, SMH participated in numerous community-sponsored health fairs, providing first-aid booths, health screenings and health information to the community. Events included the Fresenius Health Fair, San Diego Earth Fair, San Diego Crew Classic, December Nights, American Heart Association Heart Walk, Fiesta de los Penasquitos, Rancho Bernardo Alive!, Chelsea's Run and the Multiple Sclerosis Society Challenge Walk. In addition, various hospital departments participated in Sharp's annual Speaking of Women's Health Conference, providing osteoporosis education, BMI screenings and assessments for physical health and fitness, fracture risk and sleep apnea.

SMH was also the title sponsor for the Sharp Memorial Hospital Summer Concert Series in FY 2012, hosted by the City of Poway. Made possible through donations from several community organizations, including chief financial sponsorship from SMH, the free concert series provided community members with a variety of live music at Lake Poway and Old Poway Park. SMH staff also provided health screenings and giveaways to concert attendees.

In addition, SMH provided coordination, support and related fundraising activities for various nonprofit organizations in FY 2012, including the American Heart Association Heart Walk, Susan G. Komen Race for the Cure[®], the American Diabetes Association's Step Out to Fight Diabetes Walk, the San Diego Crew Classic and the San Diego Blood Bank (quarterly blood drives).

In FY 2012, executive leadership and others donated their time to multiple community organizations and agencies, such as:

- American Cancer Society
- American Heart Association
- Association for California Nurse Leaders
- Association for Clinical Pastoral Education
- CHIP
- Emergency Nurses Association
- Healthcare Association of San Diego and Imperial Counties
- San Diego Association of Diabetes Educators
- San Diego Blood Bank
- San Diego Emergency Medical Care Committee
- San Diego Eye Bank Nurse Advisory Board
- San Diego Healthcare Disaster Council

- San Diego Interreligious Committee
- San Diego Organization of Healthcare Leaders
- Sigma Theta Tau International Honor Society of Nursing
- Universities and colleges in SDC
- YMCA

FY 2013 Plan

SMH will do the following:

- Participate in community-sponsored events to provide health information, education, first-aid and health screenings as requested by community partners
- Provide coordination, support and fundraising-related activities for local nonprofit organizations
- Participate in community and public organizations, donating time and expertise to important health issues facing the community

Identified Community Need: Health Professions Education, Training, and Promotion of Interest in Health Care Careers

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The demand for RNs and other health care personnel in the U.S. will continue to rise with the growing health care needs of the 78 million baby boomers that began to retire in 2010. The DHHS estimates that by 2020, there will be a need for 2.8 million nurses, 1 million more than the projected supply. In 2008, the U.S. Department of Labor (DOL) ranked RN as the occupation with the highest demand rate.
- According to the 2010 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego's HHSA, SDC is one of 27 counties in California listed as a Registered Nurse Shortage Area.
- In 2010, the DOL reported that allied health professions represent about 60 percent of the American health care work force and projected severe shortages of many allied health care professionals.
- According to the San Diego Workforce Partnership 2011 report titled *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists; medical assistants; occupational therapists; registered nurses; medical record and health information technicians; radiologic technologists and technicians; pharmacists; and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially,

ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language.

- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the needed academic knowledge to be hired, they lack necessary real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions
- Provide training for local, national and international health care professionals

FY 2012 Report of Activities

SMH is a recipient of the MAGNET[®] designation, the highest honor given by the American Nurses Credentialing Center (ANCC) for nursing excellence and quality patient care. SMH is also a Planetree designated hospital, representing the highest level of patient-centered care.

In FY 2012, SMH offered students and interns throughout SDC various placement and professional development opportunities. Students and interns from 12 nursing and 34 allied health programs from a variety of colleges and universities spent more than 115,000 hours at SMH in FY 2012. Among some of the nursing program partners were San Diego State University (SDSU), PLNU, Azusa Pacific University (APU), California State University San Marcos (CSUSM), National University (NU) and University of San Diego (USD). The allied health programs hosted students from EMSTA College, Palomar Community College, Alliant International University, Boston University (BU), San Diego Mesa College and the University of Redlands, among many others. Students from a variety of disciplines were represented including nursing, marriage and family therapy, radiology, pharmacy and social work. In addition, SMH’s Clinical Pastoral Education Program provided four chaplain interns with 35 hours of training.

Through affiliations with Southwestern College (SWC), Palomar Community College, EMSTA College, West Med College and National College of Technical Instruction (NCTI), SMH provided both clinical training and observation hours for Emergency Medical Technician (EMT) and paramedic interns. This included 33

EMT students, as well as 59 paramedic interns who spent 144 hours each in clinical training in the ED, in addition to rotations in other hospital departments including labor and delivery, pulmonary, trauma, NICU, operating room and catheterization lab. SMH staff contributed more than 8,300 hours of clinical training and supervision to these specialized community programs in FY 2012.

In addition, SMH provided training, leadership and space for nursing students in SDC through affiliations with USD, SDSU, PLNU, Kaplan College, SWC, NU and other colleges and universities. Degree programs ranged from Associate degrees to Master of Science degrees in Nursing. In FY 2012, more than 500 nursing students spent more than 56,000 hours at SMH.

SMH also continued its participation in the Health Sciences High and Middle College (HSHMC) program to provide early professional development for students at all levels of high school. During the school year, 42 students in grades nine, 15 students in grade eleven and 16 students in grade twelve spent an estimated 5,720 supervised hours at SMH and 112 hours at the Pavilion. The majority of departments at SMH participated in the program, including inpatient nursing, ED, ancillary support departments (laboratory, non-invasive, rehabilitation and radiology) and hospital operations (cafeteria, engineering and security). In addition, several students were oriented to specialized departments such as wound healing, pathology and the operating room. SMH also expanded the HSHMC program to include leadership training for students. The program included a special focus not only on patient- and family-centered care, but also on professionalism, the culture of a professional environment and helping students to identify a personal vision. In addition, 15 HSHMC students devoted more than 1,200 hours to the SRS facility located adjacent to SMMC.

In FY 2012, SMH provided its Junior Volunteer Program to high school students in the community, many of whom are interested in future health care careers. The program is open to all grade levels, and most new volunteers are placed as guest ambassadors at the concierge desk. The junior volunteers enhanced the patient-centered services of staff by greeting and escorting patients and families, answering visitors' questions, assisting with patient integrative healing modalities, writing letters to U.S. troops overseas and baking cookies to create aromatherapy and a relaxing environment for patients and visitors. The junior volunteers also rotated through various hospital departments including the gift shop, nursing units and the ED, allowing them to explore different careers offered in the health care setting. In FY 2012, there were 125 active junior volunteers, providing a total of 9,000 hours of service to the program.

In addition, SMH and SGH have partnered to provide one of only two new Mobile Intensive Care Nurse (MICN) training programs in SDC. Together, the hospitals offer an extensive six-week training program – open to any San Diego base station emergency nurse – three to four times a year. Participants received certification through County Emergency Medical Services (EMS) upon successful

completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit.

SMH continues to support the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium represents a partnership between Sharp HealthCare, Scripps Health, Rady Children's Hospital – San Diego, UC San Diego Medical Center, and San Diego VA Medical Center, as well as three academic institutions – PLNU, SDSU and USD. For the past five years, the consortium has sought to inspire clinical excellence through its Evidence-Based Practice Institute (EBPI), which prepares teams of staff and advance practice nurses to serve as leaders and mentors in changing and improve nursing practice and patient care. In FY 2012, EBPI consisted of a nine-month program culminating with a graduation ceremony in September. Six full-day workshops were provided and staff nurses were paired with Master's-prepared mentors to guide and support them through the process of evidence-based practice, as well as with working collaboratively with hospital leadership. In FY 2012, SMH provided planning and administrative support for the workshops and the graduation ceremony in September, where approximately 50 nurses graduated from the program.

In FY 2012, SMH provided more than 100 public hospital tours to more than 300 individuals from various local, national and international hospitals and not-for-profit organizations. Through these tours, individuals received education on the Planetree philosophy of patient- and family-centered care. Organizations included the San Diego Natural History Museum, the International Rescue Committee (IRC), Palmetto Health, San Diego Society for Human Resource Management, Sage Consulting, International Business Machines (IBM), Nautilus Designs, Fresno Community Medical Centers, Stanford University School of Medicine's Center for Compassion and Altruism Research and Education (CCARE), Japanese guests from USD and more than 120 Planetree members.

In collaboration with CCARE at the Stanford University School of Medicine, SMH furthered its support of professional education and development by providing an eight-week Compassion Cultivation Training (CCT) course, designed to help health care professionals and community members develop cognitive, emotional and behavioral aspects of human compassion. Led by an SMH psychologist, the CCT course utilized lectures and guided compassion cultivation exercises and group discussions to improve communication, increase resilience to stress and enhance feelings of well-being among the participants. The CCT course consisted of six steps that build a foundation for developing a compassionate heart and mind, and encompassed topics such as: skills for calming the mind, self-compassion, empathy towards humanity and applications for daily life. During FY 2012, SMH trained approximately 100 community members and Sharp employees through the CCT course.

FY 2013 Plan

SMH will do the following:

- Continue to provide intern and professional development opportunities to health professions students throughout SDC
- Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers including leadership training
- Continue to expand opportunities for the Junior Volunteer Program
- Provide professional development opportunities to massage therapy and other art students through the Integrative Healing Program
- Implement new systemwide HSHMC student orientation
- Annually review and evaluate HSHMC program
- Continue to provide education and hospital tours for the local, national and international health care community on patient- and family-centered care

Identified Community Need: Support During the Transition of Care Process for High-Risk, Underserved Patients With Complex Medical Needs

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Health care access and delivery were identified as the most important overarching health issues (when considering a total of four overarching health issues) in the 2010 CHNA.
- According to the 2010 CHNA, 34.4 percent of those 18 to 64 years of age in the County's central region are uninsured. Persons most likely to be uninsured in the central region include those aged 18 to 24 years (60 percent), those aged 25 to 39 years (69 percent), Latinos (72 percent), those households under 100 percent of the Federal Poverty Level (60 percent), and those with high school education or less (63 percent).
- In October 2012, the unemployment rate in San Diego County was 8.6 percent (State of California, Employment Development Department, Labor Market Division). According to the Bureau of Labor Statistics, 43.9 percent of unemployed persons nationally remained so for 27 weeks or greater.
- Losing a job often means people also lose their health insurance. According to the 2010 CHNA, persons most likely to be uninsured in the north central region include those unemployed (73.5 percent).
- The cost of living in California is 35 percent above the U.S. average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (CHA Special Report, October 2011).
- According to the 2010 CHNA, in the County's central region for those 18 to 64 years of age, the most common sources of health insurance coverage include

employment-based coverage (52.6 percent) and public programs (18.8 percent).

- According to the 2010 CHNA, by the year 2020, the County's central region is projected to grow by 15 percent overall, including a 24.8 percent growth among Latinos, a 23.3 percent growth among American Indians, a 13.4 percent growth among Asians, and a 50 percent growth among persons aged 65 years or older.
- According to the 2010 CHNA, demand for emergency department services in SDC increased by 11.9 percent, from 582,129 to 651,595 visits, between 2006 and 2009.
- In 2010, California hospitals provided more than \$12.5 billion in uncompensated care (CHA Special Report, October 2011).
- California reports only 1.9 beds per 1,000 persons, with the number of licensed beds having declined by 6.4 percent while the state's population grew by 9 percent between 2001 and 2010 (CHA Special Report, October 2011).
- In 2010, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$375 to \$470 per month; for a family of three or more in California, COBRA costs ranged from \$1,123 to \$1,406.51 per month. These rates represent anywhere from 20 to 78 percent of a person's income (2010 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans).
- Community clinics in SDC have experienced rising rates of primary care clinic utilization. According to the 2010 CHNA, the number of persons utilizing the clinics increased by 14.4 percent between 2008 and 2009.

Measurable Objectives

- Establish a follow-up program to support underserved patients with complex medical needs who are at high risk for readmission after transition from hospital to home
- To link high-risk patients to county programs to ensure their at-home medical care needs are met
- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

FY 2012 Report of Activities

Since August 2010, SMH has participated in the Care Transitions Intervention Program (CTI) with County of San Diego Aging and Independence Services (AIS). CTI is a four-week evidence-based program supporting underserved patients with complex medical needs who are at high risk for readmission after transition from the hospital to their homes. The program includes education

provided through one hospital and one home visit, as well as a series of follow-up phone calls by a trained RN Transition Coach using the Coleman Care Transitions® Model. In this model, the Transition Coach provides patient education to help improve patient self-management skills. Topics covered include information about medications, diet and other discharge orders, as well as how to identify problems early on in order to avoid costly and unnecessary trips to the ED. Through this program, patients with chronic health conditions develop improved capacity in the areas of medication management, personal health record maintenance, knowledge of red flags, and follow-up care with primary care providers and specialists.

Additionally, patients enrolled in the CTI Program are linked with the Aging and Disability Resource Connection (ADRC) Grant for additional needed services and benefits to ensure that their at-home needs are met. These patients are also eligible for the County's Tech4Impact (T4I) Grant by the Center for Technology and Aging (CTA), one of only five in the country, to engage CTI patients in using the AIS Network of Care Web resource to support health self-management. In FY 2012, 156 patients were enrolled in the CTI Program.

In FY 2012, SMH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SMH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SMH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the Rescue Mission's programs in order to help these patients get back on their feet. Additionally, SMH continued its partnership with Father Joe's Villages to support Project SOAR. This project is designed to facilitate and expedite the processing of social security and disability applications for homeless individuals with urgent health issues. With assistance from SMH case managers, eligible homeless patients are transitioned to Project SOAR in order to ensure they obtain timely access to income and medical care benefits.

In addition, to assist economically disadvantaged individuals, in FY 2012 SMH provided more than \$114,000 in free medications, transportation, lodging and financial assistance through its Project HELP funds.

FY 2013 Plan

SMH will do the following:

- Continue to collaborate with community organizations to provide medical care, financial assistance, psychiatric and social services to chronically homeless patients
- Continue to administer Project HELP funds to those in need

- With federal funding, expand the CTI program to all of Sharp HealthCare's acute care hospitals, and further expand the program to include community agencies and other local health care providers and hospitals

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour emergency services with heliport and base station
- Acute care
- Bariatric
- Bioethics consultation
- Breast health, including mammography
- Cancer care
- Cardiac care
- Cardiac rehabilitation
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- CT Scan
- EEG
- EKG
- Group and art therapy
- Home health
- Home infusion services
- Hospice¹
- Intensive Care Unit
- Laboratory services
- Mechanical Assist Device Program
- Nutrition and metabolic services
- Ophthalmology
- Organ transplantation (heart, kidney, pancreas)
- Orthopedics Program
- Palliative care
- Pathology services
- Primary care
- Radiology services
- Rehabilitation Center
- Robotic surgery
- Senior health services
- Senior Resource Center
- Sharp and Rady Children's MRI Center
- Spiritual care and education
- Stroke Center
- Surgical services
- Trauma Center
- Van services
- Warfarin Clinic
- Wound and Ostomy Center

¹ Provided through Sharp HospiceCare.

Sharp Memorial Outpatient Pavilion:

- Cancer services
- Cushman Wellness Center, including health screening and the Community Health Library and Resource Center
- Diabetes services – recognized by American Diabetes Association
- Diagnostic services
- Endoscopy Center
- Executive Health Program
- Eye and Laser Treatment Center
- General and Diagnostic Imaging Center
- Integrative Medicine
- Outpatient surgery
- Pain Management Center
- Radiation Oncology and Infusion Center
- Sharp Rees-Stealy Ophthalmology
- Sharp Rees-Stealy Optometry
- Virtual Colonoscopy
- Women's Imaging Center

Sharp Senior Health Center Downtown:

- Community health education programs
- Community health services
- Primary and comprehensive physical and mental health care services to seniors

Sharp Senior Health Center Clairemont:

- Community health services
- Primary and comprehensive health care services to seniors



Instilling Hope Through Peer Support

~ SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER ~

Sharp Mesa Vista Hospital is dedicated to eliminating the stigma associated with mental illness, reducing barriers to social integration and empowering patients to reach their fullest potential.

For the past two years, the hospital trained former mental health patients who have thrived in their own recovery from mental illness to become peer support specialist interns (PSSIs). Through one-on-one counseling, the PSSIs provided hope of recovery to the most symptomatic, traumatized and vulnerable patients. Sharp Mesa Vista Hospital is the only hospital in San Diego

County to have provided peer interns with an educational opportunity to assist patients.

By inspiring patients with serious, chronic mental illness to become productive members of society and lead meaningful lives, the PSSIs developed the skills they needed to secure employment in the field of peer support specialists. The program's innovative peer support structure positively impacted the health and well-being of the PSSIs, the patients they assisted and the overall San Diego community.

Commitment

Section

10 Sharp Mesa Vista Hospital and Sharp McDonald Center

- Sharp Mesa Vista Hospital (SMV) is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123.
- Sharp McDonald Center (SMC) is located at 7989 Linda Vista Road in San Diego, ZIP code 92111.
- SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92115; SMV East County Outpatient Program is located at 1460 East Main Street in El Cajon, ZIP code 92021.

FY 2012 Community Benefits Program Highlights

SMV and SMC provided a total of **\$10,041,903** in community benefits in FY 2012. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697, and **Figure 1** for the distribution of SMV’s community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Mesa Vista Hospital and Sharp Vista Pacifica Hospital – FY 2012

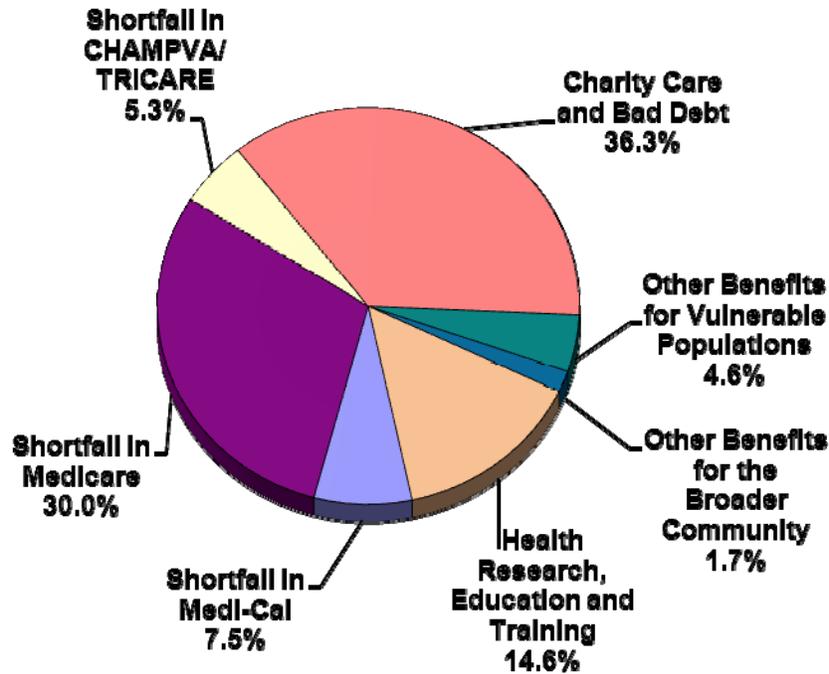
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$751,514
	Shortfall in Medicare ¹	3,000,462
	Shortfall in CHAMPVA/TRICARE ¹	536,660
	Charity Care and Bad Debt ²	3,648,273
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	464,187
Other Benefits for the Broader Community	Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	174,013
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,466,794
	TOTAL	\$10,041,903

¹ Methodology for calculating shortfalls in public programs is based on Sharp’s payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments to third parties related to the specific population.

² Charity care and bad debt reflect the unreimbursed costs of providing services to patients without the ability to pay for services at the time the services were rendered.

³ Unreimbursed costs may include an hourly rate for labor and benefits, plus costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Mesa Vista Hospital and Sharp McDonald Center – FY 2012



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare and CHAMPVA/TRICARE; and financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; free psychiatric assessments and referrals; monthly VIP volunteer-served lunch at Father Joe’s Villages/St. Vincent de Paul Village; Ticket to Work Employment Network program; Cross Cultural Mental Health Program to address barriers to mental health services for disadvantaged, culturally diverse urban seniors; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics, participation in community health events, and collaboration with local schools to promote interest in health care careers. SMV also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards,

committees and other civic organizations, such as Mental Health America, Residential Care Council, San Diego Committee on Employment of People with Disabilities, Schizophrenics in Transition, Recovery Innovations of California (RICA), Community Health Improvement Partners (CHIP) Behavioral Health Work Team, Association of Ambulatory Behavioral Healthcare, Employee Assistance Professionals Association, Parents for Addiction, Treatment and Healing (PATH), California Behavioral Health Board, and the American College of Healthcare Executives (ACHE). See **Appendix A** for a listing of Sharp community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; time devoted to generalizable health-related research projects that were made available to the broader health care community; and financial support of the Sharp HealthCare Professional Education and Research Institute at San Diego State University (SDSU).

Definition of Community

As specialty hospitals, SMV and SMC serve the community of San Diego County. See **Appendix B** for a map of community and region boundaries in San Diego County.

Description of Community Health

In San Diego County in 2009, 95.4 percent of children ages 0 to 11, 95.6 percent of children age 12 to 17, and 84.8 percent of adults had health insurance – failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

¹ The U.S. Department of Health and Human Services' (DHHS) HP 2020 initiative represents the nation's prevention agenda for the second decade of the 21st century. HP 2020 has four overarching goals: to attain high-quality, longer lives free of preventable disease, disability, injury and premature death; to achieve health equity, eliminate disparities and improve the health of all groups; to create social and physical environments that promote good health for all; and to promote quality of life, healthy development and healthy behaviors across all life stages.

Table 2: Health Care Access in San Diego County, 2009

Description	Rate	Year 2020 Target
Health Insurance Coverage		
Children 0 to 11 Years	95.4%	100%
Children 12 to 17 Years	95.6%	100%
Adults 18 + Years	84.8%	100%
Regular Source of Medical Care		
Children 0 to 11 Years	97.2%	100%
Children 12 to 17 Years	87.3%	100%
Adults 18 + Years	88.3%	89.4%
Not Currently Insured		
Adults 18 to 64 Years	17.7%	

Source: 2009 CHIS

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in San Diego County (Adults Ages 18 to 64 Years), 2009

Description	Rate
Medi-Cal Eligible	8.3%
Healthy Families Eligible	0.8%
Not Eligible	90.9%

Source: 2009 CHIS

Suicide was the eighth leading cause of death. See **Table 4** for a summary of leading causes of death in San Diego County.

**Table 4: Leading Causes of Death in San Diego County
Three-Year Average (2008 Through 2010)**

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,766	24.7%
Diseases of heart	4,670	24.2
Alzheimer's disease	1,151	6.0
Chronic lower respiratory diseases	1,020	5.3
Cerebrovascular diseases	1,079	5.6
Accidents (unintentional injuries)	935	4.9
Diabetes mellitus	568	3.0
Intentional self-harm (suicide)	359	1.9
Chronic liver disease and cirrhosis	318	1.6
Influenza and pneumonia	316	1.6
Essential (primary) hypertension and hypertensive renal disease	280	1.5
Parkinson's disease	207	1.1
Nephritis, nephrotic syndrome and nephrosis	159	0.8
Septicemia	124	0.6
Viral hepatitis	122	0.6
All other causes	3,192	16.6
Total Deaths	19,266	100.0%

Note:

Ranking of leading causes of death based on the countywide rank among San Diego residents in 2010.

Source: County of San Diego, HHSA, Public Health Services, Community Epidemiology Branch.

Community Benefits Planning Process

In addition to the steps outlined in **Section 3** regarding community benefits planning, SMV and SMC:

- Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals
- Estimate an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Host a bimonthly committee to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Report

The SMV and SMC Community Benefits Report addresses the following identified community needs:

- Mental health and substance abuse education and support for the community
- Improving outcomes for seniors at risk
- Mental health and substance abuse education for health care professionals

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2012 Report of Activities conducted in support of the objective(s), and FY 2013 Plan of Activities.

Identified Community Need: Mental Health and Substance Abuse Education for the Community

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Mental health and mental disorders were identified as the third-most important overall health outcome (when considering a total of seven health outcomes) in the 2010 CHNA.
- Substance abuse and tobacco use were identified as the third-most important overall health-related behaviors (when considering a total of six health-related behaviors) in the 2010 CHNA.
- According to 2007 prevalence estimates presented in the 2010 CHNA, there are 141,420 persons in SDC with serious mental illness. This represents 4.9 percent of the household population in SDC.
- According to findings presented in the 2010 CHNA, primary care clinics in SDC reported 73,269 patient encounters with a diagnosis of mental disorder in 2009, representing 4 percent of all clinic encounters.
- According to findings presented in the 2010 CHNA, the number of clients served by the Children's Mental Health Services (CMHS) of the County of San Diego Health and Human Services Agency (HHS) increased by 4.3 percent, from 16,874 in FY 2005/2006 to 17,600 in FY 2007/2008. Since FY 2006/2007, clients served by the Adult Mental Health Services (AMHS) increased by 8 percent, with 41,132 adults and older adults served in FY 2007/2008.
- Between 2006 and 2008, 60,246 persons in SDC were discharged from hospital EDs with a principal diagnosis related to mental disorders, averaging

23,081 persons per year. During this three-year period, the annual number of ED discharges following treatment related to mental disorders increased by 21.8 percent. The age-adjusted ED discharge rate has increased from 682 per 100,000 in 2006 to 810 per 100,000 in 2008, a change of 18.7 percent.

- In 2010, suicide was the eighth leading cause of death in SDC, responsible for 352 deaths. The age-adjusted death rate due to suicide was 11.0 deaths per 100,000, failing to meet the HP 2020 target of 10.2 deaths per 100,000.
- In 2010, suicide was the second leading cause of death in SDC for persons between the ages of 15 and 34. In 2010, males, whites and persons between the ages of 45 and 84 were most impacted by suicide, as measured by the age-adjusted rate per 100,000. Between 2006 and 2010, the age-adjusted suicide rate increased by 1.4.
- In 2009, the age-adjusted rate of self-inflicted injury ED discharges in SDC was 74.0 per 100,000 population. Between 2006 and 2009, the annual age-adjusted rate of self-inflicted injury ED discharges in SDC increased by 13.0. In 2009, females, whites, blacks and persons between the ages of 15 and 64 were those most impacted by self-inflicted injury based on ED utilization, measured by the age-adjusted rate per 100,000.
- The causes of mental illness are thought to be related to a variety of biochemical, genetic and environmental factors, including having biological relatives with mental illness, malnutrition or exposure to other viruses before birth, stressful life situations, chronic medical conditions, combat, taking psychoactive drugs during adolescence, childhood abuse or neglect, and lack of friendships or healthy relationships, according to findings presented in the 2010 CHNA.
- During the three-year period from 2007 to 2009, the age-adjusted rate of overdose/poisoning hospitalizations among SDC residents increased from 68.8 hospitalizations per 100,000 population in 2007 to 72.6 hospitalizations per 100,000 in 2009. In 2009, county rates for overdose/poisoning hospitalizations were higher in females when compared to males, higher among blacks and whites when compared to other races and ethnic groups, and higher among senior adults ages 65 years and older when compared to other age groups.
- In 2009, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 143.3 per 100,000 population. County rates for overdose/poisoning-related ED visits were higher in females when compared to males, higher among blacks when compared to other races and ethnic groups, and higher among adolescents and young adults ages 15 to 24 years when compared to other age groups.
- In 2009, 3.8 percent of adolescents ages 12 to 17 in SDC reported engaging in binge drinking in the past month. The rate of binge drinking is lower than the HP 2020 target of no more than 8.5 percent of adolescents ages 12 to 17 engaging in binge drinking during the past month. (Male binge drinking is defined as having five or more drinks on one occasion in the past month, and female binge drinking is defined as having four or more drinks on one occasion in the past month.)

- In 2009, 6.1 percent of adolescents ages 12 to 17 in SDC reported to have used marijuana in the past year.
- According to the National Institute of Health (NIH) National Institute of Drug Abuse division, important risk factors for drug abuse among children and adolescents include early aggressive behavior, lack of parental supervision, substance abuse, drug availability and poverty. As a child gets older, interactions with family, classmates and the community can affect that child's risk for later drug abuse. In adolescents, association with drug-abusing peers is often the most immediate risk for exposure to drug abuse and delinquent behavior. Other factors – such as drug availability, trafficking patterns and beliefs that drug abuse is generally tolerated – are risks that can influence young people to start abusing drugs.
- According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide.

Measurable Objectives

- Provide mental health and substance abuse education for patients, their loved ones and the community
- Facilitate community reintegration through community service activities
- Provide support for members of the community impacted by mental health and substance abuse issues

FY 2012 Report of Activities

In FY 2012, SMV psychiatric evaluation and intake teams provided approximately 8,500 free psychiatric evaluations and referrals for the general community. On an ongoing basis, an SMV Psychiatric Evaluation Team provided 16 hours a week to senior community centers for senior clients and eight hours a week at Potiker Family Senior Residence, a residential site for low-income, at-risk seniors. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals or counseling to reduce risks of hospitalization and homelessness.

To increase awareness of mental health and substance abuse, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy, substance abuse and child and geriatric psychiatry. In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression and stress. SMV also provided art classes in collaboration with the Creative Arts Consortium of San Diego County – an organization comprised

of SDC artists, writers and performers with mental or emotional health issues – to patients and community members. These classes helped adult mental health consumers develop and promote their talents, as well as provided a space for artistic recognition.

In FY 2012, SMV/SMC offered multiple educational sessions to the community that focused on behavioral health issues of teens and Transition Age Youth (TAY). In May, SMV/SMC provided a lecture on Recognizing and Addressing Substance Abuse in Youth, reaching approximately 45 community members at the event. In October, SMV/SMC participated in a seminar entitled Experimentation to Abuse: How Do I Know If My Child has a Problem? The session was provided as part of the SHC seminar series held at SMC, where SMV/SMC provided moderators, panelists and speakers to discuss drug and alcohol addiction in adolescents with approximately 30 school personnel, parents, mental health professionals and community members. Also as part of the SHC seminar series, in September SMV presented a TAY-focused educational session entitled Teens and Behavior Changes: Typical or Troubled? to more than 50 community members. In addition, SMV was invited to speak at a Teen Depression Workshop held for the Camp Pendleton Exceptional Family Member Program, and provided insight on depression in adolescents to 15 parents and mental health care professionals in the community.

In support of behavioral health needs of the military community, SMV participated in a Breaking the Stigma of Mental Health event held at Camp Pendleton in November. The event provided more than 200 military members with insight, information and resources on the importance of mental health and wellness, specifically in consideration of the many unique stressors faced by military members. SMV presented on the topic of the Stigma of Therapy, covering important elements such as normalizing the concept of therapy, locating resources, and the need for counseling and supportive relationships with others. The speaker shared their personal story in order to provide understanding and to encourage event attendees to establish support networks. In addition, SMV participated in the Military Family Block Party held in October by the San Diego Military Family Collaborative. Approximately 500 military family members attended the event, where SMV provided education and resources on mental health and wellness for military family members and the community. In FY 2012, SMV also provided its Veterans Engaging in Supportive Treatment (VEST) program to military members and their families in order to meet the needs of veterans of the wars in Iraq and Afghanistan. The program provides a safe environment for veterans to learn effective methods for managing symptoms of post-traumatic stress disorder (PTSD) or acute stress. The program also includes services for spouses and family members who experience unique distress when their loved one returns with war- or trauma-related symptoms. In FY 2012, the VEST program also provided education and resources to military members and their families through various community events, including the Miramar Air Show, as well as six military housing resource fairs. At these resource fairs, VEST

program staff provided education on reducing the stigma of mental health issues in the military community as well as available resources to approximately 150 community members. In addition, the VEST program provided education and resources to a national conference of approximately 200 community providers of military veterans.

In FY 2012, SMV and SMC sponsored and participated in four walks to increase awareness and raise funds for mental health services, including the National Alliance on Mental Illness (NAMI) Walk, National Suicide Prevention Walk, Save a Life San Diego (for suicide prevention) and San Diego Alzheimer's Association Annual Memory Walk. In addition, SMV contributed \$2,500 to the NAMI walk and SMV employees and patients contributed approximately \$2,000 through fundraising activities. In response to the need for information and support for caregivers of individuals with mental illness, SMV also provided community educational materials in the hospital lobby through NAMI's Friends in the Lobby program.

Additionally, in FY 2012 SMV led an important initiative to improve housing conditions for community members living with serious, persistent mental illness. Through creativity and collaboration with housing organizations and other community partners, the CHIP committee work team secured a three-year contract issued by the County of San Diego to establish an Independent Living Registry and an Independent Living Facilities (ILF) Association. The work team developed a four-prong approach to address the challenges to safe and healthy ILFs, which included: a registry of participating ILFs to be a central resource for consumers, family members and health care professionals; educational curriculums for members of the ILF Association; peer review and accountability through site visits; and advocacy. The contract may be used as a pilot for the State of California to increase the safety and quality of housing options for the community's most vulnerable citizens. It is the hope that these efforts will not only improve conditions for ILFs and the consumers housed there, but also help to keep consumers linked with essential services and providers, and reduce crime and unnecessary arrest rates.

Throughout the year, SMV provided free meeting space for a variety of self-help groups on a weekly basis including Alcoholics Anonymous, Al-Anon, Alcoholics Anonymous – Dual Diagnosis, Women's Alcoholics Anonymous, Child and Adolescent Support Group, Men's 12-Step Group, Serenity Promotions, Narcotics Anonymous, Teenage Narcotics Anonymous, Pills Anonymous, Co-Dependents Anonymous, Gambler's Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, Tobacco Anonymous, National Association of Anorexia Nervosa and Associated Disorders (ANAD), RICA's Wellness Recovery Action Plan (WRAP) classes, the SMC Aftercare and Lifetime support meetings, and the NAMI – Electroconvulsive Therapy Support Group.

In January 2009, SMV launched its Volunteers Inspiring Possibilities (VIP) group. This volunteer group of current and former SMV mental health consumers, as well as their friends and loved ones, joined the Sharp NAMI Walk team in April 2012 and brought the total number of team members to 146 walkers, making it the largest San Diego team to participate in the event. In addition, VIP volunteers served lunch each month at Father Joe's Villages/St. Vincent de Paul Village and helped provide support to SMV's free outpatient boutiques. In FY 2012, more than 75 community members participated in the VIP group. The group not only provided an invaluable service to the San Diego community, but also empowered and mobilized mental health care consumers, helped reduce the stigma associated with mental illness, and provided mental health care consumers with further opportunities for recovery.

The VIP group is one element of SMV's Psychiatric Rehabilitation Program, which is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities. In FY 2012, the program's community service activities included the Green Thumbs Club, where patients of the outpatient programs maintain a community garden in a transitioning neighborhood; Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team; the Client Advisory Board, where outpatients provide feedback on how to improve programs, empower patients, promote advocacy and better serve the community; and Transit Training, where clients learn to utilize public transportation.

In addition, SMV has been the first and only hospital-based Ticket to Work Employment Network in California, providing a variety of services to the entire disabled community. Services include counseling and advice, as well as information and referrals on post-employment topics including: benefits such as Social Security Income or Social Security Disability Insurance; regulations such as the American Disabilities Act or Family Medical Leave Act; conflict resolution relating to employment needs, goals and opportunities; and interactions between supervisors, coworkers, and others. In FY 2012, SMV provided multiple educational sessions on recovery through employment, reaching more than 100 community members and health care professionals through these sessions.

FY 2013 Plan

SMV and SMC will do the following:

- Provide free psychiatric assessments and referrals for the community
- Participate in community events to raise awareness and funds for behavioral health services
- Host and facilitate various monthly support group meetings
- Participate in key mental health events and activities alongside patients
- Provide free meeting space for use by a variety of self-help groups

- Continue participation in the VIP group and other psychiatric rehabilitation programs and activities that benefit the San Diego community
- Host a variety of community education events and provide educational programs to the mental health community
- Continue collaboration with community providers and provide education to independent living facilities to improve living conditions for individuals with mental illness
- Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance abuse issues
- Continue serving as the media's go-to experts for information on mental health conditions and treatment
- Continue to strategically align with nonprofit allies and key community partners through board and committee memberships

Identified Community Need: Improving Outcomes for Seniors at Risk

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The 2009 California Health Interview Survey (CHIS) revealed that 6.7 percent of adults over the age of 65 in SDC saw a health care provider for emotional mental health problems and/or alcohol-drug issues in the past year.
- According to the Centers for Disease Control and Prevention (CDC), among adults ages 65 and over, 28 percent of those who had Medicaid and Medicare health care coverage experienced feelings of sadness for all, most or some of the time, compared with 12 percent of those who had Medicare-only health care coverage, and 10 percent of those who had private health insurance. Also, adults ages 65 and over who had Medicaid and Medicare health care coverage were at least two times as likely to feel hopeless, worthless or that everything is an effort for all, most or some of the time, as adults ages 65 and over who had either Medicare-only health care coverage or private health insurance (National Health Interview Survey, 2009).
- Older adults at particularly high risk for depression include those who are unmarried, widowed and/or lack a strong social support network (SDC Network of Care).
- According to findings presented in the 2010 CHNA, suicide was the leading cause of non-natural death in SDC among adults ages 55 to 74 between 1998 and 2007.
- In 2009, adults 65 years of age and older had the highest suicide rate (17.1 per 100,000 population) among all age groups (15 to 24 and 25 to 64) in San Diego. In 2008, adults 85 years or older were among the groups most impacted by suicide, as measured by the age-adjusted rate per 100,000.

- Since 2000, the population of those over 65 or older has increased by 20 percent and is expected to grow steadily over the next 20 years. Current projections indicate that by the year 2030, this population will account for almost one in five residents in SDC. An aging population presents challenges for the treatment of older adults, such as an increase in the number of new cases of depression and risk of suicide; an increase in the number of new cases of dementia and the associated cost of treatment; and the co-occurrence of depression and chronic diseases associated with aging.
- According to the *Community Mental Health Journal*, in a qualitative study of unmet mental health needs of Latino older adults in SDC, barriers to appropriate mental health care included housing, transportation and social support, as well as language and cultural barriers secondary to a lack of translators, lack of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al., 2008).
- According to the *International Journal of Geriatric Psychiatry*, a recent study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC revealed that older adults were more likely to access the public mental health system's Psychiatric Emergency Response Team (PERT), a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls. Older adults were also less likely to receive follow-up care, due to both the initial site of service – and an associated lower rate of follow-up among PERT clients – as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al., 2009).
- According to the Substance Abuse and Mental Health Services Administration (SAMSHA), 20 to 25 percent of the homeless population in the United States suffers from some form of severe mental illness (NIMH, 2009).

Measurable Objective

- Provide culturally competent outreach services to high-risk seniors in San Diego's disadvantaged communities

FY 2012 Report of Activities

SMV continued to collaborate with Potiker Family Senior Residence and Senior Community Centers of San Diego to operate the Cross Cultural Mental Health Program in FY 2012. The program coordinates community-based mental health services for disadvantaged, culturally diverse urban seniors. In addition, the program seeks to provide prevention and early intervention methods to improve the utilization and effectiveness of mental health services for high-risk seniors. The program is designed to address barriers to mental health services for older adults, including stigma, isolation and lack of services.

In FY 2012, approximately 400 high-risk seniors were screened through the program's efforts, whereupon assessments and appropriate referrals were

provided. Assessments, interventions and resources were provided by two skilled, culturally competent psychiatric registered nurses (RNs) stationed at Potiker Family Senior Residence, Downtown Senior Community Centers and City Heights Senior Housing. In addition, psychiatric services were provided by a culturally diverse psychiatrist contracted with SMV. Regardless of their income or ability to pay, seniors were provided with both early intervention services and additional medical services that potentially prevented hospitalization and homelessness.

In addition, SMV participated in the Fall Forum on Residential Health, which was conducted by the Volunteers of America and targeted board and care operators in the community.

FY 2013 Plan

- In collaboration with Sharp Senior Health Center Downtown, provide outreach and education to seniors without stable housing
- Continue participation in the Cross Cultural Mental Health Program

Identified Community Need: Mental Health and Substance Abuse Education for Health Care Professionals

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2010 CHNA, the projected growth of the aging population will present the challenge of an insufficient geriatric mental health workforce to provide treatment and care for this population.
- The 2008 County of San Diego Mental Health Services Workforce Education and Training (WET) Needs Assessment revealed that limited opportunities and/or training for job advancement and leadership skills exist among behavioral health staff. In addition, the lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to SDC's behavioral health workforce.
- According to the 2008 County of San Diego Mental Health Services WET Needs Assessment, challenges in attracting and hiring mental health staff in SDC include the perceived low status of mental health careers, the under-representation of diverse cultural groups in higher education, and the intense competition for bilingual staff.
- There is a critical shortage of individuals trained to meet the needs of children, youth and their families, as well as older adults (*An Action Plan for Behavioral Health Workforce Development, 2007*)
- An important component of strengthening the workforce involves increasing the relevance, effectiveness and accessibility of training and education.

Measurable Objectives

- Provide mental health and substance abuse education for health care professionals
- Further collaborate with the behavioral health community through health professions education and training

FY 2012 Report of Activities

Throughout the year, SMV participated in internship and clinical training programs for psychology students, rehabilitation counseling students and social work students, and also served as a clinical placement site for medical students, pharmacy residents and nursing students. SMV trained 10 psychology interns, two post-doctoral psychology residents and four social work student interns, with psychology students receiving approximately 7,000 precepted hours on the SMV campus. In addition, more than 380 nursing students completed placements at SMV over an eight- to 14-week period. Nursing students completed clinical rotations of eight or 12 hours in length, often with two clinical rotations in one day (day and evening). Including time spent with groups and individual preceptors, nursing students served more than 29,000 hours at SMV in FY 2012. In addition, SMV provided two lectures to more than 30 students enrolled in San Diego State University's M.S. in Rehabilitation Counseling program entitled Psychiatric Aspects of Disability and Seminar in Psychiatric Rehabilitation.

Also in FY 2012, SMV continued its participation in the Health Sciences High and Middle College (HSHMC) program. The program provided 12 students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults and Chemical Dependency Recovery), as well as nutrition services. Students also received instruction on educational and job requirements, as well as career ladder development. HSHMC students spent more than 2,000 hours at SMV in FY 2012.

In addition, in FY 2012 SMV continued to offer its Peer Support Specialist Internship Program, a project to develop and implement an emerging best practice of peer support on mental health inpatient units. The first of its kind in San Diego, the internship provides a transformational opportunity for superior mental health care training and delivery, and also supports a community partnership with RICA, a local peer-run provider funded by the County of San Diego through the Mental Health Services Act. The project identifies RICA graduates to serve as Peer Support Specialist Interns (PSSIs), or essentially, recovery counselors. PSSIs are placed in one of SMV's programs to help newly diagnosed or recurrent patients develop coping mechanisms that allow them to address and manage their disease. PSSIs provide non-judgmental, reflective listening and share the experience, strength and hope of someone who has endured the same challenges as many patients. In addition, PSSIs have not only

successfully emerged on the other side of their recovery intact, but have also thrived in their recovery. In FY 2012, 18 PSSIs worked alongside staff in five inpatient units at SMV, and devoted more than 4,000 hours to patients who were often in their most acute phase. PSSIs provided support to these patients, as well as a message of hope for a successful recovery through the healing process.

In FY 2012, SMV and SMC provided a variety of educational offerings for behavioral health care professionals, including continuing education classes, conferences and trainings. These opportunities were provided to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as the community at large. Topics covered included wellness and resilience; recognizing stress; substance abuse; self-injury; dual diagnosis; eating disorders; sleep disturbances; treating depression; and cultural considerations in the treatment of Latino populations. SMV staff participated in and provided educational resources to four of San Diego's PERT police officer trainings on understanding psychiatric emergencies and community psychiatric services.

In May, SMV participated as a speaker to the El Cajon Community Collaborative Council, providing information on substance abuse in adolescents to health and human service providers. In November, SMV presented a lecture to approximately 15 health care professionals at Alliant University's Hufstедler School of Education entitled Kids Who Cut: Treating Adolescents with Self-Injurious Behaviors. The lecture focused on treatment approaches for adolescents exhibiting self-injurious behavior. In February, SMV delivered a presentation on Understanding and Preventing Bullying and Cyber Bullying and also served as a panelist at the 23rd annual Dr. Richard Boylan Memorial Lecture conducted by the Riverside Medical Clinic Foundation. This lecture brought approximately 700 mental health professionals, teachers and community members together to discuss bullying among lesbian, gay, bisexual and transgender youth.

SMC also offered an educational event for the Employee Assistance Professionals Association and provided education and resources to approximately 30 community members on the trend of bath salts and spice in substance abuse. The presentation covered various details of the trend, including the appearance of the substances, symptoms and consequences of use, and cases presented in the ED.

In FY 2012, staff at SMV and SMC regularly led or attended various behavioral health boards, committees, and advisory and work groups. Community and professional groups included: San Diego HHSA's Adult Council; American College of Healthcare Executives (ACHE); Association of California Nurse Leaders (ACNL); Association of Ambulatory Behavioral Healthcare; California Board of Behavioral Sciences; California Hospital Association Center for Behavioral Health; California Association of Marriage and Family Therapists;

CHIP Behavioral Health Work Team; CHIP Suicide Prevention Work Team; Disabled Services Advisory Board; Employee Assistance Professionals Association; Impact Young Adults Advisory Committee; CHIP Independent Living Facility Advisory Board and Peer Review Advisory Team; International Association of Eating Disorder Professionals; The Meeting Place; Mental Health Coalition; NAMI; National Council on Alcoholism and Drug Dependence (NCADD); PATH; Residential Care Council; San Diego Committee on Employment of People with Disabilities; San Diego Council on Suicide Prevention; San Diego Military Family Collaborative; and Schizophrenics in Transition.

FY 2013 Plan

SMV and SMC will do the following:

- Offer internship programs in psychology, social work, marriage and family therapy (MFT), and pharmacy
- Serve as a placement site for medical and nursing students
- Provide educational offerings for behavioral health care professionals, community groups and community members
- Actively participate on boards, committees, and advisory and work groups to address behavioral health issues
- Expand the mental health careers curriculum within the HSHMC program to 13 students, and provide them with experience in a broader range of programs including therapeutic activities services, environmental services, and health information services

SMV and SMC Program and Service Highlights

Sharp Mesa Vista Hospital:

- Child and adolescent psychiatric services
- Clinical supervision site for graduate psychology doctorate interns
- Cognitive behavioral therapy program
- Eating disorders outpatient and partial hospitalization programs
- Geriatric inpatient and specialized outpatient program
- Inpatient psychiatric treatment services
- Intensive outpatient programs
- Medication research studies
- On- and off-campus outpatient programs
- Outreach to military members and their families
- Psychosocial rehabilitation services
- Transportation services

Sharp McDonald Center:

- Chemical dependency and substance abuse treatment services for teens, adults and seniors
- Dual-diagnosis outpatient treatment services for adults and seniors
- Family and aftercare programs
- Inpatient and outpatient treatment for chemically dependent teens, adults and seniors
- Inpatient detoxification services
- Sober living and substance abuse education programs

Sharp Mesa Vista Mid-City Outpatient Program:

- Caring for adults with severe and persistent mental health issues
- Individualized treatment planning and medication management
- Group and expressive therapies
- Psychiatric rehabilitation services
- Transitional Age Youth programs

Sharp Mesa Vista El Cajon Outpatient Program:

- Adult and adolescent programs
- Caring for adults with severe and persistent mental health issues
- Group and expressive therapies
- Individualized treatment planning and medication management
- Psychiatric rehabilitation services



Putting San Diego First

~ SHARP HEALTH PLAN ~

Sharp Health Plan is a not-for-profit health insurance plan and the only commercial health plan based in San Diego. Sharp Health Plan is committed to improving the health and well-being of the San Diego community, and provides support to a variety of community programs through financial contributions and leadership on various community boards and committees.

Sharp Health Plan assisted numerous organizations in fiscal year 2012, including 2-1-1 San Diego; Access to Independence; Arc of San Diego; Asian Business Association;

Chelsea's Light Foundation; Chicano Federation of San Diego County; Community Health Improvement Partners; Family Health Centers of San Diego; Girl Scouts; Guardians of San Diego; Helen Woodward Animal Center; Helix Charter High School; Liberty Charter High School; National University; North County Health Project; San Diego Asian Film Foundation; San Diego Humane Society; Union of Pan Asian Communities; United Service Organizations Council of San Diego; and Walk San Diego.

Commitment

Section

11 Sharp Health Plan

Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123. SHP is not required to develop a community benefits plan as part of Senate Bill 697. However, SHP offered a variety of community benefit programs and services in FY 2012, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers.

FY 2012 Community Benefits Program Highlights

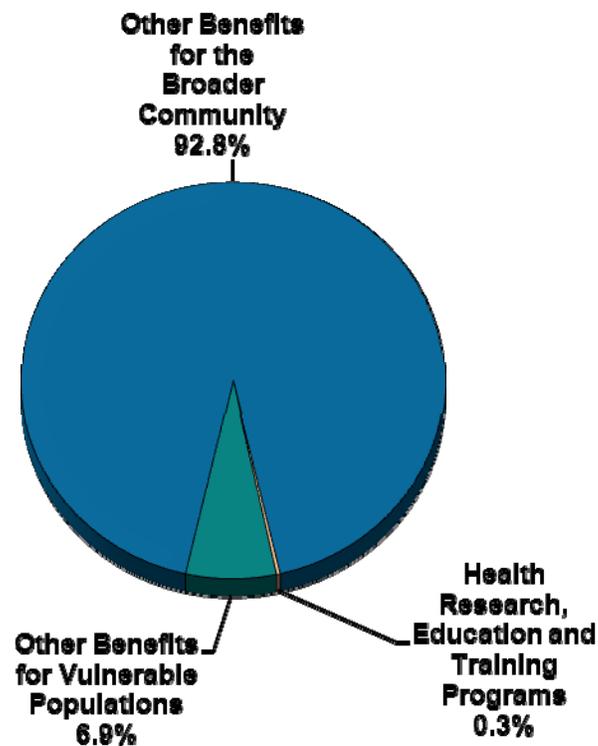
SHP provided a total of **\$141,344** in community benefits in FY 2012. See **Table 1** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 1** for the distribution of SHP's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Health Plan - FY 2012

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2012 Unreimbursed Costs
Other Benefits for Vulnerable Populations	Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank ¹	\$9,752
Other Benefits for the Broader Community	Health education programs, donations to community organizations and participation in community organizations ¹	131,186
Health Research, Education, and Training Programs	Support of education and training programs for students, interns and health care professionals ¹	406
	TOTAL	\$141,344

¹ Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
Sharp Health Plan – FY 2012



Key highlights:

- **Other Benefits for Vulnerable Populations** included donations to community health centers and other agencies to support low-income and underserved populations and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations such as 2-1-1 San Diego, Community Health Improvement Partners (CHIP), Family Health Centers of San Diego (FHCS), Girl Scouts, San Diego-Imperial Council, Inc., Health Sciences High and Middle College (HSHMC), Pacific Arts Movement (Pac-Arts), San Diego North Chamber of Commerce and Second Chance. See **Appendix A** for a listing of Sharp community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Identified Community Need: Support of Community Nonprofit Health Organizations

Rationale references the findings of the 2010 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

Support of community nonprofit health organizations is an effective means to: raise awareness of various health and social issues, such as behavioral health and the disabled; collaborate to maximize community efforts without duplication of resources; and continue to share experiences and leadership capacity with others that have similar goals. To this end, SHP participates in community-sponsored events, assists with coordination, provides financial support and/or fundraises for health- and social-related causes, and participates in community boards and committees.

Measurable Objective

- Participate in community-sponsored events and support nonprofit health organizations through financial donations, board service and other contributions

FY 2012 Report of Activities

Throughout FY 2012, SHP provided financial support to as well as participated in numerous community-sponsored events and community boards and committees. Among the many community organizations supported by SHP in FY 2012, several were devoted to San Diego's most vulnerable populations, including the disabled, homeless and other high-risk members of the community.

In FY 2012, SHP contributed to the Arc of San Diego through community giving and sponsorships, as well as through partnerships that provided opportunities for individuals with disabilities to support SHP projects. Arc of San Diego empowers persons with disabilities and their families by providing employment services, housing resources, child and family programs, in-home respite care and much more. Access to Independence (a2i) is a Center for Independent Living – a nonresidential, cross-disability, nonprofit corporation – that also provides services to people with disabilities to maximize their independence and fully integrate them into the community. In FY 2012, SHP supported a2i's outreach efforts through service on their annual host committee.

During FY 2012, SHP also provided support to Second Chance – an organization that encourages individuals to improve their lives through job-readiness training, employment and housing placement, community resources, and in-house supportive care. Second Chance reaches many of San Diego's most difficult-to-serve populations, including at-risk youth, the homeless, recovering addicts and

former prisoners reentering the community. In FY 2012, SHP contributed to Second Chance through board service, as well as through several critical initiatives, including sponsorship of Second Chance graduating classes, and hosting or facilitating fundraising events.

Additionally, in FY 2012 SHP provided support to the Girl Scouts, San Diego-Imperial Council, Inc. through board service as well as financial contributions for several community initiatives, including: Healthy Girls, Healthy Lives, a local conference about critical health issues; New Day 5K, an all-ages walk and run event; and the Urban Campout, the Girl Scouts annual fundraising gala. In FY 2012, SHP was also the Pearl Sponsor for the celebration of the Girl Scouts 100th anniversary.

In recognition of the role that art plays in social change, SHP continued to provide significant contributions to the Pacific Arts Movement (Pac-Arts - formerly San Diego Asian Film Foundation). Pac-Arts is one of the largest media arts organizations in North America that focuses on Asian American and Asian international cinema. As a catalyst for social change, Pac-Arts creates transformational experiences through the Pan Asian media arts. The premiere event of Pac-Arts is its annual fall film festival, during which thousands of patrons experience film from around the world and connect with the filmmakers. However, Pac-Arts also presents programming throughout the year, including the Spring Showcase; Quarterly Screenings; Member Film Forums; Drive-By Cinema; and Reel Voices, a unique educational program through which high school students experience film production and learn to become socially conscious storytellers. In FY 2012, SHP provided financial support to Pac-Arts, as well as produced a public service announcement that highlighted the importance of taking preventative health measures (screenings, etc.) to maintain a healthy lifestyle.

In further support of the education community in San Diego, SHP serves on the San Diego Community College District (SDCCD) Corporate Council. The SDCCD serves approximately 100,000 students each semester through three two-year colleges and six Continuing Education campuses. SDCCD's Corporate Council strengthens the connections between SDCCD's educational programs and the success of San Diego's business community by providing expert advice on the needs and trends of San Diego's businesses. In FY 2012, SHP played an important role on the Corporate Council by engaging Community College District leadership and the diverse industries that serve the Corporate Council, as well as providing insight into the future needs of the ever-changing health care industry.

FY 2013 Plan

SHP will do the following:

- Participate in community-sponsored events to provide health information, education and board service as requested by community partners
- Provide coordination, financial support and fundraising-related activities for local nonprofit organizations

Appendices

APPENDIX A: SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS

Community boards, committees and civic organizations where Sharp HealthCare executive leadership and staff participated on the organization's behalf.

APPENDIX B: MAP OF SHARP HEALTHCARE LOCATIONS

APPENDIX C: MAP OF THE COUNTY OF SAN DIEGO

A map of San Diego County communities and regions served by Sharp HealthCare.

Commitment

A Sharp HealthCare Involvement in Community Organizations

The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2012. Community organizations are listed alphabetically.

- 2-1-1 San Diego Board
- Access to Independence
- Adult Protective Services
- Aging and Independence Services (AIS)
- Alzheimer's Association
- American Association of Critical Care Nurses, San Diego Chapter
- American Cancer Society (ACS)
- American College of Cardiology
- American College of Healthcare Executives (ACHE)
- American Diabetes Association (ADA)
- American Health Information Management Association
- American Heart Association
- American Hospital Association
- American Lung Association (ALA)
- American Liver Foundation
- American Parkinson Disease Association, Inc.
- American Psychiatric Nurses Association
- American Red Cross of San Diego
- Arthritis Foundation (AF)
- Association for Ambulatory Behavioral Health Care (National)
- Association for Ambulatory Behavioral Health Care of Southern California
- Association for Clinical Pastoral Education
- Association of California Nurse Leaders (ACNL)
- Association of Practical and Professional Ethics (APPE)
- Association of Rehabilitation Nurses
- Association of Women's Health and Obstetric Neonatal Nurses (AWHONN)
- Azusa Pacific University
- Bankers Hill Park West Community Development Corporation
- Bayside Community Center
- Boys and Girls Club of San Diego
- Bonita Business and Professional Organization
- California Association of Health Plans
- California Association of Hospitals and Health Systems
- California Association of Physician Groups
- California Behavioral Health Board
- California College, San Diego
- California Council for Excellence

- California Department for Public Health
- California Dietetic Association, Executive Board
- California HealthCare Foundation
- California Health Information Association
- California Hospice and Palliative Care Association
- California Library Association
- California Nursing Student Association
- California State Bar, Health Subcommittee
- California State University – San Marcos
- California Teratogen Information Service
- California Women Lead
- Caring Hearts Medical Clinic
- Chelsea’s Light Foundation
- Community Health Improvement Partners (CHIP) Behavioral Health Work Team
- CHIP Board
- CHIP Health Literacy Task Force
- CHIP Suicide Prevention Work Team
- CHIP Independent Living Facilities (ILF) Work Team
- Chula Vista Chamber of Commerce
- Chula Vista Community Collaborative
- Chula Vista Family Health Center
- Chula Vista Rotary
- City of Chula Vista Wellness Program
- Community Emergency Response Team (CERT)
- Consortium for Nursing Excellence, San Diego
- Coronado Chapter of Rotary International
- Coronado Christmas Parade
- Coronado Fire Department
- Creative Arts Consortium
- Council of Women’s and Infants’ Specialty Hospitals (CWISH)
- Cycle EastLake
- Diabetes Behavioral Institute
- Disabled Services Advisory Board
- Downtown San Diego Partnership
- East County Senior Service Providers
- El Cajon Community Collaborative Council
- El Cajon Fire Department
- El Cajon Rotary
- Emergency Nurses Association, San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College
- Facing Futures
- Family Health Centers of San Diego (FHCSO)
- Gardner Group
- George Stevens Senior Center
- Girl Scouts San Diego Imperial Council, Inc.

- Grossmont College
- Grossmont Healthcare District
- Grossmont Union High School District
- Health Care Communicators Board
- Helen Woodward Animal Center
- Helix Charter High School
- Helping Older People Equally (HOPE)
- Home of Guiding Hands
- Hospital Association of San Diego and Imperial Counties (HASDIC)
- HASDIC Community Health Needs Assessment Advisory Group
- Health Sciences High and Middle College (HSHMC) Board
- I Love a Clean San Diego
- International Association of Eating Disorders Professionals (IAEDP)
- International Lactation Consultants Association (ILCA)
- Jewish Family Services of San Diego
- John Brockington Foundation
- Kaplan College Advisory Board
- Kiwanis Club of Chula Vista
- Komen Latina Advisory Council
- Komen Race for the Cure Committee
- La Maestra Family Clinics
- La Mesa Lion's Club
- La Mesa Park and Recreation Foundation Board
- Las Hermanas
- LEAD, San Diego, Inc.
- Leukemia & Lymphoma Society
- Liberty Charter High School
- Mama's Kitchen
- March of Dimes
- Meals-on-Wheels Greater San Diego
- Medical Library Group of Southern California and Arizona
- Mended Hearts
- Mental Health America Board
- Mental Health Coalition
- Miracle Babies
- Mountain Health and Community Services, Inc. Advisory Board
- MRI Joint Venture Board
- National Alliance on Mental Illness (NAMI)
- National Association of Neonatal Nurses (NANN)
- National Association of Hispanic Nurses (NAHN), San Diego Chapter
- National Association of Psychiatric Healthcare Systems
- National Council on Alcoholism and Drug Dependence (NCADD)
- National Hospice and Palliative Care Association
- National Initiative for Children's Healthcare Quality
- National Kidney Foundation
- National Perinatal Information Center

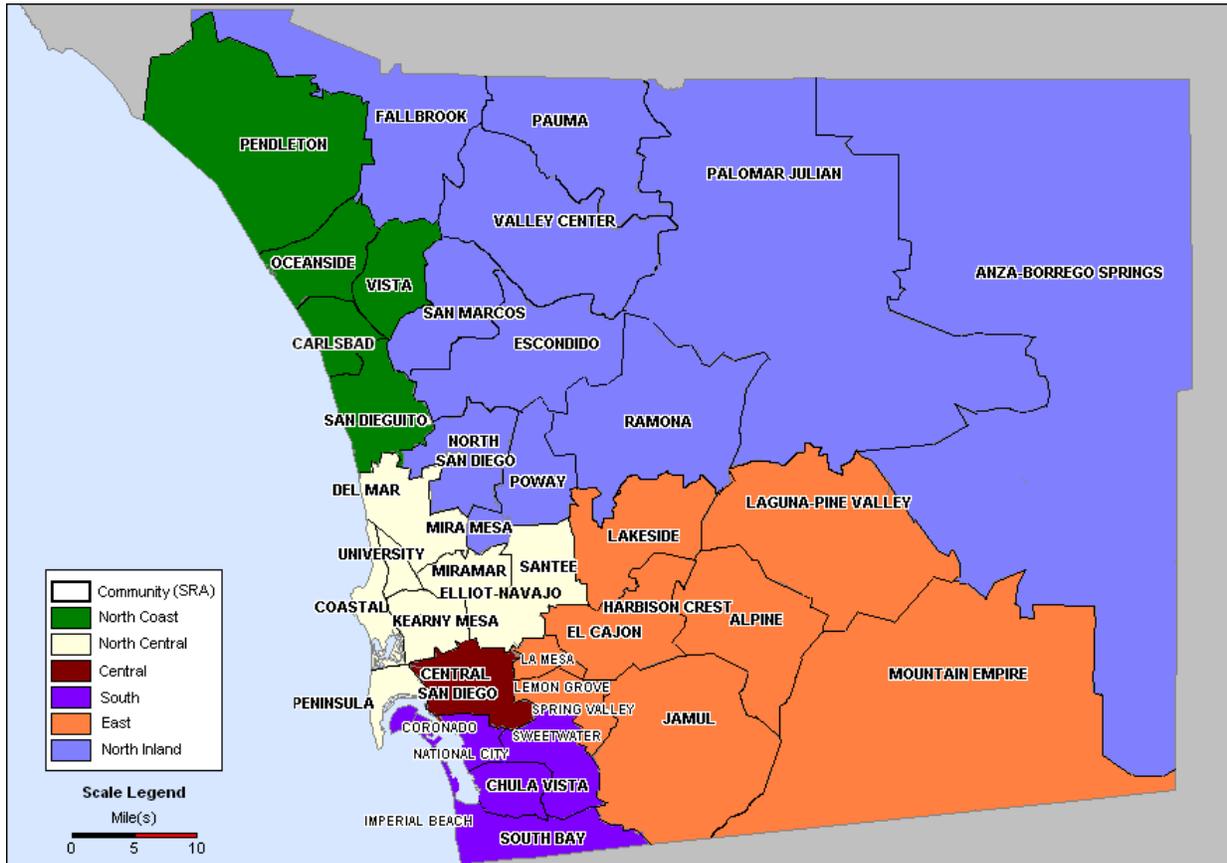
- National University
- Neighborhood Healthcare Community Clinic Board of Directors
- *NurseWeek*
- Orchard Apartments
- Pacific Arts Movement (Pac-Arts, formerly the San Diego Asian Film Foundation)
- Parents for Addiction, Treatment and Healing (PATH)
- Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable)
- Partnership for Smoke-Free Families
- Peninsula Shepherd Senior Center
- Perinatal Safety Collaborative
- Perinatal Social Work Cluster
- Planetree Board of Directors
- Professional Oncology Network
- Project CARE Council
- Public Health Nurse Advisory Board
- Recovery Innovations of California (RICA)
- Regional Home Care Council
- Regional Perinatal System
- Residential Care Council
- Safety Net Connect
- San Diego Community Action Network (SanDi-Can)
- San Diegans for Healthcare Coverage
- San Diego Healthcare Disaster Council
- San Diego Association for Diabetes Educators
- San Diego Association of Directors of Volunteer Services
- San Diego Association for Healthcare Recruitment
- San Diego Black Nurses Association
- San Diego Blood Bank
- San Diego Brain Injury Foundation
- San Diego Caregiver Coalition
- San Diego City College
- San Diego City Parks and Recreation
- San Diego Committee on Employment of People with Disabilities
- San Diego Council on Suicide Prevention
- San Diego County Perinatal Care Network
- San Diego County Taxpayers Association
- San Diego Diabetes Coalition
- San Diego Dietetic Association Board
- San Diego East County Chamber of Commerce Board
- San Diego Emergency Medical Care Committee
- San Diego Eye Bank Nurses Advisory Board
- San Diego Food Bank
- San Diego Foundation
- San Diego Health Information Association

- San Diego Healthcare Disaster Council
- San Diego Imperial Council of Hospital Volunteers
- San Diego Interreligious Committee
- San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc. (The Center)
- San Diego Mental Health Coalition
- San Diego Mesa College
- San Diego North Chamber of Commerce
- San Diego Nutrition Council
- San Diego Organization of Healthcare Leaders (SOHL), a local ACHE Chapter
- San Diego Patient Safety Consortium
- San Diego Regional Energy Office
- San Diego Regional Homecare Council
- San Diego Rescue Mission
- San Diego Restorative Justice Mediation Program
- San Diego Stroke Consortium
- San Diego Urban League
- San Diego-Imperial Council of Hospital Volunteers
- San Diego Regional Chamber of Commerce
- San Diego Science Alliance
- San Ysidro High School
- San Ysidro Middle School
- Santee Chamber of Commerce
- Schizophrenics in Transition
- San Diego State University (SDSU)
- Senior Community Centers of San Diego
- Sigma Theta Tau International Honor Society of Nursing
- Society of Trauma Nurses
- South Bay Community Services
- South County Economic Development Council
- Southern California Association of Neonatal Nurses
- St. Vincent de Paul Village
- Susan G. Komen Breast Cancer Foundation
- Sustainable San Diego
- Sweetwater Union High School District (SUHSD)
- The Meeting Place
- Third Avenue Charitable Organization (TACO)
- Trauma Center Association of America
- United Way of San Diego County
- University of California, San Diego (UCSD)
- University of San Diego (USD)
- VA San Diego Healthcare System
- Veterans Home of Chula Vista
- Veterans Village of San Diego
- Vista Hill ParentCare
- Women, Infants and Children (WIC)

- YMCA
- YWCA Becky's House®
- YWCA Board of Directors
- YWCA Executive Committee
- YWCA In the Company of Women Event

Appendix

C Map of Community and Region Boundaries in San Diego County



Map created by Sharp Strategic Planning Department, January 2010.



SHARP[®]

San Diego's Health Care Leader

1-800-82-SHARP www.sharp.com

~ A Health Care Organization Designed Not For Profit, But For People ~