



Dignity Health™

Mercy Medical Center
Mt. Shasta



Mercy Medical Center Mt. Shasta
Community Benefit Report 2013
Community Implementation Plan 2014

A message from Ken Platou, Mercy Medical Center Mt. Shasta President and
LeRoy Crye, Board Chair North State Service Area Community Board.

When we talk about health care today, the words *budget*, *cut*, and *restraint* get used a lot. It is impersonal and it is a way to look at health care by the numbers rather than by the patient. One word that has somehow lost its meaning is also the word we believe in most of all – the word *care*. At Mercy Medical Center Mt. Shasta we strive to reintroduce humankindness to an industry focused on finance.

The Affordable Care Act created the National Prevention Council and called for the development of a National Prevention Strategy to realize the benefits of prevention for the health of all Americans. The overarching goals of the plan are to empower people, ensure healthy and safe community environments, promote clinical and community preventive services, and eliminate health disparities.

The Dignity Health system goals reflect those of health reform, namely expanding access, redesigning the delivery system, and utilizing limited resources in better, more coordinated ways so that quality can be continuously improved and patients and communities are healthier. These goals will be achieved through thoughtful *care*, whether it is demonstrated in the hospital or through the programs and services we offer in the community.

At Mercy Medical Center Mt. Shasta we share a commitment to optimize the health of our community. In fiscal year 2013 Mercy Medical Center Mt. Shasta provided \$4,517,130 in financial assistance, community benefit and unreimbursed patient care and \$6,666,674 including the uncompensated expenses for Medicare. Because we care, how we contribute to the quality of life and the environment in our communities has always been and will continue to be a key measure of our success.

In accordance with policy, the North State Service Area Community Board has reviewed and approved the annual Community Benefit Report and Implementation Plan at their October 10, 2013 meeting.



Ken Platou, President
Mercy Medical Center Mt. Shasta



LeRoy Crye, Chairperson
North State Service Area Community Board

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EXECUTIVE SUMMARY

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

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

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

In response to identified unmet health-related needs in the 2011 community needs assessment, during FY2013 MMCMS focused on increasing access to health care for the broader and underserved disadvantaged members of the surrounding community. Major Community Benefit activities for FY2013 focused on increased programming, coalition building within our primary and secondary service area and health education for those with disproportionate unmet health related needs.

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

MMCMS continues to focus efforts toward **Diabetes Prevention and Management**. The original goal for this program in 2012 was to demonstrate a 5% decrease in readmission of the participants in the hospital's preventive health intervention by 2010. This goal has been met and the hospital has continued the program by partnering with the McCloud Healthcare Clinic and the Mt. Shasta Family Resource Center. The McCloud Clinic program offers lectures that present ideas on lifestyle modification, such as diet and exercise, diabetes prevention activities (walking groups, yoga classes etc.) and education regarding managing diabetes. The Mt. Shasta Family Resource Center offers a diabetes support group that meets monthly offering participants the latest diabetes information, education and healthy cooking classes.

¹ For more information on the name change, please visit www.dignityhealth.org

The **Childbirth Preparation Class** provided education to mothers and their partners regarding prenatal preparation, child birth and labor/ pain management education. We were fortunate to update the course curriculum and materials last fiscal year. Class participants have responded enthusiastically to the expanded course materials. Our new mothers also benefit from our lactation counseling services at the Mercy Mt. Shasta Community Clinic.

Mercy Mt. Shasta's Auxiliary continues to enhance access to care by providing free **Transportation Services** for residents of Siskiyou County who have absolutely no other means of getting to physician appointments (for physicians on our active medical staff), for cancer treatments, imaging tests, etc. In FY2013, 818 individuals were transported to their medical appointments, with a total of 25,188 miles traveled, and 1045 gallons of gas consumed. Through participation on the County's Sub-Committee on Aging and the Siskiyou Health Partnership, lack of transportation continuously emerges as a crucial issue in this rural county.

Our **Financial Counselors** provide MMCMS patients with assistance in addressing their medical insurance coverage and the Dignity Health/MMCMS billing process. For those patients who do not have health insurance coverage, Financial Counselors help find government or private programs that may be able to provide assistance. For those patients who are eligible for government-sponsored health insurance programs, our Counselors assist in the application process. Many of these programs can provide access to healthcare and other vital social services for the patient and the patient's family members. For those who do not have health insurance and do not qualify for a government-sponsored insurance program, our Financial Counselors are here to help. Depending on each individual's income level and circumstances, MMCMS may be able to enroll these individual in Dignity Health Payment Assistance programs to provide discounted or free services. Our Financial Counselors assist new moms who have Medi-Cal coverage by submitting information for their newborns, so they will be immediately enrolled. During FY2013, MMCMS's three Patient Financial Counselors assisted 750 individuals in applying for Medi-Cal coverage and financial assistance or charity care.

Throughout FY2013, MMCMS promoted its "**Patient Financial Counseling Service**" in area newspapers, on bulletin boards, and in flyers distributed throughout the facility. As indicated above, our Patient Financial Services (PFS) staff is available to assist patients who don't have health insurance in applying for public health coverage programs and appropriate assistance plans; moreover, they assist patients who have health insurance coverage but may be concerned or confused about their actual coverage, deductibles, paperwork, etc. These insurance programs/plans can provide increased access to healthcare services and other vital social services needed by the patients and/or their family. Over 3,500 individuals accessed the services provided by the Patient Financial Counselors.

"**Growing thru Grief**" community program provides support to individuals who are dealing with the death or grave illness of a loved one. This 6-week program is provided as a free community service three times per year and is facilitated by a member of our Hospice team. The MMCMS sponsored, "**Circle of Healing**" weekend retreat focuses on providing support for those whose lives have been touched by cancer or chronic illness. A spring retreat was held this year with 16 participants attending the session.

MMCMS's FY2013 Community Benefit Report and FY2014 Community Benefit Implementation Plan document our commitment to the health and improved quality of life in our community.

MISSION STATEMENT

We are committed to furthering the healing ministry of Jesus. We dedicate our resources to

- delivering compassionate, high-quality, affordable health services;
- serving and advocating for our sisters and brothers who are poor and disenfranchised; and
- partnering with others in the community to improve the quality of life.

ORGANIZATIONAL COMMITMENT

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

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

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

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

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

CAC members openly share their feedback about their perceptions regarding MMCMS, its services and programs. Their interest in assisting MMCMS in better meeting the needs of the communities it serves is evident through the many vigorous discussions held during these meetings. Every three years, at the completion of the Community Needs Assessment the findings are presented to the CAC. These individuals then review the information and provide verbal and/or written ranking of key community benefit initiatives. Their input in establishing

these key initiatives is highly valued; and when combined with the MMCMS six -member Senior Management Team input, final Community Benefit initiatives are determined. These initiatives are in turn interwoven into the strategic planning focus for MMCMS for the coming year(s).

Mercy Medical Center Mt. Shasta believes it is vitally important to work with other values-driven organizations to truly make a difference. By effectively using limited resources and linking together, Mercy Mt. Shasta can often offer healthy options and disease management strategies while also addressing the broader health needs of the community.

- Support College of the Siskiyous vocational nursing programs and community programs with in-kind contribution of both supplies and funding in addition to mentoring student nurses.
- CNE is an active board member of the Rural Health Sciences Institute at College of The Siskiyous.
- MMCMS Hospice – Light-Up a Life Christmas event which brings our community together to remember and honor those who have gone before us.
- Several employees of MMCMS are active members of the Mt. Shasta Rotary Club. We also provide speakers, sponsor programs via “donation in kind” publicity, participation in events.
- The MMCMS Lab sponsors a robust Blood Bank donor program.
- The MMCMS Nutrition Services Department sponsors a Meal Donation program. Nutrition Services staff boxes up and freezes individual servings of surplus meals. These meals are then distributed at no cost to the local Senior Nutrition Program, Hospice, and community members in need.
- MMCMS sponsors the Mountain Runners Mt. Shasta’s annual Fourth of July Run/Walk in which over 5,000 residents and visitors participate.
- Dignity Health North State in partnership with the Mt. Shasta Rotary Club held its first annual Castle Crags Century Bike Ride. With over 300 riders coming from all over the Pacific Northwest and over \$17,000 in profits, we consider this event a resounding success. Funds raised will be distributed to local projects.
- Participate as members of the local Chamber of Commerce (Weed, McCloud, and Dunsmuir & Mt. Shasta) in events/programs for community enhancement.
- Participate in a regional on-line project “Healthgrades” that assists area residents/visitors in finding a physician who best meets their needs. This free service serves as a resource for community members and enhances access to healthcare services.
- Provided the broader community with various healthcare-related support groups, classes and programs, including:
 - Bereavement Support Groups
 - Community Health Lecture Series focused on Orthopedics and Breast Health
 - Childbirth classes throughout the year
 - Free Glucose/Cholesterol Screens in Primary Service Area Communities
 - Safe Sitter Babysitting certification classes
 - POLST education and assistance

Non-Quantifiable Benefits

Mercy Mt. Shasta provides community benefits programs, services and activities that are difficult to measure. These “non-quantifiable” community benefits are provided to enhance the general health and well-being of the communities we serve. By working collaboratively with other area organizations, MMCMS provides leadership and advocacy, assists with local

capacity building, and participates in community-wide health planning. Examples include (but are not limited to) the following:

Support of many environmental “green projects” including recycling aluminum, tin, glass, newspapers, batteries, plastic and cardboard. In FY13 we recycled approximately 33% of our total waste. With these efforts it is estimated that MMCMS has kept 32.4 tons of recyclable products out of the landfill. In FY13 alone, 64,764 pounds of products were recycled.

Active Board member of the Siskiyou Health Partnership. The partnerships objective is to promote coordination among, and innovation in, activities that enhance the well being of the people of Siskiyou County.

Our successful Financial Peace University had another stellar year. This program which was developed by Dave Ramsey and facilitated by Mercy staff member Pastor Ray Horst, teaches participants how to communicate with their spouse about money, put together a spending plan, and completely eliminate debt as well as understanding investments and insurance. In FY2013 alone, the 65 individuals completing the program paid off \$89,320 of debt and saved over \$37,200 in just thirteen weeks.

COMMUNITY

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

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

- Population: 17,227
- Diversity:
 - Caucasian 81.2%
 - Hispanic 9.5%
 - Asian & Pacific Islander 2.2%
 - African American 2.1%
 - American Indian/Alaska Native 1.2%
 - 2+ Races 3.6%
 - Other 0.2%
- Average Income: \$45,702
- Uninsured: 29.8%
- Unemployment: 15.3%
- No HS Diploma: 9.3%
- Renters: 28.1%
- CNI Median Score: 3.8
- Medicaid Patients: 19.5%
- Other Area Hospitals: Fairchild Medical Center

All of the communities in our primary service area are considered to have disproportionate unmet health care needs. In fact, the median CNI score for our primary service area is 3.8 indicating a high level of need. The most current CNI map can be found in the appendix of this report. This is a major challenge for us as we plan and implement our community benefit programs and services. It is imperative that we provide a leadership role in building local capacity with our community partners in our efforts to create healthy communities. Portion of the Siskiyou County are federally designated as Medically Underserved Areas and Populations (full California map is located at the end of this report).

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

COMMUNITY BENEFIT PLANNING PROCESS

Community Health Needs Assessment Process

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

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

The Community Needs Assessment process, completed in 2011, provides MMCMS with current, real-time information to use to better align the facility's budget and strategic goals. Progress toward meeting these goals is monitored throughout the year.

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

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

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

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

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

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

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

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

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

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

The top seven individual health concerns identified in the survey include

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

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

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

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

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

A formal community asset assessment has not been conducted at this time; however it may be addressed in the future within the parameters of our collaboration with the Siskiyou Health Partnership. MMCMS remains committed to developing programs and services not only based on the outcomes from the Community Health Assessment but also focused on the most vulnerable populations in our primary service area. The intent of our community clinic strategy and community benefit initiatives is to bring affordable low/no cost health care to the rural communities of Southern Siskiyou County. With this combination we hope to have a sustainable impact on controlling the growth of community health care costs.

Planning for the Uninsured/Underinsured Patient Population

Mercy Medical Center Mt. Shasta is committed to providing financial assistance to persons who have health care needs and are uninsured or under-insured. Currently, 29.8% of our CSA is uninsured, followed by 19.5% that are enrolled in Medi-Cal. MMCMS ensures that any planning for the uninsured or under-insured population is in accordance with the Dignity Health financial assistance/charity care policy (attached in appendix of this report).

Information about patient financial assistance is available from Dignity Health, including a toll free contact number. Information is also disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments and at other public places within the facility. Information is also accessible on the hospital website.

Plan Report and Update Including Measurable Objectives and Timeframes

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

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

Listed below are key areas for community benefit programs that were operated or substantially supported by Mercy Medical Center Mt. Shasta in FY2013.

Initiative 1: Cancer Prevention, and Education, and Support

- Siskiyou Golden Fair Skin Cancer Screens
- Circles of Healing Retreat
- Local advertising for cancer prevention & education
- Breast Assured – Breast Health Lecture
- Focused *Be Well* regional magazine on women's health

Initiative 2: Diabetes Prevention and Management

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

Initiative 3: Heart Disease Awareness/CHF Readmission Reduction

- Heart Check Program
- Hearts & Hope Tea
- Sponsorship of two Life Line screening events
- Develop CHF education program

Initiative 4: Childhood Obesity & Healthy Living

- Sponsorship of Youth Healthy Cooking Class
- MMCMS Staff presentations in local schools
- Weed Family Resource Center Summer Day Camp

Initiative 5: Scholarships for Health Professions Education

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

These key programs are continuously monitored for performance and quality with ongoing improvements to facilitate their success. The Community Benefit Committee, Executive Leadership, the Community Board and Dignity Health receive quarterly updates on program performance and news.

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

PROGRAM DIGESTS

Cancer Programs	
Hospital CB Priority Areas	Cancer Programs
Program Emphasis	<p>Disproportionate Unmet Health-Related Needs</p> <p>Primary Prevention Seamless Continuum of Care</p> <p>Build Community Capacity Collaborative Governance</p>
Link to Community Needs Assessment	Increase awareness and educational opportunities related to cancer prevention, screenings and treatment options. Cancer is identified as the second highest health concern in our 2011 Community Health Needs Assessment.
Program Description	Provide comprehensive education and screening programs to increase awareness to identify cancer at its earliest stage for successful treatment regarding skin, breast, and colon cancer as well as invest resources in increasing awareness of signs of listed cancer conditions.
FY 2013	
Goal FY 2013	Enhance proactive community benefit programming targeted to populations at-risk for cancers of the breast, skin, and colon while enhancing the quality of life by indentifying cancer at its earliest stages.
2013 Objective Measure/Indicator of Success	Monitor and increase participation in the free cancer screening programs provided by MMCMS. Screenings include skin cancer, mammography, breast ultrasound and diagnostic MRI.
Baseline	Cancer continues to be one of the top eight health concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Develop comprehensive educational opportunities and screening programs to help identify cancer in its earliest stages. • Provide three support group and grief counseling activities for both patients and caregivers
Result FY 2013	<p>Newspaper, radio, and print advertising regarding programs and services.</p> <p>Provided 100 free skin cancer screens and distributed educational materials at annual Siskiyou Golden Fair.</p> <p>Provided 27 screening and diagnostic mammograms, 7 breast ultrasounds, and two breast MRIs for low income women. All services were at no cost to the patient. Funds came from Mercy Foundation North</p> <p>Sponsored local climber in the Breast Cancer Fund Mt. Shasta climb event which raised over \$6,000 for free breast services in Siskiyou County.</p> <p>Hosted Community Lecture focused on Breast Health with over 75</p>

	<p>attendees</p> <p>Regional Health Magazine <i>Be Well</i> fall edition focused on women's health including breast cancer.</p> <p>Provide support group and grief counseling activities for both patients and caregivers.</p> <p>Sponsored Circles of Healing weekend retreat for cancer patients and caregivers (16 patients attended the spring retreat).</p> <p>Hosted three six-week "Growing thru Grief" support group sessions (average attendance 8 participants).</p>
Hospital's Contribution / Program Expense	<p>\$10,567 Total</p> <p>\$ 2,500 Circles of Healing</p> <p>\$ 250 Breast Cancer Fund</p> <p>\$ 500 Relay for Life sponsorship</p> <p>\$ 1,000 Skin Cancer Screenings</p> <p>\$ 5,043 Breast Assured Event (marketing funds)</p> <p>\$ 1,274 Advertising</p> <p>MFN Contribution: \$9,645 (free mammogram program)</p>
FY 2014	
Goal 2014	Enhance proactive community benefit programming targeted to populations at-risk for cancers of the breast, skin, and colon while enhancing the quality of life by identifying cancer at its earliest stages.
2014 Objective Measure/Indicator of Success	Monitor, track and increase participation in the free cancer screening programs provided by MMCMS. Screenings include skin cancer, mammography, breast ultrasound and diagnostic MRI.
Baseline	Cancer continues to be one of the top eight health concerns in Siskiyou County. Specifically access to local care and support group activities remain high on the list of health care needs as identified in our most recent Health Needs Assessment.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Additional screening events in DUHN communities, work collaboratively with local Family Resource Centers to provide educational opportunities to those most in need. • Promote cancer awareness with local Health Tip section in local print media, continue partnership with Mercy Foundation North and local donors to provide free mammograms for women in need. • Continue sponsorship of Circles of Healing weekend retreat. • Continue active participation on the Siskiyou County Health Partnership.
Community Benefit Category	Category A – Health Improvement Services

Diabetes Programs & Services	
Hospital CB Priority Areas	Diabetes Prevention & Management
Program Emphasis	Disproportionate Unmet Health-Related Needs Primary Prevention Seamless Continuum of Care Build Community Capacity Collaborative Governance
Link to Community Needs Assessment	The MMCMS 2011 Community Health Needs Assessment rates diabetes, heart disease and stroke as three of the top ten health related concerns in our primary service area.
Program Description	<p>MMCMS seeks to address issues of Diabetes (pre-Diabetes, adult-onset Diabetes, childhood, and Type 1 and 2 Diabetes) through a variety of efforts.</p> <p>Newspaper/ radio/area TV educational info regarding Diabetes, including symptoms, treatment, management, etc.</p> <p>Provide free glucose screenings and educational information at various venues throughout the year (annual County Fair, College of the Siskiyous Health Day, etc.)</p> <p>Provide nutrition therapy outpatient services by our Registered Dietitian</p> <p>Continue our collaborative approach with Siskiyou County Community Resource Centers to offer glucose/cholesterol screenings/educational information on a periodic basis</p> <p>Two area programs received Community Grant Funds for Diabetes-related programs (McCloud/Mt. Shasta). MMCMS assists these programs as much as possible to help ensure successful implementation of their respective projects.</p>
FY 2013	
Goal FY 2013	MMCMS will continue to reduce the number of readmission of diabetic patients to the ED and hospital by early intervention and education.
2013 Objective Measure/Indicator of Success	We will monitor patients participating in the program via chart review, personal interactions and follow-up phone contacts.
Baseline	The most recent Community Health Assessment indicates that Siskiyou County residents suffer from diabetes related conditions nearly three times more than the national average.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee) • Continue to provide glucose screenings and educational information to the community • Continue collaborating with Family Resource Center to provide educational community programs and support. • Collaborate with the Mercy Mt. Shasta Community Clinic in providing a Nurse Diabetic Educator to work with individuals struggling with

	<p>Diabetes management issues. Develop focused marketing effort with local physicians to enhance the referral base.</p> <ul style="list-style-type: none"> • Support McCloud Health Care Clinic's (FQHC) expansion into the Dunsmuir market by providing educational and screening events for local residents.
Result FY 2013	<p>Provided \$11,674 in Community Grant funding to local non-profit organization that provides diabetes education, management and tracking programs in the community of McCloud.</p> <p>Provided free glucose and cholesterol screening educational events. Venues included Community Resource Centers, Siskiyou Golden Fair, Senior Health Fairs in Yreka and Mt, Shasta and a special hospital lobby screening day.</p> <p>Nurse Diabetic Educator in the MMCMS Community Clinic continues to provide individualized diabetic education. In FY2013, 241 patients participated in the program,</p> <p>MMCMS Registered Dietitian continues to meet with patients referred by their primary care physician providing nutritional consults, monthly contacts and tracking of progress. 76 patients benefited from this program in FY2013.</p> <p>Provided support and resources to the Mt. Shasta Community Resource Center in facilitating their monthly diabetes support group activities. Provided \$6,000 in Community Grant funding to Mt. Shasta Community Resource Center in support of their Healthy Cooking/Diabetes Management course.</p>
Hospital's Contribution / Program Expense	<p>Total: \$18,893</p> <p>\$ 719 Advertising</p> <p>\$ 500 Screenings</p> <p>\$17,674 Community Grant Funds</p>
FY 2014	
Goal 2014	MMCMS will continue to reduce the number of readmission of diabetic patients to the ED and hospital by early intervention and education.
2014 Objective Measure/Indicator of Success	We will monitor patients participating in the program via chart review, personal interactions and follow-up phone contacts.
Baseline	The most recent Community Health Assessment indicates that Siskiyou County residents suffer from diabetes related conditions nearly three times more than the national average.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Continue to provide grant funding to area nonprofit organizations (assumes viable community programs and approval by our grant review committee) • Continue to provide glucose screenings and educational information to the community • Continue collaborating with Family Resource Center to provide educational community programs and support. • Collaborate with the Mercy Mt. Shasta Community Clinic in providing

	<p>a Nurse Diabetic Educator to work with individuals struggling with Diabetes management issues. Develop focused marketing effort with local physicians to enhance the referral base.</p> <ul style="list-style-type: none"> • Support McCloud Health Care Clinic's (FQHC) expansion into the Dunsmuir market by providing educational and screening events for local residents.
Community Benefit Category	Category A - Health Improvement Services

Heart Disease Awareness/CHF Patient Readmission Reduction	
Hospital CB Priority Areas	Heart Disease Awareness/CHF Readmission Reduction
Program Emphasis	<p>Disproportionate Unmet Health-Related Needs</p> <p>Primary Prevention</p> <p>Seamless Continuum of Care</p> <p>Build Community Capacity</p> <p>Collaborative Governance</p>
Link to Community Needs Assessment	The 2011 Community Needs Assessment again ranks heart disease, stroke, and obesity in the top eight identified health concerns and behaviors.
Program Description	MMCMS seeks to provide education and support to the CHF patient allowing them to achieve and maintain the highest quality of life.
FY 2013	
Goal FY 2013	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
2013 Objective Measure/Indicator of Success	MMCMS provides educational materials, tools and resources to all patients including charity care patients. Documentation of program success include: chart review, follow-up phone calls and reduction of readmission of the CHF patient.
Baseline	Our most recent Community Health Assessment identifies Heart Disease/Stroke as one of the top eight health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • Increase frequency of external/internal publicity (i.e., newspaper/radio/public access television/bulletin boards/flyers, etc.) • Continue partnership with NVCSS in sponsoring the Heart & Hope Tea • Increase community screenings with expansion into the outlying areas of our PSA • Work with Primary Care Physicians in promotion and increased referrals for the Pulmonary Rehabilitation program. • Continue to be major sponsor in the 4th of July Fun Run
Result FY 2013	MMCMS developed a program for the CHF patient that provides educational materials, tools, and resources to support their path to better health. The program includes follow up phone calls from RN to check on

	<p>weight, diet, and nutrition. Program is available to all patients regardless of their ability to pay.</p> <p>Main sponsor of Northern Valley Catholic Social Services “Hearts and Hope Tea,” an event targeting all women in Siskiyou County. Educational speakers/information distributed at event.</p> <p>Provided free cholesterol screenings and American Heart Association information provided at no cost to the broader community at various venues, including County Fair, College of the Siskiyous Health Day, Family Resource Centers, and Senior Fall Festivals in both Mt. Shasta and Yreka.</p> <p>Major event sponsor of the 33rd annual 4th of July Fun Run where over 5,000 attendees participated in heart healthy activities.</p> <p>Enrolled 13 participants into the Pulmonary Rehabilitation program which greatly enhances quality of life by prevention of readmission to the hospital.</p>
Hospital’s Contribution / Program Expense	<p>Total: \$ 6,860</p> <p>\$5000 Fun Run</p> <p>\$ 605 COPD Program</p> <p>\$ 755 Heart Health/Disease Program</p> <p>\$ 500 NVCSS Heart & Hope Tea</p> <p>Advertising dollars already reflected in Diabetes Programs & Services</p>
FY 2014	
Goal 2014	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with heart disease and other related diseases. Enhance quality of life by preventing or reducing unnecessary admissions to the hospital.
2014 Objective Measure/Indicator of Success	MMCMS provides educational materials, tools and resources to all patients including charity care patients. Documentation of program success will include: chart review, follow-up phone calls, and reduction of readmission of the CHF patient.
Baseline	Our most recent Community Health Assessment identifies Heart Disease/Stroke as one of the top eight health concerns in our county. Poor eating habits, obesity, and lack of exercise are listed as three of the top behavioral health concerns which are indicative of an increased risk for heart disease.
Intervention Strategy for Achieving Goal	<ul style="list-style-type: none"> • MMCMS will continue to add components to this existing program which will allow participants to better manage their chronic disease. Upon discharge each identified CHF patient is given a packet especially designed for them on how to manage his or her illness. • In 2014, MMCMS seeks to expand this program to our Rural Health Clinic patients. This early intervention strategy will assist them to better manage their illness while at home thus reducing ED and hospital visits.
Community Benefit Category	Category A – Community Health Improvement

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

COMMUNITY BENEFIT AND ECONOMIC VALUE

Mercy Medical Center Mt. Shasta
Classified Summary Including Non Community Benefit (Medicare)
For period from 7/1/2012 through 6/30/2013

	Persons	Total Expense	Offsetting Revenue	Net Benefit	% of Organization Expenses Revenues	
<u>Benefits for Living in Poverty</u>						
Traditional Charity Care	502	1,157,740	0	1,157,740	2.4	2.3
Unpaid Costs of Medicaid	12,425	8,300,342	6,717,352	1,582,990	3.2	3.1
Means-Tested Programs	2,572	2,097,001	637,731	1,459,270	3.0	2.9
Community Services:						
Comm. Benefit Operations	0	27,339	0	27,339	0.1	0.1
Comm. Health Improvement Svcs.	670	11,700	0	11,700	0.0	0.0
Financial and In-Kind Contributions	314	182,656	0	182,656	0.4	0.4
Health Professions Education	2	2,000	0	2,000	0.0	0.0
Totals for Community Services	986	223,695	0	223,695	0.5	0.4
Totals for Living in Poverty	16,485	11,778,778	7,355,083	4,423,695	9.0	8.8
<u>Benefits for Broader Community</u>						
Community Services:						
Comm. Health Improvement Svcs.	2,103	67,839	921	66,918	0.1	0.1
Financial and In-Kind Contributions	9	20,178	0	20,178	0.0	0.0
Health Professions Education	2	6,339	0	6,339	0.0	0.0
Totals for Community Services	2,114	94,356	921	93,435	0.2	0.2
Totals for Broader Community	2,114	94,356	921	93,435	0.2	0.2
Totals for Community Benefit	18,599	11,873,134	7,356,004	4,517,130	9.2	9.0
Unpaid Cost of Medicare	24,262	20,115,321	17,965,777	2,149,544	4.4	4.3
Totals with Medicare	42,861	31,988,455	25,321,781	6,666,674	13.6	13.2

Telling the Community Benefit Story

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

Appendix

Dignity Health
Summary of Patient Assistance Policy
(June 2012)

Policy Overview:

Dignity Health is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured, ineligible for a government program, and otherwise unable to pay for medically necessary care based on their individual financial situations. Consistent with its mission to deliver compassionate, high quality, affordable health care services, and to advocate for those who are poor and disenfranchised, Dignity Health strives to ensure that the financial capacity of people who need health care services does not prevent them from seeking or receiving care. Payment assistance is not considered to be a substitute for personal responsibility, and patients are expected to cooperate with Dignity Health's procedures for obtaining payment assistance, and to contribute to the cost of their care based on individual ability to pay. Individuals with financial capacity to purchase health insurance shall be encouraged to do so as a means of assuring access to health care services.

Eligibility for Patient Payment Assistance:

- Eligibility for payment assistance will be considered for those individuals who are uninsured, ineligible for any government health care benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with the policy.
- The granting of payment assistance shall be based on an individualized determination of financial need, and shall not take into account age, gender, race, or immigration status, sexual orientation or religious affiliation.

Determination of Financial Need

- Financial need will be determined through an individual assessment that may include:
 - a. an application process in which the patient or the patient's guarantor is required to cooperate and supply all documentation necessary to make the determination of financial need;
 - b. the use of external publicly available data sources that provide information on a patient's or a patient's guarantor's ability to pay;
 - c. a reasonable effort by the Dignity Health facility to explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs; and will take into account the patient's assets and other financial resources.
- It is preferred but not required that a request for payment assistance and a determination of financial need occur prior to rendering of services. The need for payment assistance may be re-evaluated at each subsequent rendering of services, or at any time additional information relevant to the eligibility of the patient for payment assistance becomes known.
- Dignity Health's values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

Services eligible under the policy will be made available to the patient on a sliding fee scale, in accordance with financial need as determined by the Federal Poverty Level (FPL) in effect at the time of the termination as follows:

- Patients whose income is at or below 200% of the FPL are eligible to receive free care;
- Patients whose income is above 200% but not more than 350% of the FPL are eligible to receive services at the average rates of payment the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater in amount for the same services;
- Patients whose income is above 350% but not more than 500% of the FPL are eligible to receive services at 135% of the average rates the Dignity Health facility would receive from Medicare, Medicaid (Medi-Cal), Healthy Families, or any other government-sponsored health program in which the hospital participates, whichever is greater for the same services;
- Patients whose income exceeds 500% of the FPL may be eligible to receive discounted rates on a case-by-case basis based on their specific circumstances, such as catastrophic illness or medical indigence, at the discretion of the Dignity Health facility.

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

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

- Information about patient payment assistance available from Dignity Health, including a contact number, shall be disseminated by the Dignity Health facility by various means, including the publication of notices in patient bills and by posting notices in the Emergency and Admitting Departments, and at other public places as the Dignity Health facility may elect. Such information shall be provided in the primary languages spoken by the populations served by the Dignity Health facility.
- Any member of the Dignity Health facility staff or medical staff may make referral of patients for payment assistance. The patient or a family member, a close friend or associate of the patient may also make a request for payment assistance.

Budgeting and Reporting:

- Specific dollar amounts and annual plans for patient payment assistance will be included within the Social Accountability Budget of the Dignity Health facility. Dignity Health facilities will report patient payment assistance calculated at cost in the annual Social Accountability Report and may voluntarily report such information as deemed appropriate.
- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program or for payment assistance from Dignity Health, and a patient's good faith effort to comply with his or her payment agreements with the Dignity Health facility.
- For patients who qualify for payment assistance and who are cooperating in good faith to resolve their hospital bills, Dignity Health facilities may offer interest-free extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences and will not send unpaid bills to outside collection agencies.

Regulatory Requirements:

In implementing this policy, Dignity Health management and Dignity Health facilities shall comply with all federal, state and local laws, rules and regulations that may apply to activities conducted pursuant to this policy.

**FY 2014
DIGNITY HEALTH NORTH STATE SERVICE AREA
COMMUNITY BOARD MEMBERS**

LeRoy Crye, Chairperson

Douglas Hatter, M.D., Secretary

Mark Korth, North State Service Area President

Fernando Alvarez, M.D.

Diane Brickell

Jim Cross

Sister Nora Mary Curtin

Sandra Dole

Sutton N. Menezes, M.D.

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

Lynn Strack, Executive Assistant
Dignity Health North State
P. O. Box 496009
Redding, CA 96049-6009
(530) 225-6103 phone
(530) 225-6118 fax

8/1/13

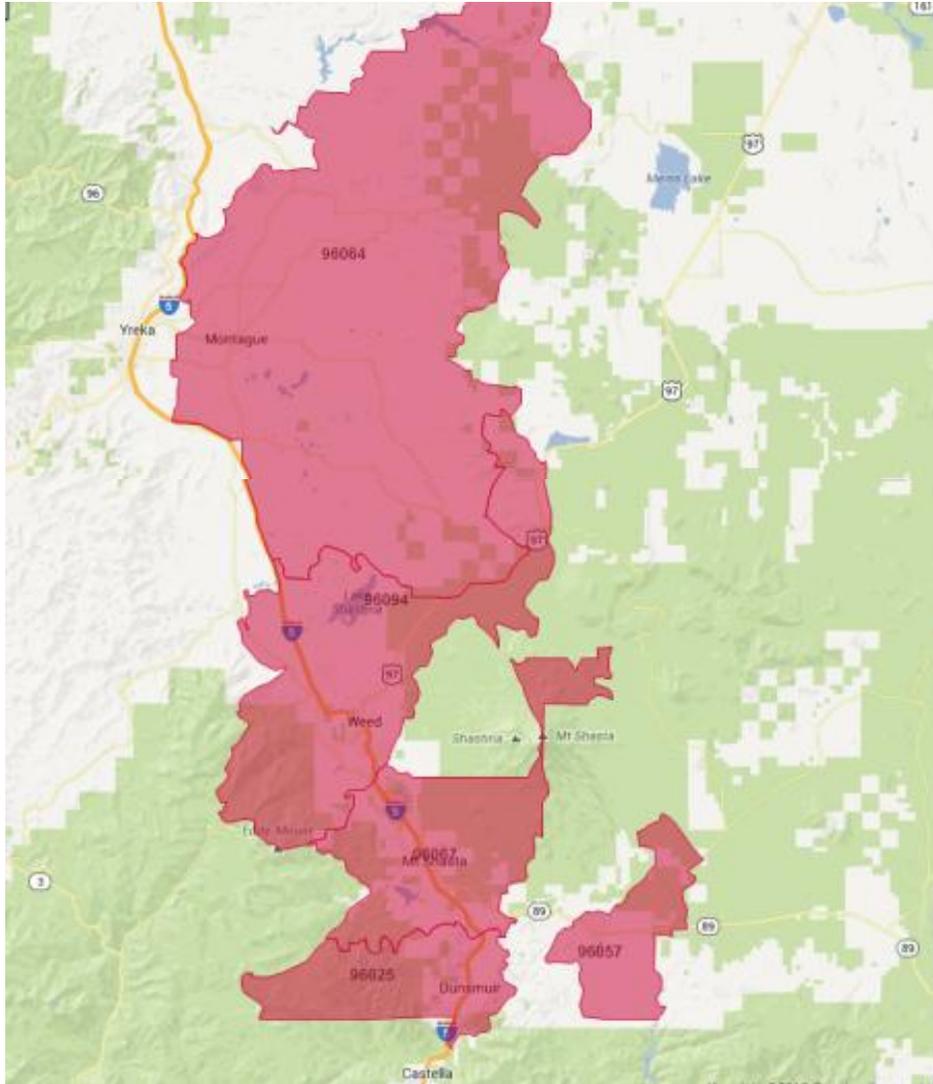
Mercy Medical Center Mt. Shasta COMMUNITY ADVISORY COUNCIL – FY2013

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

Other Participants:

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

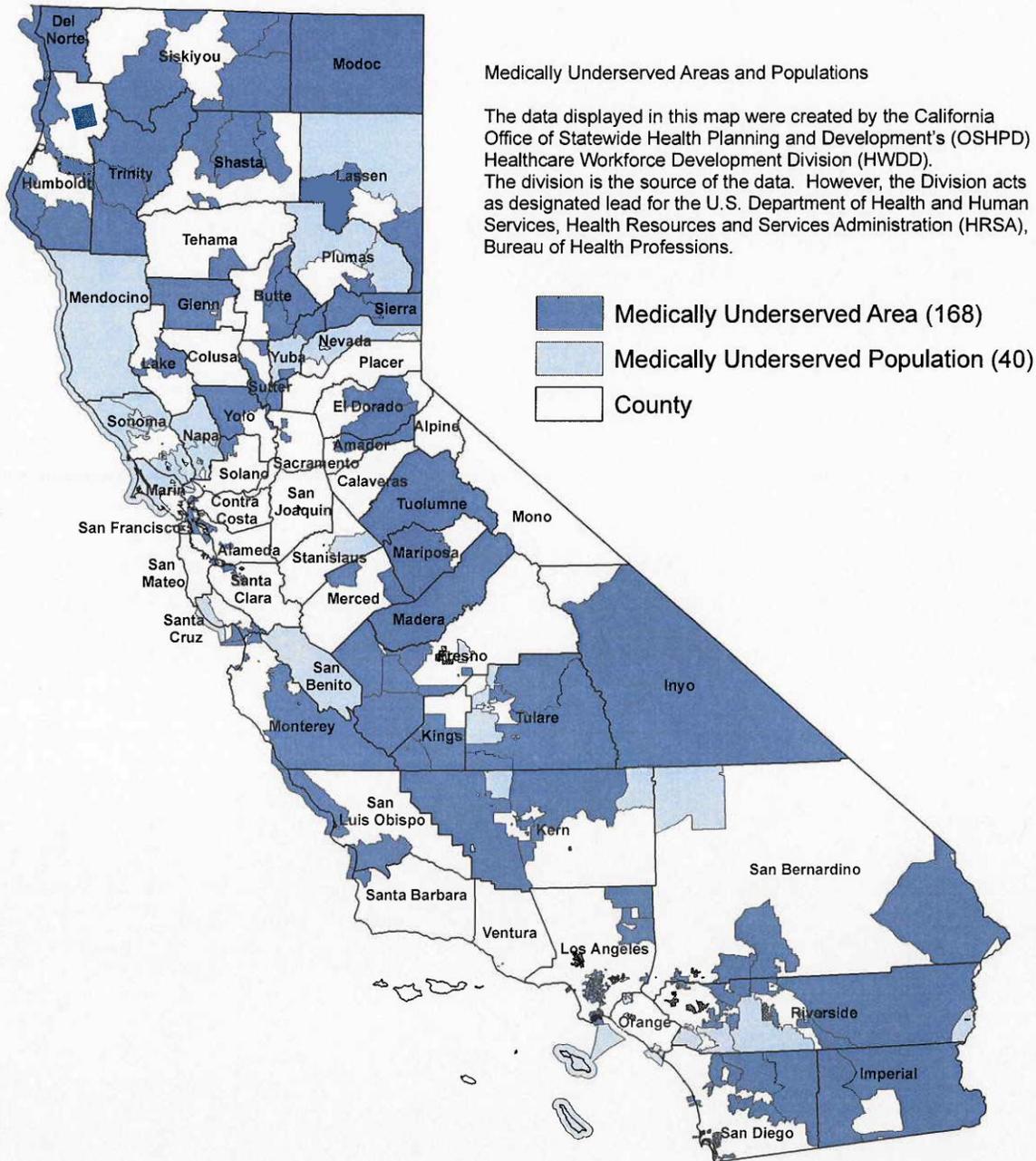
Mercy Medical Center Mt. Shasta



	Zip Code	CNI Score	Population	City	County	State
■	96025	3.8	2,357	Dunsmuir	Siskiyou	California
■	96057	4	1,418	McCloud	Siskiyou	California
■	96064	3.6	4,694	Montague	Siskiyou	California
■	96067	3.6	7,404	Mt. Shasta	Siskiyou	California
■	96094	4	6,579	Weed	Siskiyou	California

CNI MEDIAN SCORE: 3.8

Medically Underserved Areas and Populations



0 25 50 100 Miles

October 2010

