



Dignity Health™

Mercy Medical Center
Redding



Mercy Medical Center Redding

Community Benefit Report FY2013

Community Benefit Implementation Plan FY2014

A message from Mark Korth, Mercy Medical Center Redding 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 Redding 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 Redding we share a commitment to optimize the health of our community. In fiscal year 2013 Mercy Medical Center Redding provided \$21,185,294 in financial assistance, community benefit and unreimbursed patient care and \$31,085,503 including the uncompensated expense 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.



Mark Korth
President, Mercy Medical Center Redding



LeRoy Crye, Chairman
North State Service Area Community Board

Table of Contents

Executive Summary	4
Mission Statement	5
Dignity Health Mission Statement	
Organizational Commitment	5
Organizational Commitment	
Non-Quantifiable Benefits	
Community	7
Definition of Community	
Description of Community	
Community Demographics	
Community Benefit Planning Process	8
Community Health Needs Assessment Process	
Assets Assessment Process	
Developing the Hospital’s Implementation Plan (Community Benefit Report & Plan)	
Planning for the Uninsured/Underinsured Patient Population	
Plan Report and Update including Measurable Objective and Timeframe	11
Summary of Key Programs and Initiatives – FY2013	
Description of Key Programs and Initiatives (Program Digests)	
Community Benefit and Economic Value	19
Report - Classified Summary of Un-sponsored Community Benefit Expense	
Telling the Story	

EXECUTIVE SUMMARY

Mercy Medical Center Redding is a member hospital of Dignity Health, formerly Catholic Healthcare West (CHW)¹. The Hospital is located at the tip of the Sacramento River Valley in Redding, California and serves as a regional referral center for far Northern California. The Hospital offers major medical services including a Level II Trauma Center with a dedicated Orthopedic Traumatologist, Level III Neonatal Intensive Care Unit, Cardiovascular Services, and Oncology Services. Mercy Medical Center Redding is also the sole provider of obstetrical services in its primary service area. Mercy Medical Center Redding is licensed for 267-beds and has approximately 1,736 employees. In addition to the key services listed above, Mercy Medical Center Redding also offers a wide array of specialty and surgical services including but not limited to:

- Pediatric Care
- Surgical Inpatient and Outpatient Care
- Center for Joint and Spine Health
- Joint Venture with 21st Century Oncology
- Mercy Regional Cancer Center in Redding
 - Ida C. Emerson Oncology Unit
 - Outpatient Chemotherapy Services
 - Floyd Morgan Family Cancer Resource Center & Medical Library
 - Affiliation with UCSF Helen Diller Family Comprehensive Cancer Center
- Mercy Heart Center
- Mercy Stroke Center
- Mercy Home Health & Hospice Services
- Mercy Family Medicine Residency Program
- Mercy Family Health Center – A clinic associated with the Mercy Family Practice Residency Program. The clinic serves Medi-Cal and Medicare patients as well as un-/under-insured individuals, under the direction of the Mercy Family Practice Residency faculty.
- Mercy Maternity Clinic – This Clinic helps mothers and babies achieve a healthy start, by offering comprehensive prenatal care for low-income mothers and high-risk pregnancies.
- Patient Services Centers – Offering outpatient laboratory testing in convenient consumer settings.
- Wound Healing and Hyperbaric Medicine Center – This freestanding service cares for individuals with hard-to-heal wounds.
- An 11-room hospitality house for families of patients who reside outside of the greater Redding area and must travel to Mercy Medical Center Redding for trauma, cardiac or cancer care. These families are often unable to sustain this unforeseen financial burden and these rooms are provided at a low nightly rate or at no cost for those who cannot afford to pay.
- A dedicated campus for senior services. Named Mercy Oaks, this campus currently features a senior housing complex operated by Mercy Housing, a comprehensive senior nutrition and transportation program and a myriad of social services dedicated to seniors and people who have disabilities.

Listed below are a few highlights of major support for community benefit activities that were operated or substantially supported by Mercy Medical Center Redding during FY13.

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

- Mercy is a founding partner of the Healthy Shasta Collaborative and continued to be a major annual supporter with financial and in-kind support in FY2013.
- Scholarships were awarded to graduating high school seniors majoring in a healthcare related field and other health professions education.
- The Congestive Heart Active Management Program (CHAMP®) was offered to qualifying patients with heart failure through a partnership with Mercy Heart & Vascular Institute in Sacramento, California.
- Mercy continued to be a provider of the Every Women Counts State Program for early detection of breast cancer.

Mercy Medical Center Redding provided over \$21 million (excluding shortfall from Medicare) in serving the poor and broader community through June 30, 2013. This amount includes the hospital's reinvestment through community grants and other gifts/sponsorships to help improve community health.

MISSION STATEMENT

Dignity Health is 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

Mercy Medical Center Redding is part of Dignity Health, a system of 39 hospitals in Arizona, California and Nevada. As part of Dignity Health, Mercy Medical Center Redding plays a lead role in caring for the community and partnering with others to help make Redding and the surrounding areas a healthier place. In living out the mission, Mercy Redding is particularly attentive to the needs of the poor, disadvantaged and vulnerable.

Community benefit is integrated into the strategic planning process at Mercy Medical Center Redding and is demonstrated at multiple levels throughout the organization. The community benefit planning process is a joint effort that engages the Dignity Health North State Board, Mercy Redding's President and Leadership Team, and Mercy Redding's Advisory Council.

The Dignity Health North State Board has overall responsibility for community benefit activities for Mercy Medical Center Redding to ensure that the activities support the mission, policies and strategic plan of the organization, as well as, address the priority needs of the community. In addition to the involvement and oversight of the Dignity Health North State Board, Mercy Medical Center Redding's Advisory Council provides a community perspective to help prioritize the health opportunities for the organization. This 24-member Council represents a broad range of community organizations and needs. The individual responsible for the implementation and facilitation of the Community Benefit process reports to the President of Dignity Health North State.

Membership on the Dignity Health North State Board and Advisory Council include community stakeholders, Sisters of Mercy, senior hospital leadership, physicians, and Mission Integration leadership

(rosters for the Dignity Health North State Board and Mercy Redding's Advisory Council are listed in Appendix A). Responsibilities of the Board and the Advisory Council include:

- Review and approval of the annual community benefit report and plan to ensure it is aligned with Mercy Medical Center Redding's mission and strategy, is focused on the priority needs identified through the community health assessment and/or by hospital leadership, and fulfills responsibilities as a charitable organization.
- Provide oversight for the Dignity Health Grants Program, including the identification of grant funding priorities and selection of grant review committee members.
- Serve as advocates in the community that further Mercy Medical Center Redding's mission and help foster strategic partnerships to improve community health.

Mercy Medical Center Redding 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 Redding can often offer healthy and health prevention options in our community as well as help address the broader health needs of the community. Every year, Mercy Redding reinvests in the community through its Community Grants program. The goal of the program is to reinvest community benefit resources by partnering with non-profit organizations who share our mission and values of working to improve the health and quality of life in our community. In Fiscal Year 2013, Mercy Redding received 7 Letters of Intent and 4 of those organizations were invited to develop and submit full grant proposals. The total amount of funds requested from Mercy in the grant proposals was approximately \$69,500. After a rigorous review process, which provided a deeper insight into the scope of needs being responded to, Mercy Redding was able to fund two of those requests for a total of \$59,500.

The following organizations received a FY2013 Dignity Health Community Grant from Mercy:

- Good News Rescue Mission received \$43,500 for their Heart of the Matter program. The program is designed to increase positive support for healthy hearts for homeless and very low-income individuals in the community. The program emphasizes healthy food selection and adequate exercises on a sustained basis through the use of a community garden.
- Youth Violence Prevention Council received \$16,000 for Project EX. This program provides an educational smoking and tobacco use cessation program to teens (14-19 years) referred through schools and Juvenile Probations.

Non-Quantifiable Benefits

Mercy Redding gives to the community in many ways that are difficult to measure. Through leadership and advocacy efforts, the Hospital works collaboratively with many local organizations to enhance community-building activities and programs to help address the root causes of health problems. During FY2013, MMCR provided expertise and/or hospital resources to help strengthen community partnerships:

- American Cancer Society
- Good News Rescue Mission
- Leadership Redding
- Luis Miramontes Foundation
- Northern Valley Catholic Social Services
- Older Adult Policy Council
- Redding Chamber of Commerce
- Shasta County Public Health – Healthy Shasta Initiative
- Shingletown Medical Center
- Simpson University

- St. Joseph Parish School
- Turtle Bay Exploration Park
- YMCA

COMMUNITY

Mercy Medical Center Redding (MMCR) serves a primary service area comprised of zip codes in Redding and surrounding communities in Shasta, Tehama and Trinity County. Portions of Shasta County and all of Trinity County are federally designated as Medically Underserved Areas and Populations (full California map is included in Attachment C). Due to the recession there has been a growing need for services provided to the un-/underinsured. Insurance coverage estimates for 2013 showed a total of 43.6% of individuals in Mercy Redding’s PSA are either uninsured (23.6%) or have Medi-Cal (20%) coverage. People are often turning to the Emergency Department for basic non-acute medical services. To respond effectively to these needs requires collaborative problem solving. Nonprofit organizations need to work together to leverage resources and maximize health assets in innovative ways to enhance existing programs and ensure sustainable health programs and services are available over the long-term. Community-based collaboration will be a priority for Mercy Medical Center Redding and will help drive community benefit efforts in the future.

The following demographics represent statistical data for the Mercy’s primary service area.

- Population: 208,784
- Diversity:
 - Caucasian 80.6%
 - Hispanic 10.3%
 - Asian & Pacific Islander 2.5%
 - African American 0.8%
 - American Indian/Alaska Native 2.2%
 - 2+ Races 3.4%
 - Other 0.2%
- Average Income: \$53,780
- Uninsured: 23.6%
- Unemployment: 13.4%
- No HS Diploma: 12.5%
- Renters: 33.7%
- CNI Median Score: 3.8
- Medi-Cal Patients: 20.0%
- Other Area Hospitals: Shasta Regional Medical Center

COMMUNITY NEED INDEX

The Community Need Index (CNI) is a tool used by CHW facilities to measure community need in a specific geography by analyzing the degree to which a community has the following health care access barriers: Income Barriers, Educational Barriers, Cultural Barriers, Insurance Barriers, and Housing Barriers. By using statistical modeling, the combination of above barriers results in a score between 1 (less needy) and 5 (most needy). Analysis has indicated significant correlation (96%) between the CNI and preventable hospital admissions. Communities ranked as scoring a “5” are more than twice as likely to need inpatient care for preventable conditions (ear infection, etc.) than communities with a score of

“1”. The CNI map is listed in Appendix D and identifies areas in Redding and surrounding areas with associated CNI scores. It is apparent that most of the zip codes within Shasta County are in need the most and represent areas of opportunity for Mercy Medical Center Redding to consider for specific community benefit’s intervention strategies.

COMMUNITY BENEFIT PLANNING PROCESS

A community health needs assessment is a systematic process involving the community, to identify and analyze community health needs in order to prioritize, plan and act upon unmet community health needs. An assessment is conducted every three years and an essential component of the process is to prioritize the health opportunities that are identified through the assessment process. In FY2011 a community health assessment was sponsored by MMCR as one of its strategies and commitment to the health of our community. Professional Research Consultants (PRC), located in Omaha Nebraska, conducted the community health assessment for Shasta County. Through a series of telephone interviews, focus groups and the evaluation of existing health related data, PRC compiled a report inventorying community health priorities and provided recommendations for areas of intervention.

The community health assessment was the product of analysis of primary and secondary data sources relating to a wide array of community health indicators in Shasta County. Data input included:

- Community Health telephone survey consisting of a random sample of 500 individuals aged 18 and older in Shasta County. The sample was then weighted in proportion to the actual population distribution at the zip code level.
- Community Health Panels:
 - Two health panels (focus groups) were conducted. One was conducted with physicians and other health care professionals and the other one consisted of social workers and other community leaders.
- A variety of existing (secondary) data sources was consulted to complement the research quality of the health assessment. The data for Shasta County was obtained from the following sources: California Department of Health Services, California Department of Public Safety, Centers for Disease Control & Prevention, ESRI BIS Demographic Portfolio (projections based on the US Census) and National Center for Health Statistics.

PRC identified 14 “areas of opportunity” for health improvement. The health opportunities were (in alphabetical order):

- | | |
|---|--------------------|
| ■ Access to Healthcare | ■ Tobacco Use |
| ■ Cancer | ■ Vision & Hearing |
| ■ Disability & Chronic Pain | |
| ■ Heart Disease & Stroke | |
| ■ Immunizations | |
| ■ Injury & Violence | |
| ■ Mental Health & Mental Disorders | |
| ■ Nutrition, Physical Activity & Overweight | |
| ■ Oral Health | |
| ■ Respiratory Disease | |
| ■ Sexually Transmitted Diseases | |
| ■ Substance Abuse | |

Mercy Medical Center Redding carefully considered how to identify and prioritize various community benefit initiatives. Once the health opportunities were identified, they were ranked by members of the Hospital Advisory Council. The ranking tool contained seven criteria with which to rank each health opportunity. Each criterion was assigned a specific weighted value. Definitions of the criteria used are listed below:

- High Incidence or Prevalence - Is the local rate/percent higher than the state or national rate/percent? Consider absolute numbers directly affected by the problem, as well as disproportionate rates among special populations (subgroups of age, sex, race/ethnicity, geographic region).
- Trending - What are the trends? Is the rate/percent increasing or decreasing over time?
- Severity of Problem/Consequences - Consider the degree to which the problem leads to death, disability or impairs one's quality of life. Also consider the risk of exacerbating the problem by not addressing at the earliest opportunity.
- Amenable to Intervention - Consider how likely it is that interventions will be successful in preventing or reducing the consequences of a problem. Keep in mind all types of interventions (e.g., community education, policy and/or organizational changes, etc.), the potential to reach populations at greatest risk, and the ability of the community at large to mobilize to support the intervention. *In other words ... can we make a difference?*
- Resources Available - Consider what programs are currently in place to address the problem, and consider the ability of organizations to reasonably impact the issue, given available resources.
- Costliness of Treatment of Problem/Consequences - Consider the financial costs of treating the problem; what costs might be saved by preventing or reducing the severity of the problem?
- Acceptability - Considering what the community feels is important, as it can mean greater community support later on.

After the participants ranked each of the areas of opportunity, the results were then calculated and further discussion ensued to select the areas that should be the focus for the next community benefit planning cycle (FY2012 – FY2014). As a result of the ranking and prioritization process, and taking into account that the hospital has limited financial resources, the following three initiative clusters were identified for Mercy to develop planned interventions to help address community needs in partnership with other community organizations.

These initiative clusters will help address nine of the fourteen opportunities:

- Heart disease and stroke with a focus on physical activity, oral health, nutrition and overweight
- COPD with a focus on lung cancer and tobacco use
- Chronic pain with a focus on substance abuse and mental health

Planning for the Uninsured/Underinsured Patient Population

Mercy Medical Center Redding is committed to providing payment assistance to persons who have health care needs and are uninsured or under-insured. Currently, 23.6% of Mercy Redding's primary service area population is uninsured, followed by 16.4% who are enrolled in the Medicare program and 20.0% enrolled in Medi-Cal. MMCR ensures that any planning for the uninsured or under-insured population is in accordance with the Dignity Health payment assistance/charity care policy (see Appendix B). Every patient who goes through the admission process at Mercy Redding is provided with a brief overview of the payment assistance policy and a brochure that goes into additional detail. Additionally, the general public has access to the policy as well as payment assistance applications on the Hospital's web site.

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 five 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 - Emphasis on evidence-based approaches by establishing operational linkages between clinical services and community health improvement activities.
- Build Community Capacity - Target charitable resources to mobilize and build the capacity of existing community assets.
- Collaborative Governance - Engage diverse community stakeholders in the selection, design, implementation, and evaluation of program activities.

Listed below are key areas of support for community benefit programs that were operated or substantially supported by Mercy Medical Center Redding during FY2013.

Physical Activity & Fitness and Nutrition & Overweight

- Mercy is a founding partner of Healthy Shasta and continues to be a major annual supporter with financial and in-kind support.
- Several local gyms offer discounted memberships to Mercy Medical Center Redding employees and families.

Scholarships for Health Professions Education

- Shasta College - Sponsor Scholarship opportunities for the Advanced Nursing.
- Simpson University - Sponsor Scholarship opportunities for the RN to BSN program.
- Mercy Medical Center Redding also offers scholarships to graduating high school seniors that are pursuing a healthcare-related major.

Cardiovascular Disease

- Continued offering the CHAMP® service to qualifying patients with heart failure through a partnership with Mercy Heart & Vascular Institute in Sacramento, California.
- Partnered with national screening company to sponsor vascular screenings within market to help identify disease at earliest stage.

Cancer Deaths/Skin Cancers/Prostate Exams

- Continued free tobacco cessation classes – “Quit for Good”.
- Provider of Every Women Counts State Program.
- Hosted a prostate screening in September of 2012.

Chronic Disease

- Offered two, six-week sessions of the Stanford Based Chronic Disease Self-Management Program (CDSMP) titled Healthier Living, as well as trained community members to become workshop leaders.
- Continued offering diabetes classes every other month throughout FY2013.

PROGRAM DIGEST

Listed below are the FY2013 Program Digest results for the key initiatives and key community based programs that were operated or substantially supported by Mercy Medical Center Redding. The programs that will be a major focus for Mercy Medical Center Redding over the next three fiscal years (FY2012-FY2014) are listed below. These key programs will be continuously monitored for performance and quality with ongoing improvements to facilitate their success.

Healthier Living – Chronic Disease Self-Management Program	
Hospital CB Priority Areas	Heart disease, stroke, physical activity, oral health, nutrition and overweight COPD, lung cancer and tobacco use Chronic pain, substance abuse and mental health
Program Emphasis	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Heart disease, stroke, physical activity, oral health, nutrition and overweight, COPD, lung cancer, tobacco use, chronic pain, substance abuse and depression.
Program Description	The Healthier Living workshop is for adults who have a chronic health condition or who live with someone with a chronic health condition. Healthier Living workshop participants learn how to manage stress, fight fatigue and pain, learn how to communicate with their doctor and family members and set goals and learn problem solving techniques.
FY2013	
Goal FY2013	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.
FY2013 Objective Measure/Indicator of Success	Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition.
Baseline	PRC community health assessment indicates that chronic pain rates in Shasta County are worse than the California average.
Intervention Strategy for Achieving Goal	1. Continue to host diabetes classes every other month. 2. Conduct three Healthier Living workshops during the next fiscal year.
Result FY2013	1. Due to the implementation of an electronic health records system, and the availability of trained facilitators, only two Healthier Living Workshops were conducted by Hospital staff. The first one began in September, 2012 and the second workshop began in February, 2013. Each two hour workshop was offered over a six-week period. 2. The Wound and Hyperbaric Medicine Center at Mercy Medical Center Redding hosted diabetes education classes, every other month, throughout FY2013.
Hospital's Contribution/ Program Expense	\$9,331

FY2014	
Goal FY2014	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with chronic disease, enhancing quality of life by preventing or reducing unnecessary admissions to the Hospital.
FY2014 Objective Measure/Indicator of Success	Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition.
Baseline	PRC community health assessment indicates that a high number of individuals suffer with chronic pain. The reported prevalence of arthritis alone in Shasta County is 26.3% which is higher than the California prevalence of 20.3%
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to host diabetes classes every other month. 2. Conduct two Healthier Living workshops during the next fiscal year.
Community Benefit Category	A – Community Health Improvement Services

Heart Disease & Stroke	
Hospital CB Priority Areas	Heart disease, stroke, physical activity, oral health, nutrition and overweight
Program Emphasis	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Heart disease, stroke, physical activity, oral health, nutrition and overweight
Program Description	Develop and implement educational opportunities, screenings and investments to increase awareness and identification of risk factors for heart disease and stroke.
FY2013	
Goal FY2013	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with CHF and other related diseases and enhance the quality of life by preventing or reducing unnecessary admissions to the Hospital.
FY2013 Objective Measure/Indicator of Success	Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition and track improvement through community health assessment for improvement in increasing physical activity and nutrition.
Baseline	PRC community health assessment indicates that heart disease and stroke death rates are worse than both the California and US averages. PRC has also indicated that the modifiable risk factors listed above are also areas of health opportunity.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to be a major annual supporter with financial and in-kind support for the Healthy Shasta Collaborative initiatives and events. 2. Continue offering community screenings for heart and vascular disease via the partnership with Life Line.

	<ol style="list-style-type: none"> 3. Continue CHAMP or similar service program for qualified patients that are diagnosed with CHF. 4. Continue diabetes education classes that are offered every other month. 5. Collaborate with Mercy Redding's CME Coordinator to provide physician education. Topics could include (but are not limited to): heart disease or stroke. 6. Refer community members to the Healthier Living Workshops as appropriate.
Result FY2013	<ol style="list-style-type: none"> 1. Continued financial and in-kind support of Healthy Shasta initiatives and events. Invested \$20,000 plus applied for and received a grant from Kohl's in the amount of \$21,643. The Kohl's grant funds will be used to support marketing and PR efforts of the Healthy Shasta collaborative. In addition to the monetary contributions, Community Benefit staff participated as a steering committee member, as well as facilitated the Healthy Shasta Public Relations committee throughout FY2013. 2. In late FY2012, Mercy Medical Center Redding contracted with Life Line Screening to provide vascular screenings to community members throughout the service area. Screenings were continued in FY2013. 3. The CHAMP program was continued throughout FY2013 for qualified patients. Throughout FY2013, there was an average of 49 individuals served through this program. 4. The Wound and Hyperbaric Medicine Center at Mercy Medical Center Redding hosted diabetes education classes, every other month, throughout FY2013. 5. The following CME's were provided during FY2013: Stroke; Cerebrovascular Disease; latest treatments for Venous Insufficiency and Varicose Veins; newer Treatment Approaches for Atrial Fibrillation; screening for Coronary Artery Disease and Congestive Heart Failure; AMI and Total Ischemic Time: Correct Focus of Attention; Evaluation of Heart Murmurs in Children; Child Obesity Interventions: Accelerating Progress on Reducing Child Obesity; Understanding Newborn Baby Behavior-Preventing Overfeeding and Obesity. 6. Community members were referred to the Healthier Living workshop as appropriate.
Hospital's Contribution/Program Expense	\$37,478
FY2014	
Goal FY2014	Enhance proactive community benefit programming targeted to expand the continuum of care for community members living with CHF and other related diseases and enhance the quality of life by preventing or reducing unnecessary admissions to the Hospital.
FY2014 Objective Measure/Indicator of Success	Monitor participants in Dignity Health programs, screenings and events for improvement in self-management of health condition and track improvement through community health assessment for improvement in increasing physical activity and nutrition.

Baseline	PRC community health assessment indicates that heart disease and stroke death rates are worse than both the California and US averages. PRC has also indicated that the modifiable risk factors listed above are also areas of health opportunity.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to be an annual supporter with financial and in-kind support for the Healthy Shasta Collaborative initiatives and events. 2. Continue CHAMP or similar service program for qualified patients that are diagnosed with CHF. 3. Host a diabetes education symposium for the community, focusing on Type 1 diabetes and children, through the Wound and Hyperbaric Medicine Center. 4. Refer community members to the Healthier Living Workshops as appropriate.
Community Benefit Category	A – Community Health Improvement Services

COPD, Lung Cancer and Tobacco Use	
Hospital CB Priority Areas	COPD, lung cancer and tobacco use
Program Emphasis	Please select the emphasis of this program from the options below: <input checked="" type="checkbox"/> Disproportionate Unmet Health-Related Needs <input type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	COPD, lung cancer and tobacco use
Program Description	Provide services/programs that respond to the identified community need listed above to help improve community health.
FY2013	
Goal FY2013	Enhance proactive community benefit programming targeted to expand the continuum of care for patients and enhance quality of life by reducing unnecessary readmissions to the hospital.
FY2013 Objective Measure/Indicator of Success	Monitor quit rate of participants in Quit for Good tobacco cessation classes as well as monitor participants in the Healthier Living Workshops to identify improvement in self-management of their chronic conditions.
Baseline	PRC community health assessment indicates that COPD death rates are worse than both the California and US averages; and the prevalence of lung cancer disease is increasing in Shasta County. Tobacco use rates are statistically unchanged in Shasta County since 2007 and this contributes to both COPD and Lung Cancer.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Continue to offer and promote the Quit for Good tobacco cessation classes throughout FY2013. 2. Collaborate with Mercy Redding’s CME Coordinator to provide physician education. Topics could include (but are not limited to): COPD, smoking or lung cancer. 3. Partner with Shasta County Public Health on educational campaign for

	<p>tobacco cessation designed specifically around women and the unique social challenges/concerns that prevent their efforts to stop using tobacco.</p> <p>4. Refer community members to the Healthier Living Workshops as appropriate.</p>
Result FY2013	<p>1. Tobacco cessation classes were continued and offered throughout FY13. The correlation between tobacco use, lung cancer and COPD is covered in the curriculum. In addition to the Quit for Good classes and Mercy Redding also supported Youth Violence Prevention Council with a \$16,000 community grant to help the organization provide a tobacco cessation program for teens aged 14-19.</p> <p>2. Two CME's were provided in FY2013. Topics were Lung Cancer and COPD. Tobacco use was also discussed as one of the risk factors/preventative measures during a stroke CME that was also given in FY2013.</p> <p>3. Mercy Medical Center Redding planned to support an educational campaign for tobacco cessation with Shasta County Public Health that would have been designed specifically around women. However, Shasta County Public Health did not engage the Hospital in discussions for this project and it is understood that Public Health did not move forward with the project as planned.</p> <p>4. Community members were referred to the Healthier Living workshop as appropriate.</p>
Hospital's Contribution/Program Expense	\$16,000
FY2014	
Goal FY2014	Enhance proactive community benefit programming targeted to expand the continuum of care for patients and enhance quality of life by reducing unnecessary readmissions to the hospital.
FY2014 Objective Measure/Indicator of Success	Monitor quit rate of participants in Quit for Good tobacco cessation classes as well as monitor participants in the Healthier Living Workshops to identify improvement in self-management of their chronic conditions.
Baseline	PRC community health assessment indicates that COPD death rates are worse than both the California and US averages; and the prevalence of lung cancer disease is increasing in Shasta County. Tobacco use rates are statistically unchanged in Shasta County since 2007 and this contributes to both COPD and Lung Cancer.
Intervention Strategy for Achieving Goal	<p>1. Continue to offer and promote the Quit for Good tobacco cessation classes throughout FY2014.</p> <p>2. Refer community members to the Healthier Living Workshops as appropriate to help community members self-manage their condition (i.e. COPD).</p>
Community Benefit Category	A – Community Health Improvement Services

Chronic Pain, Substance Abuse and Mental Health	
Hospital CB Priority Areas	Chronic pain, substance abuse and depression
Program Emphasis	Please select the emphasis of this program from the options below: <input type="checkbox"/> Disproportionate Unmet Health-Related Needs <input checked="" type="checkbox"/> Primary Prevention <input checked="" type="checkbox"/> Seamless Continuum of Care <input type="checkbox"/> Build Community Capacity <input type="checkbox"/> Collaborative Governance
Link to Community Needs Assessment	Chronic pain, substance abuse and depression
Program Description	Develop and implement an educational campaign and support investments to increase awareness and early identification of risk factors that can contribute to high-risk behavior such as unhealthy coping habits.
FY2013	
Goal FY2013	Enhance proactive community benefit programming targeted to expand the continuum of care for patients living with chronic disease, enhancing quality of life and reducing unnecessary readmissions to the hospital
FY2013 Objective Measure/Indicator of Success	Monitor participants in the Healthier Living Workshops to identify improvement in self-management of their chronic conditions
Baseline	PRC community health assessment indicates that chronic pain and substance abuse death rates are worse than the California average.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. Explore a partnership opportunity with Shasta County Public Health and the Redding Police Department for a medication disposal program in Shasta County. 2. Explore the possibility of partnering with the Suicide Prevention Department of Shasta County Public Health for Mercy to become a pilot site for a web based suicide and substance abuse screening program for emergency department staff as a way to identify at-risk individuals prior to a crisis situation. 3. Support a Shasta County Educational Campaign regarding substance abuse titled "Think Again Shasta" aimed at providing prevention information to adults and parents about drinking (including underage drinking), substance abuse and other high-risk behaviors. 4. Collaborate with Mercy Redding's CME Coordinator to provide physician education. Topics could include (but are not limited to): chronic pain, substance abuse or mental health. 5. Refer community members to the Healthier Living Workshops as appropriate.
Result FY2013	<ol style="list-style-type: none"> 1. Due to a transition of leadership for community benefit at Mercy Medical Center Redding, the Hospital was not able to partner with Shasta County Public Health and the Redding Police Department for the medication disposal program in Shasta County in FY2013. 2. Mercy Medical Center Redding community benefit staff met with staff from Public Health to explore the possibility of the Hospital becoming a pilot site for a web based suicide and substance abuse screening program for

	<p>emergency department staff as a way to identify at-risk individuals prior to a crisis situation. While the program had potential, it was considered to be cost prohibitive at this time.</p> <ol style="list-style-type: none"> 3. Mercy Medical Center Redding provided in-kind support to the Shasta County Educational Campaign regarding substance abuse titled “Think Again Shasta” aimed at providing prevention information to adults and parents about drinking (including underage drinking), substance abuse and other high-risk behaviors. 4. A chronic pain CME was provided in FY2013 for all healthcare professionals. Information provided during the CME included: discussing the barriers to treating patients with chronic disease and how healthcare professionals can take a balanced approach regarding goals . 5. Community members were referred to the Healthier Living workshop as appropriate.
Hospital’s Contribution/Program Expense	\$500
FY2014	
Goal FY2014	Enhance proactive community benefit programming targeted to expand the continuum of care for patients living with chronic disease, enhancing quality of life and reducing unnecessary readmissions to the hospital.
FY2014 Objective Measure/Indicator of Success	Monitor participants in the Healthier Living Workshops to identify improvement in self-management of their chronic conditions.
Baseline	PRC community health assessment indicates that chronic pain and substance abuse death rates are worse than the California average.
Intervention Strategy for Achieving Goal	<ol style="list-style-type: none"> 1. The Healthier Living workshops are considered best practice in affecting change in regards to chronic disease, substance abuse (as a coping method) and depression. In addition to referring community members to the Healthier Living workshops as appropriate, community benefit staff will work with the Administration of the Mercy Family Health Center to identify patients that would benefit from these workshops and conduct at least one workshop for that specific population in FY2014.
Community Benefit Category	A – Community Health Improvement Services

COMMUNITY BENEFIT AND ECONOMIC VALUE

Economic Value:

Economic value of community benefit is defined as the reporting responsibilities associated with providing charity care, unpaid costs of Medicaid, Medicare and indigent programs, education and research, non-billed services, cash and in-kind donations. Using a cost accounting methodology, Mercy Medical Center Redding provided more than \$21 million in unsponsored care and programs for the benefit of the community in FY13. Unsponsored care includes cost of care for persons who are poor, the costs associated with caring for Medicare, Medicaid and other government program beneficiaries and costs for services the hospital subsidizes because the services are not offered anywhere else in the community. Listed on the next page is the fiscal year 2013 Community Benefit Inventory for Social Accountability (CBISA) classified summary.

Mercy Medical Center Redding
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>						
Financial Assistance	1,192	4,806,719	0	4,806,719	1.3	1.2
Medicaid	43,699	74,353,339	71,483,376	2,869,963	0.8	0.7
Means-Tested Programs	5,058	13,516,628	6,260,222	7,256,406	2.0	1.8
Community Services:						
Comm. Benefit Operations	0	86,977	0	86,977	0.0	0.0
Comm. Health Improvement Svcs.	2,278	93,449	0	93,449	0.0	0.0
Cash and In-Kind Contributions	2,033	1,369,435	20,718	1,348,717	0.4	0.3
Totals for Community Services	4,311	1,549,861	20,718	1,529,143	0.4	0.4
Totals for Living in Poverty	54,260	94,226,547	77,764,316	16,462,231	4.6	4.2
<u>Benefits for Broader Community</u>						
Community Services:						
Comm. Health Improvement Svcs.	470	20,205	0	20,205	0.0	0.0
Cash and In-Kind Contributions	563	743,931	0	743,931	0.2	0.2
Health Professions Education	75	3,987,322	62,913	3,924,409	1.1	1.0
Subsidized Health Services	523	34,518	0	34,518	0.0	0.0
Totals for Community Services	1,631	4,785,976	62,913	4,723,063	1.3	1.2
Totals for Broader Community	1,631	4,785,976	62,913	4,723,063	1.3	1.2
Totals for Community Benefit	55,891	99,012,523	77,827,229	21,185,294	5.9	5.4
Medicare	54,992	153,853,532	143,953,323	9,900,209	2.8	2.5
Totals with Medicare	110,883	252,866,055	221,780,552	31,085,503	8.6	7.9

Telling the Community Benefit Story:

Mercy Medical Center Redding 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 Foundation North Board; Mercy Medical Center Redding Advisory Council; elected City and County officials; Union leadership; employees, guild members and Medical Staff leadership. The report will also be available in Dignity Health approved format on the Hospital's web site at www.redding.mercy.org and also on the Dignity Health website at www.DignityHealth.org.

Appendix A

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 REDDING
ADVISORY COUNCIL MEMBERS
2013

<u>MEMBER</u>	<u>TERM</u>	<u>REAPPTD</u>
Kurt Starman (City of Redding)	6/2006 to 12/2013	to 12/2013
Dr. Andy Solkovits (Family Practice Physician)	6/2006 to 12/2013	to 12/2012
Dr. Lucha Ortega (Shasta College)	6/2006 to 12/2013	to 12/2013
Heather Hennessey (First Christian Church)	6/2006 to 12/2013	to 12/2013
Susan Wilson (Health Improvement Partnership of Shasta)	6/2006 to 12/2013	to 12/2013
Jeff Avery (State Farm Insurance)	6/2007 to 12/2014	to 12/2013
Doreen Bradshaw (Shasta Consortium)	6/2007 to 12/2014	to 12/2013
Ryan Denham (SJ Denham Chrysler)	6/2007 to 12/2014	to 12/2013
Roger Janis (Retired from Butte Community Bank)	6/2007 to 12/2014	to 12/2013
Dave Jones (Mountain Valleys Health Centers)	6/2007 to 12/2014	to 12/2013
Jason Parker, Secretary (Morgan Stanley Financial)	6/2008 to 12/2015	to 12/2012
Mike Mangas, Chairperson (KRCR Channel 7)	6/2008 to 12/2015	to 12/2012
Marion Nebergall (Community Member)	6/2008 to 12/2015	to 12/2012
Janice Cunningham, Vice Chairperson (Cox Real Estate)	6/2008 to 12/2015	to 12/2012
Janet Applegarth (Anderson Chamber of Commerce)	1/2011 to 12/2016	to 12/2013
Tracey Moore (Sierra Pacific Industries)	1/2012 to 12/2017	to 12/2013
Robert Paoletti (Redding Police Department)	1/2012 to 12/2017	to 12/2013
Jim Cloney (Shasta Unified School District)	1/2013 to 12/2018	to 12/2014
Cesar Partida (Good News Rescue Mission)	1/2013 to 12/2018	to 12/2014
Fr. Mauricio Hurtado (Our Lady of Mercy)	1/2013 to 12/2018	to 12/2014
Donnell Ewert (Shasta County Public Health)	1/2013 to 12/2018	to 12/2014
Stacey Carman (Redding Rancheria)	1/2013 to 12/2018	to 12/2014

Appendix B

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

Policy Overview:

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

Eligibility for Patient Payment Assistance:

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

Determination of Financial Need:

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

- Dignity Health’s values of human dignity and stewardship shall be reflected in the application process, financial need determination and granting of payment assistance. Requests for payment assistance shall be processed promptly, and the Dignity Health facility shall notify the patient or applicant in writing within 30 days of receipt of a completed application.

Patient Payment Assistance Guidelines:

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

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

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

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

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

Budgeting and Reporting:

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

- Patient payment assistance statistics shall be disclosed in annual financial statements but shall not include amounts that are properly considered to be bad debt or contractual discounts.

Relationship to Collection Policies:

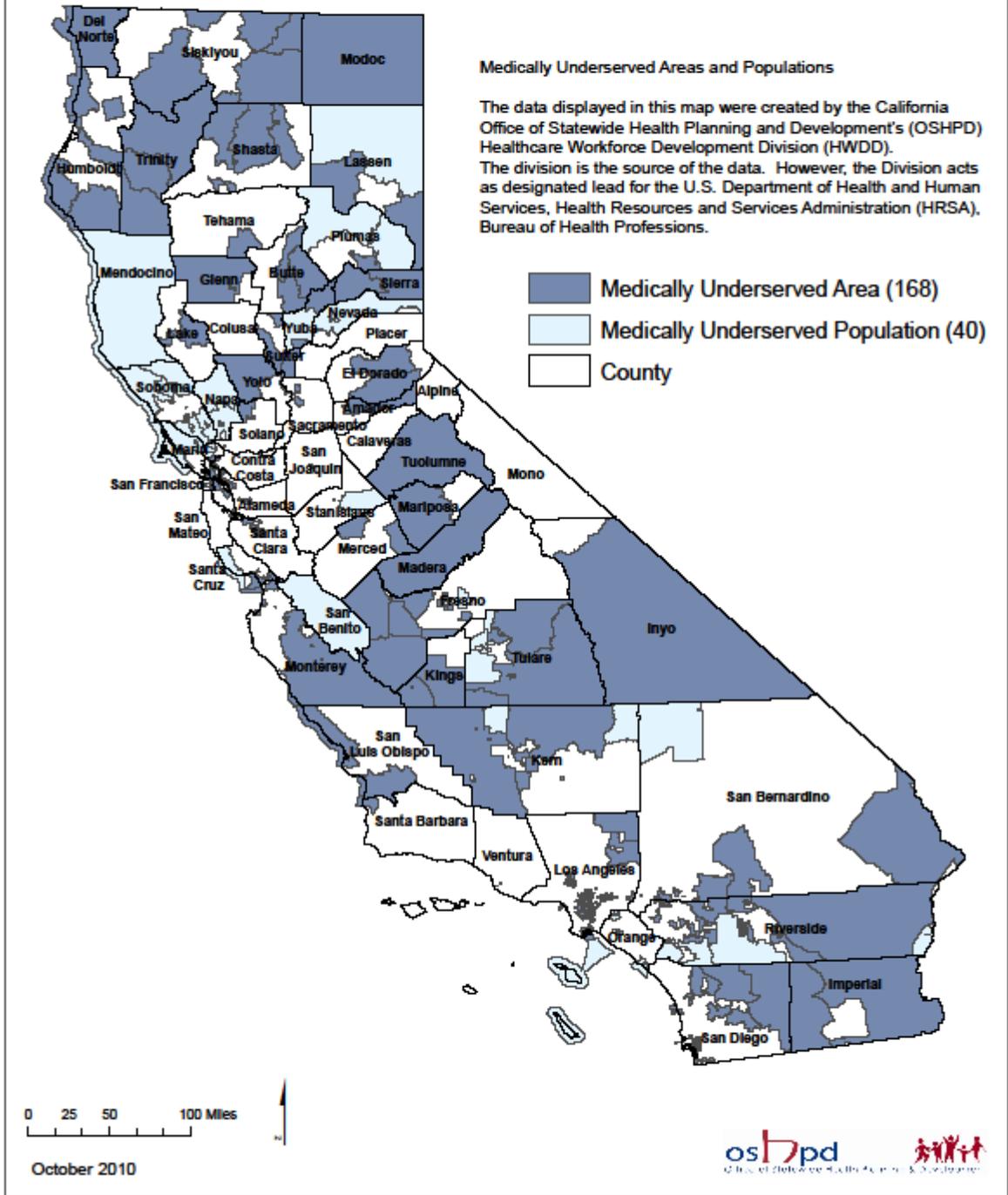
- Dignity Health system management shall develop policies and procedures for internal and external collection practices by Dignity Health facilities that take into account the extent to which the patient qualifies for payment assistance, a patient's good faith effort to apply for a governmental program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

Regulatory Requirements:

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

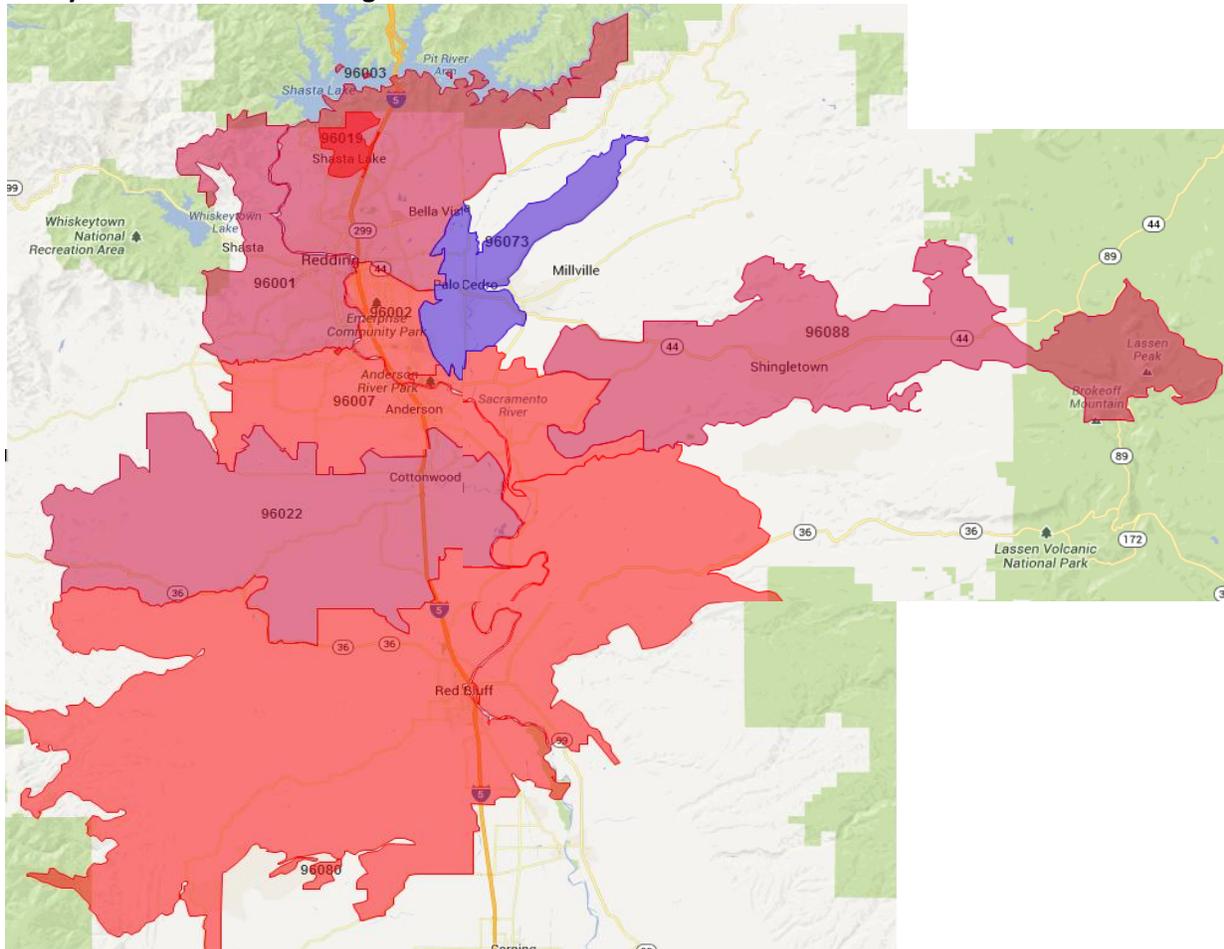
Appendix C

Medically Underserved Areas and Populations



Appendix D

Mercy Medical Center Redding



	Zip Code	CNI Score	Population	City	County	State
	96001	4	34,342	Redding	Shasta	California
	96002	4.2	32,992	Redding	Shasta	California
	96003	3.6	45,650	Redding	Shasta	California
	96007	4.4	23,666	Anderson	Shasta	California
	96013	4.4	4,851	Burney	Shasta	California
	96019	4.6	10,135	Shasta Lake	Shasta	California
	96022	3.4	16,279	Cottonwood	Tehama	California
	96073	2.4	3,932	Palo Cedro	Shasta	California
	96080	4.4	27,912	Red Bluff	Tehama	California
	96088	3.4	4,989	Shingletown	Shasta	California
	96093	3.6	3,654	Weaverville	Trinity	California

CNI MEDIAN SCORE: 3.8