

Glendale Adventist Medical Center



2013 - 2015 Community Health Plan

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Overview of Adventist Health



Glendale Adventist Medical Center is an affiliate of Adventist Health, a faith-based, not-for-profit, **integrated health care delivery system** headquartered in Roseville, California. We provide compassionate care in communities throughout California, Hawaii, Oregon and Washington.

Adventist Health **entities** include:

- 19 **hospitals** with more than 2,700 beds
- More than 220 **clinics** and outpatient centers
- 14 **home care agencies** and 7 hospice agencies
- Four joint-venture **retirement centers**
- Workforce of 28,600 includes more than 20,500 employees; 4,500 medical staff physicians; and 3,600 volunteers

We owe much of our heritage and organizational success to the **Seventh-day Adventist Church**, which has long been a promoter of prevention and whole person care. Inspired by our belief in the loving and healing power of Jesus Christ, we aim to bring physical, mental and spiritual health and healing to our neighbors of all faiths.

Every individual, regardless of his/her personal beliefs, is welcome in our facilities. We are also eager to partner with members of other faiths to enhance the health of the communities we serve.

Our commitment to quality health care stems from our heritage, which dates back to 1866 when the first Seventh-day Adventist health care facility opened in Battle Creek, Michigan. There, dedicated pioneers promoted the "radical" concepts of proper nutrition, exercise and sanitation. Early on, the facility was devoted to prevention as well as healing. They called it a sanitarium, a place where patients—and their families—could learn to be well.



More than a century later, the health care system sponsored by the Seventh-day Adventist Church circles the globe with more than 170 hospitals and nearly 500 clinics, nursing homes and dispensaries worldwide. And the same vision to treat the whole person—mind, body and spirit—continues to provide the foundation for our progressive approach to health care.

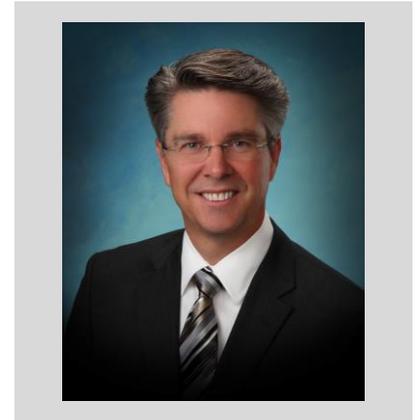
Our Mission: To share God's love by providing physical, mental and spiritual healing.

Our Vision: Adventist Health will be a recognized leader in mission focus, quality care and fiscal strength.

Letter from the CEO

Dear Community:

In 1905, a handful of insightful, inspired and passionate pioneers determined to establish a place for preventive health and healing in this community. More than 109 years later, Glendale Adventist Medical Center continues to “share God’s love with our community by promoting healing and wellness for the whole person.” This simple and powerful mission is as pertinent today as it was in the last century.



Of course, science and medicine have progressed significantly over the years. Though we remain very old fashioned about why we’re here and what inspires us, we are also very passionate about providing world-class quality and service. Therefore, we pursue and develop the best known practices in the care we deliver. Our investment in cutting edge technology enables the daily provision of this world-class care. I hope that as you experience our hospital you discover these commitments to be true every time.

This year we were humbled and elated to be recognized by The Joint Commission (our accrediting body) as a “Top Performing Hospital” in managing several important medical conditions. We also were named as “Healthcare Organization of the Month” by Studer Group for rapid acceleration and high performance in patient experience. Though we received other important accolades this year, these two awards recognize the investments we’re making in the two most important areas of our promise: clinical quality and service to the community. We will continue through partnering with amazing physicians, developing leaders and collaborating with our board, to build upon these results. Health care reform is a serious call to action and change. What we will never change is our commitment to you!

This 2013 Community Health Plan represents our summary of how we lived this mission during the past year. You’ll read of our outreach into the community and the many services we provide beyond acute hospital care. Enjoy the read!

A handwritten signature in black ink that reads "Kevin A. Roberts". The signature is written in a cursive, flowing style.

Kevin A. Roberts, RN, FACHE
President and CEO

Invitation to a Healthier Community

Where and **how** we live is vital to our health. As you read this document, think about health in our communities as the environment in which we live, work, and play. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population.

The Community Health Plan marks the second phase in a collaborative effort to identify our community's most pressing health needs. A Community Health Needs Assessment (CHNA) was conducted in 2013 to identify potential priority areas for community health. The CHNA was conducted not only in response to California's community benefit legislation (SB 697), Oregon's community benefit legislation (HB 3290) and The Affordable Care Act (H.R. 3590), but to truly fulfill the mission of the Adventist Health, "To share God's love by providing physical, mental and spiritual healing."

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses. Economic opportunities, access to nutritious foods, green space, and the availability of social networks, are all key determinants in shaping our health. Our hope is to focus beyond the pressing health care challenges to see the resources and assets that exist in our community and how we can align them for better health outcomes as a population. Adventist Health uses [The Community Guide](#), a free resource, to help communities choose programs and policies to improve health and prevent disease. This resource guides communities towards interventions that have proven to be effective, are appropriate for each unique community and evaluate the costs and return on investment for community health interventions.

Developing metrics for population-based interventions are imperative for continued success in elevating the health status of our community. To aid in comparability across regions, it is important to identify and be in alignment with statewide and national indicators.

When available, Healthy People 2020 was used as targets to align our local interventions. The Healthy People 2020 initiative provides science-based, 10-year national objectives for improving the health of all Americans.

The results of the CHNA guided the creation of a detailed plan to meet identified community needs, as well as community plans to address needs that our hospital may not be able to provide. In response to those identified needs Glendale Adventist Medical Center has adopted the following priority areas for our community health investments for 2013-2015:

Priorities

- Integrate Patient Education into Cardiovascular Services
- Improve Stroke Education and Support
- Population Health for Chronic Disease
- Wellness and Support for Patients Diagnosed with Cancer

Cross Cutting Objectives

- Web-Based Health Resource Education
- Training Healthcare Professionals on Importance of Clinical Research and Educating Patients on Research Opportunities

In addition, Glendale Adventist Medical Center continues to provide leadership and expertise within our health system by asking the questions for each priority area:

- 1) Are we providing the appropriate resources in the appropriate locations?
- 2) Do we have the resources as a region to elevate the population's health status?
- 3) Are our interventions making a difference in improving health outcomes?
- 4) What changes or collaborations within our system need to be made?
- 5) How are we using technology to track our health improvements and providing relevant feedback at the local level?

Building a healthy environment requires multiple stakeholders working together with a common purpose. We invite you to explore our health challenges in our communities outlined in this assessment report. More importantly though, we hope you imagine a healthier region and collectively prioritize our health concerns and find solutions across



a broad range of sectors to create communities we all want for ourselves and our children.

Identifying Information



Glendale Adventist Medical Center

Number of Hospital Beds: 515

Kevin Roberts, CEO

Scott Reiner, Chair, Governing Board

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Community Health Plan Team Members



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Mission, Vision and Values

Mission

Our mission is to share God's love with our community by promoting healing and wellness for the whole person.

Vision

Glendale Adventist Medical Center is committed to providing our community with quality care today as well as in the future. We remain vigilant to building and replacing the infrastructure as needed to stay current with regulations and the newest technologies, and to respond to the changing needs of our growing community. In this effort, our Hospital Governing Board, Healthcare foundation Board of Directors and Executive Team collaborate with physicians, staff and community leaders in planning for the health care needs of the future.

Values

At Glendale Adventist Medical Center, we value...

1. The compassionate healing ministry of Jesus.
2. The human dignity and individuality of patients, their families and our employees.
3. Excellence in clinical care, medical technology and service quality
4. Teamwork and collaboration with physicians, employees and community
5. Absolute integrity in all relationships and dealings
6. Responsible resource management
7. The health care heritage of the Seventh-day Adventist Church

Community Profile

Glendale Adventist Medical Center (GAMC)

GAMC is one of Glendale's oldest businesses, founded by the Seventh-Day Adventist Church in 1905, one year before the city's incorporation. Founded as the Glendale Sanitarium, it was located in the former 75-room Glendale Hotel, a Victorian structure. Medical services were primarily focused on treatment for obesity and lung ailments, based on a common-sense and wellness approach. The affiliation with the Seventh-day Adventist Church underscored a community service focus; its mission of teaching people how to stay healthy, not just treating the sick, formed its reputation as a "health resort" of choice. Throughout the 20th century, the hospital's growth mirrored that of the surrounding region, and the 515-bed full-service facility is now part of the Adventist Health system that includes 19 hospitals and other health care organizations in California, Oregon, Washington, and Hawaii.

GAMC's mission compels the hospital beyond the role of a typical community-based hospital, with a commitment to offering services that position GMAC as one of the leading medical institutions in Southern California.

GAMC offers:

- State-of-art diagnostic technologies, including advanced MRI and CT scanning
- Innovative techniques for cardiac surgery, neurosurgery, spine surgery, microsurgery, and other specialized surgical procedures
- Advancements and alternatives to traditional surgery, including endovascular surgery, minimally invasive surgery, brachytherapy for cardiac and cancer patients, and non-surgical treatment options
- Advanced capabilities that enhance services, including a perinatal high-risk pregnancy program, hyperbaric services for wound care, an aquatic therapy program for orthopedic and rehab patients, and many other service enhancements
- Outpatient services in all specialty areas
- Family practice residency program

Identifying Community Health Needs

For the purposes of the Community Health Needs Assessment, a health need is defined as a poor health outcome and associated health driver(s), or a health driver associated with a poor health outcome where the outcome itself has not yet arisen as a need. Health needs arise from the comprehensive identification, interpretation, and analysis of a robust set of primary and secondary data. Appendix F—Glossary presents additional definitions.

Primary data were analyzed by inputting primary data into Microsoft Excel. The data were then reviewed using content analysis to identify themes and determine a comprehensive list of codes. The data were coded and the number of times an issue was identified was tallied. In addition, subpopulations mentioned as being most affected by a specific issue were noted.

Secondary data were entered into tables to be included in the analysis. When possible, benchmark data were included (Healthy People 2020, Los Angeles County, or California). County levels were used as the benchmark when available. However, if the data source was not available at the county level, state-level data was used.

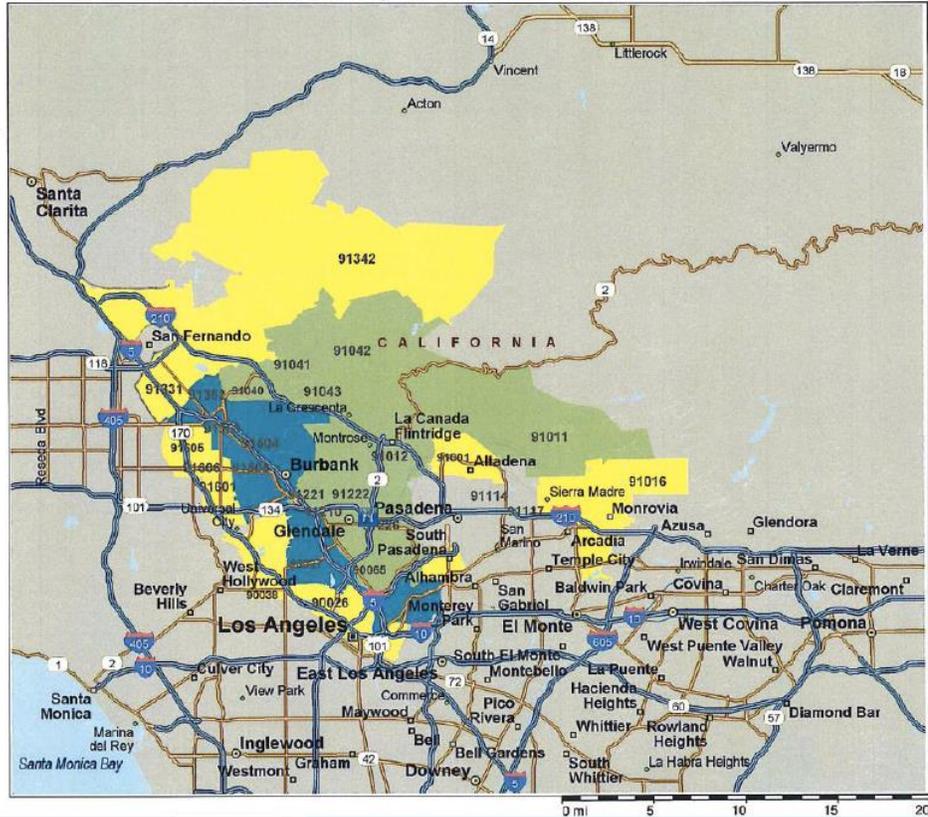
Health needs and drivers were identified from both primary and secondary data sources using the size of the problem relative to the portion of population affected by the problem, as well as the seriousness of the problem (impact at the individual, family, or community level). To examine the size and serious-ness of the problem, the indicators from the secondary data were compared to the available benchmark (HP2020, county, or state). Those indicators that performed poorly against a benchmark were considered to have met the size and seriousness criteria and were added to the master list of health needs and drivers. Concurrently, health needs and drivers that were identified by stakeholders in the primary data collection were also added to the master list of health needs and drivers.

Service Area Definition

The Glendale Adventist Medical Center (GAMC) provides health services in twelve ZIP Codes, five cities or communities, and two Service Planning Areas (SPA) within Los Angeles County. The table below shows a breakdown of the GAMC service area by city or community, ZIP Code, and Service Planning Area.

2012 Service Area by ZIP Code

Service Area by ZIP Code
 SSA
 PSA
 ESA
 Pushpins
 Glendale Adventist Medical Center



Glendale Adventist Medical Health Center (GAMC) Service Area City/Community	ZIP Code	Service Planning Area
Eagle Rock	90041	4
Highland Park	90042	4
Glassell Park	90065	4
Montrose	91020	2
Glendale	91201, 91202, 91203, 91204, 91205, 91206, 91207, 91208	2

- **Total population:**
 - GAMC: 321,582, an increase of 1.5% since 2010
 - GMHHC: 552,535, an increase of 1.2% since 2010
 - USC VHH: 361,345, an increase of 1.4% since 2010
- **Ethnicity:**
 - 47.3% are White
 - 31.7% are Hispanic
- **Average age:** 40.6 years old

- **Language** most often spoken in the home:
 - English (35.9%)
 - Indo-European – includes Armenian and Farsi (27.0%)
 - Spanish (22.2%)
 - Educational attainment: 17% of those over the age of 25 do not have a high school diploma

- **Average household income:** \$78,616

- **Median household income:** \$56,606

- **Employment status:**
 - 55.6% are employed
 - 6.7% are unemployed
 - 35.7% are not in the labor force

- **Poverty level:**
 - 11.9% of families live below the poverty level
 - 8.8% of families with children live below the poverty level

Community Health Needs Assessment Overview

The Community Health Needs Assessment (CHNA) includes both the activity and product of identifying and prioritizing a community's health needs, accomplished through the collection and analysis of data, including input from community stakeholders that is used to inform the development of a community health plan. The second component of the CHNA, the community health plan, includes strategies and plans to address prioritized needs, with the goal of contributing to improvements in the community's health.

Glendale Adventist Medical Center feels confident that we are working hard to listen to our community and collectively identify needs and assets in our region. Traditional, publicly available data were included in the assessment, along with qualitative data collected from a broad representation of the community.

Quantitative Data

Summary of Key Findings (Executive Summary)

The Patient Protection and Affordable Care Act (ACA), enacted on March 23, 2010, added new requirements that nonprofit hospital organizations must satisfy to maintain tax-exempt status under section 501(c)(3) of the Internal Revenue Code. One such requirement added by ACA, to Section 501(r) of the Code, requires nonprofit hospitals to conduct a community health needs assessment (CHNA) at least once every three years. As part of the CHNA, each hospital is required to collect input from designated individuals in the community, including public health experts as well as members, representatives or leaders of low-income, minority, and medically underserved populations, and individuals with chronic conditions.

For the 2013 CHNA, three Glendale hospitals—Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center, and Verdugo Hills Hospital—collaborated, as they have in the past, to work with the Center for Nonprofit Management consulting team in conducting the CHNA. During the initial phase of the CHNA process, community input was collected during a focus group with key stakeholders, including health care professionals, government officials, social service providers, community residents, leaders, and other relevant individuals. Appendix A presents the data collection tools, and Appendix B lists the stakeholders involved. Concurrently, secondary data were collected and compared to relevant benchmarks

including Healthy People 2020, Los Angeles County or California when possible. The data were also collected at smaller geographies, when possible, to allow for more in-depth analysis and identification of community health issues. In addition, previous CHNAs were reviewed to identify trends and ensure that previously identified needs were not overlooked. Primary and secondary data were compiled into a scorecard (Appendix C) presenting health needs and health drivers with highlighted comparisons to the available data benchmarks. The scorecard was designed to allow for a comprehensive analysis across all data sources (Appendix D) and for use during the second, prioritization phase of the CHNA process.

A modified Simplex Method was used to implement the prioritization process, consisting of a facilitated group session engaging participants in the first phase of community input and new participants in a discussion of the data (as presented in the scorecards and accompanying health need narratives) and the prioritization process. At the session, participants were provided with a brief overview of the CHNA process, a list of identified needs in the scorecard format, and the brief narrative summary descriptions of the identified health needs described above. Then, in smaller groups, participants considered the scorecards and health needs summaries in discussing the data and identifying key issues or considerations that were then shared with the larger group.

As a follow-up to this session, participants and other members of the hospital collaborative's network—including the Glendale Healthier Community Coalition—completed an online questionnaire about health needs, drivers, and resources, and ranked each health need according to several criteria including severity, change over time, resources available to address the need or driver, and community readiness to support action on behalf of any health need or driver. The survey results were used to prioritize the health needs and drivers of health identified in the first session.

- **Births:**
 - In 2011, average of 4,392 births mostly to:
 - Hispanic (42.4%) or White (37.3%) women
 - Between the ages of 20 and 29 (39.4%), 30 to 34 (31.1%), and 35 and older (24.3%)
- **Deaths:**
 - In 2010, average of 3,184 deaths with most deaths occurring in the GAMC service area
 - Leading causes:
 - Heart disease (30.8%)
 - Cancer (26.0%)

ACCESS TO HEALTHCARE

Adults

- In 2011, about a third (31.8%) of adults were **uninsured**, nearly **three times the percentage** for Los Angeles County (12.3%) and the Healthy People 2020 goal (0.0%)
- In 2011, a third (33.3%) of adults reporting having a **difficult time obtaining** medical care, slightly higher when compared to Los Angeles County (31.7%)

Children (0-17 years)

- In 2011, 5.3% of children were **uninsured**, higher than Los Angeles County (5.0%) and the Healthy People 2020 goal (0.0%)

OBESITY/OVERWEIGHT

- In 2011, over a third (34.8%) of the population were **overweight** and nearly a quarter (21.0%) were **obese**.
- In 2009, just over a third (33.5%) of **teens** were overweight or obese.

Stakeholders added that:

- Overweight/obesity is on the rise
- Low-income and underserved children and adults in north Glendale are the most impacted

MENTAL HEALTH

- In 2011, adults experienced 3.4 **unhealthy days per month** as a result of poor mental health (higher than Los Angeles County, 3.3 days)
- Seven percent (7.1%) of adults were diagnosed with anxiety (higher than Los Angeles County, 6.4%)
- Thirteen percent (13.3%) of adults were diagnosed with depression (higher than Los Angeles County, 12.2%)
- In addition, 688.1 per 100,000 **adults** were hospitalized (higher than Los Angeles County, 551.7)

Stakeholders added that:

- Poor mental health is a significant concern in the Glendale community mostly impacting:
 - **Youth**, which can result in suicide

- **Immigrant populations** who suffer from post-traumatic stress disorder (PTSD)
- Poor mental health is on the rise and **closely linked** to:
 - Job-related stress
 - Neighborhood safety
- **Stigma** associated with poor mental health keeps people from seeking treatment\

DIABETES

- In 2011, 8.2% of the population were **diagnosed** with diabetes of which half (59.3%) received **treatment** (less than Los Angeles County, 68.7%).
- In 2010, 11.6 per 100,000 persons **hospitalized for uncontrolled diabetes** (higher than Los Angeles County, 9.5)

Stakeholders added that:

- Diabetes is prevalent among community members
- **Homeless** and **ethnic populations** are the most impacted
- **Linked to** unhealthy behaviors like eating and exercising

ALCOHOL AND SUBSTANCE ABUSE

In 2011, half (52.2%) of the population reported consuming an alcoholic beverage (slightly higher than Los Angeles County, 51.9%) and:
 16.5% reported binge drinking (having 4 to 5 drinks on at least one occasion), higher than Los Angeles County (15.4%)
 4.0% reported heavy drinking (having 30 to 60 or more drinks per month), higher than Los Angeles County (3.5%)
 16.5% sought treatment for alcohol/drug use in the last year, higher than Los Angeles County (14.1%)

Stakeholders added that:

Alcoholism and drug use (marijuana) are on the rise among youthAs a result, reckless driving while under the influence is common

- **Tobacco** use:
 - In 2011, 14.0% of the population **smoke**, higher than Los Angeles County (13.1%)

Stakeholders added that:

- Although levels of use have generally decreased, smoking is still prevalent throughout Glendale, particularly within the **Armenian population**

CARDIOVASCULAR DISEASE

- In 2010, 488.3 per 100,000 persons were **hospitalized** due to heart disease, higher than in Los Angeles County (361.7)
- In 2010, 20.1 in 10,000 persons **died** of heart disease, higher than the state of California (15.6)

Stakeholders added that:

- Heart disease is prevalent among community members, particularly the **adult homeless population**
- Heart disease is the leading cause of premature death

Hypertension

- Although health statistics did not identify hypertension as an issue in the Glendale service area, **stakeholders** did state that:
 - Hypertension is one of the top health problems within the community
 - Hypertension is **closely linked** to other chronic diseases including diabetes and cardiovascular disease

Cholesterol

- In 2011, a quarter (26.0%) of the population was **diagnosed** with high cholesterol which is higher than Los Angeles County (25.6%)

DISABILITY

- In 2011, 15.9% of children 0 to 17 years old have **special health care needs** including developmental delays, which is slightly higher than Los Angeles County, 15.8%

Stakeholders added that:

- There has been an increase in **children** diagnosed with **developmental delays** or other special needs
- **Parents** have a difficult time obtaining Individualized Education Plans (IEP) because of their **inability to navigate the health care system**

ORAL HEALTH

- In 2011, over half (54.6%) of the population did not have **dental insurance**, higher than Los Angeles County (51.8%)
- Over a third (33.0%) of **adults** could not **afford** dental insurance, higher than Los Angeles County (30.7%)

Stakeholders added that:

- Poor oral health is prevalent among community members and attribute this to community members **not knowing where to go** for educational resources

CRITICAL TRENDS

- **Economic conditions** have had a negative impact on the overall health of community members
- **Lack of access** to affordable health care (including oral care) has contributed to the increase in poor health among community members
- **ON THE RISE!**
 - **Obesity** (among low-income and underserved children adults in north Glendale but also impacts the general pop.)
 - **Mental health issues** are prevalent in the service area (among youth and immigrant populations)
 - **Diabetes** (among ethnic populations and the homeless but also impacts the general pop.)
 - **Alcoholism and drug use** (among youth)
 - **Cardiovascular disease** (among adult homeless but also impacts the general pop.)
 - **Hypertension** (general pop.)
 - **Developmental delays** (among children)
 - Poor **oral health** (general pop.)

POSITIVE TRENDS

- **Smoking is less prevalent** but still an issue, particularly within the Armenian population
- Community members **understand and acknowledge links between chronic diseases** (i.e. diabetes and unhealthy behaviors, hypertension with diabetes and cardiovascular disease)
- **Educational materials** are available to the community, in many languages, but the word still needs to get out
- Tight-knit **community** among service providers

LOOKING FORWARD

- Despite increasing health needs, there is **community interest** in promoting healthy behavior and in focusing on prevention efforts
- Suggested health-related **prevention strategies:**

- **Family-based interventions:** family members as conduits of information (i.e. children as information sharers to aid with smoking cessation among immediate family members)
- **Health fairs** as a way to share health-related educational materials with community members
- Find ways to **integrate mental health into primary care** = cohesive service delivery model

IMPORTANT FACTORS TO CONSIDER

- Coordinated efforts for health services, education, and community outreach need to:
 - Continue to engage the community
 - Considers community members:
 - Cultural background (including language and practices)
 - Economic status
 - Families

WHAT CAN HOSPITALS DO?

- Work with community-based organizations and local universities to provide coordinated care and services
- Incorporate new strategies or programs into existing resources rather than creating new entities
- Hospitals as educators:
 - Offer community classes on various health topics for all
 - Hospitals as the “hub” for available resources and a means to connect patients and their families to these resources
- Sponsor activities that promote healthy behaviors in a fun way:
 - Support local health-related events (i.e. farmers markets)

Stakeholders

Stakeholders are people who represent and provide informed, interested perspectives regarding an issue or topic. In the case of CHNAs, stakeholders include health care professionals, government officials, social service providers, community residents, and community leaders, among others.

Qualitative Data

Primary Data—Community Input

The purpose of the primary data collection component of the CHNA was to identify broad health needs and key drivers, as well as assets and gaps in resources, through the perceptions and knowledge of varied and multiple stakeholders.

Participants were invited by the Glendale Hospital Collaborative, leveraging its extensive networks and relationships within the greater Glendale area and the Glendale Healthier Community Coalition. Attendees included representation from a range of health and social service providers and civic and community-based organizations and agencies, as well as community residents. The focus group discussion was designed to collect representative information about health care utilization, preventive and primary care, health insurance, access and barriers to care, emergency room use, chronic disease management, and other community issues.

The community focus group took place at the Glendale Senior Center on February 11, 2013, attended by 37 people representing a broad range of individuals from the community, including health care professionals, government officials, social service providers, local residents, leaders, and other relevant community representatives. The group engaged in a facilitated discussion about:

- Factors for a healthy community
- Health and quality of life assets in the Glendale community
- The most significant health needs in the community and factors related to those needs
- Barriers to resources and care and gaps in resources
- Impacted populations and/or geographies
- Possible solutions
- The role of hospitals in addressing health needs and related issues and factors

Identified Priority Needs

After conducting the CHNA, we asked the following questions:

- 1) What is really hurting our communities?
- 2) How can we make a difference?
- 3) What are the high impact interventions?
- 4) Who are our partners?
- 5) Who needs our help the most?

From this analysis, four primary focus areas were identified as needing immediate attention, moving forward. We also added 3 cross cutting objectives that would address all of the identified priorities in the CHNA.

Priority Area 1

Cardiovascular Health

Measurable Objective 1 – Integrate Patient Education into Cardiovascular Services

Identified Need: GAMC has identified the need to more effectively integrate education into cardiovascular services. As a leading arena of chronic disease, morbidity and mortality, cardiovascular health has been targeted with increasing education, prevention and early identification activities. Integrating these activities more effectively with cardiovascular services provides increased health benefits for the community.

Goal: Increase the access and/or number of impactful community educational events that provide heart health education and related health screenings.

The HVI+I team is proud to continue to deliver high quality events to the community and continue to promote broad attendance. There will be four educational series on and off campus that will offer FREE screenings to those in attendance. One or more physicians presenting various heart disease conditions and health related topics will host each event. Screenings will include cholesterol, blood pressure, and body mass Index. New features include presentations in Spanish and Korean.

Off-site events are offered in participation with the local YMCA. The newly revised “LEGS FOR LIFE” event has been redesigned and is now called “C.A.R.E,” Cardiac Arterial Risk Evaluation. Screenings being offered include: Abdominal aortic aneurysm, carotid ultrasound, ankle brachial index, and also newly added cholesterol, CRP blood test, BP, and BMI. A cardiac consult will be available in Spanish and Armenian. This became a two-day event in 2011 and will continue as such in 2012, 2013 and 2014.

Interventions / Measures

- A two-day C.A.R.E. event will be held with approximately 180 attending.
- GAMC will host four educational series, with approximately 1,000 attending
- Cholesterol screenings will be held with an estimated 500 participating.
- The GAMC Stemi Center will serve 50 uninsured/un-reimbursed patients.
- Approximately 20 cardiovascular-related podcasts will be produced.
- The Chest Pain Center will serve 50 patients.
- One Heart Healthy Cooking presentation will be held with 170 attending.
- Incorporate and track response to web-based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias. (R.O.I. for direct mail engagements and campaigns)
- Use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact.

Evaluation Indicators:

Short Term – Increase the sites for community-based management for heart disease, and community members’ ability to monitor their health and disease.

Long Term – Decrease hospital readmission rates for heart disease.

Program Highlight: This will be the third year HV+I will host an on-campus “Heart Healthy Cooking Class & Presentation.” It was well-received and well-attended last year. Participants enjoyed a healthy alternative holiday dinner as they watched a fresh food chef demonstrate. A cardiologist and cardio-thoracic surgeon spoke on basic heart anatomy and ways to stay heart healthy all year long.

GAMC is home to one of the region’s few stemi centers. Providing specialized services for specific heart attack types, the GAMC Stemi Center keeps dedicated physicians on call 24/7. In the case of uninsured patients and/or non-reimbursed care, GAMC contracts with the panel physicians and assures that even patients without insurance receive care. GAMC Stemi Center services are made possible through the integration of

specialized technologies and health programs, and continue to be monitored for quality assurance.

The following measurable objectives will be tracked for outcomes in 2014:

- The GAMC Heart and Vascular Institute will integrate cardiac services more effectively into the healthcare arena and education.

Partners

- American College of Cardiology
- American Red Cross
- Covidien
- Glendale YMCA
- Hospital and community physicians
- La Canada YMCA
- Los Angeles County Department of Health
- Society for Interventional Radiology
- Society of Chest Pain Centers
- Toshiba
- Verdugo Hills Hospital for cardiac rehab

Priority Area 2

Improve Stroke Education and Support

Identified Need: Stroke ranks as the nation's fourth leading cause of death. At a rate of every 45 seconds in America, someone has a stroke; every 3.1 minutes, someone dies of a stroke.

Goal: Improve cardiovascular health and quality of life through prevention, detection, and treatment of risk factors for heart attack and stroke; early identification and treatment of heart attacks and strokes; and prevention of repeat cardiovascular events.

The Certified Advanced Primary Stroke Center at Glendale Adventist has been established to serve this need in the Glendale region. The Center was first certified in March of 2008 by the Joint Commission and is re-audited every 2 years. A Stroke Alert Team is available 24/7 and offers the latest modalities of treatment available. GAMC submits data for its stroke patients to the Joint Commission and the American Stroke Association (a division of the American Heart Association). In 2013, the GAMC Stroke Center received a Gold Plus Award from the American Heart Association for meeting the criteria set by the Get with the Guidelines program, which recognizes hospitals that implement evidence-based best practices for stroke care. In addition to the Gold Plus award, GAMC has qualified to join the Target: Stroke Honor Roll Award, a national quality improvement initiative that focuses on improving the timeliness of administration of intravenous tissue plasminogen activator (IV-tPA) to eligible patients. The goal is to achieve a door-to-needle time of 60 minutes or less.

Objective: Expand community-based stroke prevention and education activities through additional community access points and network formulation.

The GAMC Neuroscience Institute will offer stroke education and support to community members and stroke survivors.

In addition, a key mission of the GAMC Neuroscience Institute is to reach out and educate the community regarding the risk factors, signs and symptoms of stroke and the preventative measures that can be taken in order to potentially reduce its occurrence. The community outreach initiatives that have been completed so far this year are described below. The goal of the Neuroscience Institute is to continue to expand these activities as additional community contacts and links are established.

Interventions / Measures

- The stroke support group will serve 15 to 20 participants per month.
- We will continue to offer the free Stroke Medication Management and Education Clinic. With continued marketing efforts, the clinic is expected to increase participation to 10 patients in 2014.
- The Neuroscience Institute will provide at least 4 free stroke awareness community presentations.
- We will provide stroke risk assessment including blood pressure screening in at least 4 community events.
- Work with local partners to incorporate at least two community health navigators to assist patients with aftercare and reduce utilization of specialists.
- The Neuroscience Institute will continue to utilize the state-of-the-art interactive mobile stroke education unit in at least 3 community events.
- The Community Mobility Program is anticipated to serve 10 to 20 participants per year.
- Incorporate and track response to web-based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias. (R.O.I. for direct mail engagements and campaigns)
- Use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact.
- Integrate education into Clinical Research services and educate physicians accordingly, especially primary physicians.

Evaluation Indicators

Short Term – Increase the proportion of adults who have had their blood pressure measured within the preceding 2 years and can state whether their blood pressure was normal or high

Long Term – Increase the sites for community-based management for strokes to reduce stroke-related deaths.

Program Highlights: A Community Mobility Program has been initiated for people who have had a stroke and are experiencing neurological deficits that may impair driving ability. Because the loss of driving ability is one of the most difficult losses stroke patients face, GAMC offers this service in order to evaluate patients from a clinical and an on-the-road perspective to determine driving ability. Some are evaluated as being able to drive immediately; some as needing special training and others as having lost the dexterity to drive again. GAMC's Community Mobility Program is operated in partnership with the Department of Motor Vehicles.

A free monthly stroke support group meets with a volunteer licensed clinical social worker from GAMC Rehabilitation Services. GAMC welcomes stroke survivors from all local hospitals and has put an outreach initiative in place designed to encourage stroke survivors to avail themselves of this resource. Approximately 15 to 20 stroke survivors attend this ongoing monthly meeting.

The annual Glendale Downtown Dash 5K Run/Walk, a fundraising event to benefit the GAMC stroke services, has successfully increased its participants not just from Glendale but also from the surrounding communities. Started five years ago, the event anticipates over 1,500 in 2013. Increased participation was achieved due to enhanced marketing strategies, participation by Glendale city officials including the city attorney and the mayor, and by word of mouth marketing. Proceeds from the Glendale Downtown Dash are reinvested in the community through outreach events, seminars, and other stroke education activities.

The GAMC Neuroscience Institute offers FREE Stroke Medication Management & Education Clinics – the first of its kind in the community. Stroke patients receive a consultation with a Glendale Adventist pharmacist including answers to their medication/prescription questions, discussing adjustments to medication dosage (if necessary) and receiving guidance regarding post-stroke rehabilitation. Armenian and Spanish-speaking pharmacists are also available for patients upon request. In addition to continued marketing initiatives through the GAMC website and Health Quarterly, pharmacy consults are built into our process to ensure patients get free consultation with the pharmacist prior to discharge.

Going forward, the GAMC Neuroscience Institute will continue to offer free ongoing stroke awareness community presentations. These community events will be supported by GAMC website podcasts which will address warning signs, methods of prevention, services offered, and treatment options for stroke.

Partners

- American Heart/Stroke Association
- Center for Neuro Skills
- Department of Motor Vehicles
- Genentech
- Glendale Memorial Medical Center
- Glendale Merchants Association
- Glendale News-Press
- Local membership organizations

- 
- National Stroke Association
 - Participating physicians
 - Verdugo Hills Hospital

Priority Area 3

Measurable Objective 3 – Population Health for Chronic Disease

Identified Need: A key aspect of GAMC’s developing relationship with employers is drawing the business community into ownership of community health. With 20 years of collaboration, the non-profit, municipal, healthcare, education, and faith sectors now display considerable ownership of community health in Glendale. The business sector also appreciates the value of population health; in fact, Glendale’s many local nonprofit boards of directors are largely made up of men and women from the business sector. However, an important next step in “owning” the health of employees and their families as well as community health is hosting more health education, disease management, and health promotion activities.

A key element in this strategy is the opportunity to access services delivered by the Community Health Van. Its mission of preventive health care provided on site at businesses throughout the community is our entry strategy that allows us to get the attention of business leaders. It opens up the conversation and creates the initial opportunity for cooperation. Participating employers are thus willing to step up in regard to supporting employee health initiatives not only because it’s “the right thing to do” but also because we are providing a structured mechanism supporting their commitment. Because the overall effort is organized and collaborative, individual employers are assured that their contribution will be manageable. So, participation doesn’t feel risky or overwhelming. By understanding employer concerns, listening to them and customizing a solution that works for them, we receive their support and cooperation. At its heart this strategy means we will be working together to own the health of our community.

Goal for serving Glendale’s vulnerable populations – Reduce the illness, disability, and number of deaths caused by chronic disease to low-income, at-risk, and vulnerable populations in the GAMC service area.

Objective: Engage the employer community in the comprehensive effort to manage population health.

Objective: Reduce coronary heart disease and stroke deaths in our service area.

Objective: Train healthcare professionals on the importance of clinical research and educate patients on research opportunities.

Interventions / Measures

- Conduct population health screenings with six businesses for diabetes, obesity, and cardiovascular disease and refer high risk encounters to appropriate health care resources.
- Conduct health education / health promotion and community behavioral interventions (ex: to reduce screen time and increase physical activity)
- Conduct disease management and health risk reduction outreach
- Conduct six biometric health screening events as faith-based community outreach
- Incorporate and track response to web-based health interventions, including social networking sites, online video viewing sites, and visits to online health encyclopedias. (R.O.I. for direct mail engagements and campaigns)
- Use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact.
- Integrate education into Clinical Research services and educate physicians accordingly, especially primary physicians.”

Evaluation Indicators:

Short term - Increase healthy behaviors in vulnerable populations who may be at risk for chronic disease.

Long Term - Decreased rates of readmissions for acute chronic disease complications.

Partners

- Community Employers
- Churches Without Walls
- Family Medicine Center/Family Practice Residency
- Glendale Chamber of Commerce
- Glendale Community College
- Glendale Free Clinic

- 
- Glendale Healthier Community Coalition
 - Glendale Healthy Kids
 - Glendale YMCA
 - Glendale YWCA
 - Latino Business Association

Priority Area 4

Wellness and Support for Patients Diagnosed with Cancer

Glendale Adventist Medical Center serves a culturally diverse community including many people of Armenian origin. The fear of cancer is very strong in this culture and our primary goal is to break the barriers that exist to educate, screen and treat patients when diagnosed with cancer. Many times it is difficult to communicate with patients and families due to the strong language difference.

The need has been identified by clinicians treating this population in our Glendale medical community. Lung cancer is typically diagnosed in later stages, mainly due to the fact that there was no approved screening or guidelines for the detection of early lung disease. When patients are diagnosed at the later stages cure is not possible. Our data shows that patients present at GAMC with stage 3 and 4 disease. Smokers are on the greatest risk for development of lung cancer. The Glendale Community continues to struggle with a public that continues to smoke in spite of the well documented dangers and risks.

Goal: Reduce the barriers to accessing care for individuals diagnosed with cancer.

Objective: Increase the proportion of adults who were counseled about cancer screening consistent with current guidelines

Interventions:

1. The cancer center /program will engage an Armenian speaking marriage and family therapist to assist with this vulnerable population to help patients to understand that treatment and cure is possible when facing a cancer diagnosis. This new program will serve 100 cancer patients.
2. Develop inpatient support program for patients hospitalized for cancer care, including visualization, art, music and massage. The Woman with Wings organization has been engaged to provide this service to our inpatient population housed on 2 east of the East Tower. This program will impact the lives of 150 patients.

3. Conduct community outreach events: such as seminar for City of Glendale employees regarding screening guidelines for various types of cancer.
4. Conduct community-based screening events to increase community members' ability to monitor and manage their health. For example, in October a low-cost breast screening event will raise awareness supporting early detection as a key to successfully treating breast cancer. Screening mammography and BSE will be addressed. This program will be offered to all women in the Glendale Community and the surrounding area. We will screen 100 women at the event.

Radiology and Cancer Services will screen 125 people in our community during year one of the program.

Evaluation Indicators

Short-term:

Increase the proportion of adults in our service area who receive screenings for cancer.

Increase the proportion of adults in our service area who receive appropriate care once diagnosed with cancer.

Long-term: Increase early detection of cancer in our service area.

Program Highlight:

Recently the NCCN approved guidelines for low dose CT screening. Cancer services in conjunction with GAMC radiology agreed to adopt these guidelines and begin a low dose CT scanning protocol for our community. A marketing plan to our medical staff and community has been developed and we will begin offering this life saving service Feb. 1, 2014. Patients with positive findings will be referred to cancer services for appropriate follow care and subsequent treatment.



Partners

- American Cancer Society
- Glendale Adventist Medical Center
- Ingeborg Zerne Foundation
- Los Angeles County Department of Health and Human Services
- National Junior Charity League
- The Norick Bogossian Cancer Care Guild through the GAMC Foundation
- Women With Wings

Cross Cutting Objective

Web-Based Health Resource Education

Identified Need: Glendale Adventist Medical Center conducted a perception survey in the hospital's primary, secondary and extended service areas to better understand the needs of the community. In the survey, participants were asked to indicate where they go if they want to learn information about health care, a hospital or its services. Participants were 22 or older; attempt was made to reach the adult in the household; participants age 65 or older were capped at 18%; Kaiser enrollees were limited to 100.

The following information was captured on the source of information for health needs:

<u>Source</u>	<u>Percent</u>
The internet/web search/Google or other search engine	34%
My doctor or a doctor	24%
Family/friends	18%
Hospital web site	7%
Insurance company web site	5%
Another medical professional (nurse, etc.)	4%
Call or visit hospital directly	3%
Past experience	2%
Advertising i.e. newsletters, advertising, media, yellow pages	1%

Overall, the internet as a whole is the leading source of information for area consumers and about health care and hospitals (46%) followed by physicians and family/friends.

Usage of the internet as a source of information generally decreases with the age of the respondent – 47% for 22 – 44; 43% for 45-54; 37% for 55-64 and only 21% for 65 plus.

In turn, older consumers are more likely to turn to a physician for information about a hospital – 17% for 22 -44; 26% for 45-64 and 36% for 65 plus.

In addition, the following information was collected from previous research. The percentage of U.S. adults seeking health information declined from 57% in 2007 to 50% 2010, according to the Health Tracking Household Study conducted by the Center for Studying Health System Change (HSC), published in November 2011. The drop in health information seeking occurred in print media including books, magazines and newspapers, falling from 33% of consumers to 18%. TV/radio dropped 5.6 percentage points, down to 10% in 2010. The Internet (with 33% of consumers searching health

information online) and friends and family (attracting 29% of consumers) remained relatively flat as information sources. The most pronounced decline was found among older Americans, people with chronic conditions and those with a lower education.

Consumers who actively researched health concerns widely reported a positive impact. About three in five people said the information affected their overall approach to maintaining their health, and a similar proportion said the information helped them better understand how to treat an illness or condition. An important trend was found in people seeking health information for others beyond themselves. Two in five health information seekers are searching on behalf of another person. Caregiving thus drives people to health information seeking.

According to an article in the American Medical News, one of the reasons for the decline is that consumers' access to physicians and the quality of information available is affecting their level of interest in seeking outside guidance on their conditions. The waning interest in information seeking as patient visits fall is what the Center for Studying Health System Change called a "surprising" conclusion to a survey of 17,000 patients released in November 2011. Visits to physicians dropped 4% between 2007 and 2010.

Analysts said there probably are multiple reasons for the decline. The trend could reflect that when patients are less able to see a physician, they are less likely to be engaged in their health. It could also be that with a decline in physician visits, patients have more time with their doctor, meaning they have less of a need for outside sources of information. Furthermore, it is also suggested that the decline could reflect that so much information is available – and so much of it conflicting – that some overwhelmed patients may be opting out altogether from researching their health.

Recommendations are that, providers, the most trusted professionals in peoples' health value chains, engage with patients to provide useful, accessible and culturally relevant information to optimally engage people in health information seeking.

With all of this information, Glendale Adventist Medical Center (GAMC) has developed a strategy to keep our communities informed and educated via predictive modeling and online education, strategic direct mail campaigns and social media engagement. Our goal is to provide the most relevant information for each community member through marketing vehicles that are effective in reaching the right audience.

Goal: GAMC has expanded their online marketing resources. In 2013, the GAMC Marketing Department made changes to their website to make it more user friendly to educate the community on conditions, diseases or procedures. There was also an

increased investment in search engine marketing to funnel browsers to our website and educate them on their searches. Educational tools were also enhanced through eOrthopod to engage browsers and educate them on disorders related to orthopedics or spine related conditions. The TV show Healthline format was also improved by introducing more physicians to the show to discuss health education topics that are important for the public. The show as well as other GAMC produced videos on various health topics are available online and on YouTube. Social media was also improved to include posts on health resources i.e. classes, support groups, leading physicians, procedures and technologies to educate community members. Twitter was introduced to expand the hospital's reach.

Objectives: In 2013, a new element was introduced through direct mail campaigns. Personalized URL addresses were developed based on each recipient's age, gender, health care needs and interests which would lead them to the Glendale Adventist website to learn about our resources as well as other options. This will continue through 2014 in addition to email blasts which will reach individuals through the internet. The GAMC Marketing Department will further provide web-based multimedia resources for local and global health education and directly engage the community, increasing direct access to hospital staff. GAMC will further provide direct mail campaigns to specific, targeted audiences to communicate information about upcoming classes, seminars, health screenings and events.

Interventions / Measures:

- R.O.I. for direct mail engagements and campaigns
Marketing will use the metrics provided by the direct mail and email provider to determine actual incremental increase in patient contact.
- Facebook and Twitter users, comments and interaction on social media posts.
Marketing will measure all levels of user interaction. Total Facebook likes are currently at 2,845.
- Visits to online health encyclopedia
- Marketing will use vendor provided tools for monitoring web-based traffic, specifically views and visits. In 2013 we had 7,000 views
- Views for online health videos
Marketing will monitor views for new and existing video content using metrics provided by YouTube.com. Currently we have 195,557 views.

Partners

- A.D.A.M. Tools
- ARTN
- CPM Healthgrades
- Coffey Communications

- eOrthopod
- Facebook.com
- MedSeek
- MNI
- Participating physicians and guests on videos
- Twitter.com
- YouTube.com

Cross Cutting Objective

Training Healthcare Professionals on Importance of Clinical Research and Educating Patients on Research Opportunities

Identified Need: Clinical research is critical to understanding diseases and improving treatment therapies. Clinical research provides new and improved treatments for a number of multi-indication diseases.

Clinical research studies aspire to answer specific questions related to a particular disease process. Some research studies focus on the quality of life patients experience while others compare the effectiveness of a particular drug. Through trials conducted at GAMC, our community will be afforded the opportunity to be part in this cutting-edge medical research.

Clinical research is conducted in phases:

- Phase I determines safe dosages of a new drug in a small human population.
- Phase II attempts to find out how well patients respond to certain treatments. If enough patients respond positively, the study will go on to the next level.
- Phase III enrolls a large number of patients (sometimes thousands worldwide) to test drug efficacy and safety.
- Phase IV research requires that a control group receive standard therapy while another group receives the new drug.

Before entering a trial, patients are counseled on the risks and benefits of study participation. Patients give their informed consent and can withdraw from a study at any time. A person's clinical research participation status does not affect the level or quality of care they receive.

Community education will enhance the awareness of clinical research and break through the barrier of misconceptions revolving around participating in investigational trials. Patient/community education will be offered via Department of Research information booths at hospital events throughout the year.

Goal: GAMC has identified the need to more effectively integrate education into Clinical Research services. As a leading medical center treating chronic disease, the Clinical Research Department has been targeted as a conduit to satisfy educational needs. Integrating educational activities more effectively with clinical research services provides increased health benefits for the community.

Objective: Physician education will be offered through guest speakers addressing clinical research myths, and misconceptions. The Department will also work to integrate

available research opportunities into the stream of awareness for primary care physicians.

GAMC is now home to one of the region's few multi-indication research centers providing specialized research services for cardiac, nephrology, gastric, mental health, metabolic, spine, endocrinology, obstetrics, and oncology trials. GAMC contracts with panel physicians and assures that even patients without insurance receive care.

The following measurable objectives will be tracked for outcomes in 2014:

Interventions / Measures:

The Department of Clinical Research will:

- Provide educational seminars for potential investigators
- Provide informational booths at GAMC events throughout the year

Partners

- ACRP (Associate of Clinical Research Professional)
- PAREXEL International
- Pharmaceutical Sponsor partners

Partner List

Glendale Adventist Medical Center supports and enhances regional efforts in place to promote healthier communities. Partnership is not used as a legal term, but a description of the relationships of connectivity that is necessary to collectively improve the health of our region. One of the objectives is to partner with other nonprofit and faith-based organizations that share our values and priorities to improve the health status and quality of life of the community we serve. This is an intentional effort to avoid duplication and leverage the successful work already in existence in the community. Many important systemic efforts are underway in our region, and we have been in partnership with multiple not-for-profits to provide quality care to the underserved in our region.

We believe that partnerships are effective tools in improving the health of our community. Together, we are able to leverage our resources and strengths and have a greater impact. We can build a greater sense of community and a shared commitment towards health improvement.

We would like to thank our partners for their service to our community:

The 2013 Glendale Hospitals Collaborative, composed of Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center and Verdugo Hills Hospital, worked in partnership to address community needs. We also worked in partnership through the Glendale Healthier Community Coalition.

- Glendale Adventist Medical Center
Kevin Roberts, President/CEO
Bruce Nelson, Director of Community Service
Sally Shaw, Dr.PH. Project Director
- Glendale Memorial Hospital And Health Center
Jack Ivie, President
Rev. Cassie McCarty, MDiv., BCC, Director, Mission Integration & Spiritual Care Services
- Verdugo Hills Hospital
Leonard LaBella, President and CEO
Yulanda Davis-Quarrie, Foundation President

Community partners include the following:

- A.D.A.M. Tools
- All for Health, Health for All - FQHC
- American Cancer Society
- American College of Cardiology
- American Heart/Stroke Association
- American Red Cross
- ARTN
- Armenian American Nurses Association
- Armenian American Medical Association
- Armenian Relief Society
- Armenian Senior Services
- Ascencia homeless services
- Association of Clinical Research Professionals (ACRP)
- CINCO
- Churches Without Walls
- City of Glendale Parks and Recreation
- Coffey Communications
- Comprehensive Community Health Center - FQHC
- Consortium of Safety Net Providers
- Covered California Small Business Outreach (CCHC)
- Department of Motor Vehicles
- CPM Healthgrades
- Center for Neuro Skills
- Covidien
- eOrthopod
- Facebook.com
- Faith-Based Organizations
- Family Medicine Center/Family Practice Residency
- Glendale Chamber of Commerce
- Glendale Community College
- Glendale Free Clinic
- Glendale Healthier Community Coalition
- Glendale Healthy Kids
- Glendale Homeless Coalition
- Glendale Memorial Medical Center
- Glendale Merchants Association
- Glendale News-Press
- Glendale Religious Leaders Association
- Glendale Senior Center
- Glendale Unified School District
- Glendale YMCA
- Glendale YWCA
- Genentech
- Hospital and community physicians
- Ingeborg Zeme Foundation
- La Canada YMCA
- Latino Business Association
- Local membership organizations
- Local employers, fraternal and other membership organizations, etc.
- Los Angeles County Department of Health
- MedSeek
- MNI
- National Junior Charity League
- National Stroke Association
- The Norick Bogossian Cancer Care Guild through the GAMC Foundation
- PAREXEL International
- Parish nurses of Glendale

- Pharmaceutical Sponsor partners
- Salvation Army
- Society of Chest Pain Centers
- Toshiba
- Twitter.com

- Valley Nonprofit Resources
- Verdugo Hills Hospital for Cardiac Rehab
- Women with Wings
- YouTube.com

Connecting Strategy and Community Health

Hospitals and health systems are facing continuous challenges during this historic shift in our health system. Given today's state of health, where cost and heartache is soaring, now more than ever, we believe we can do something to change this. These challenges include a paradigm shift in how hospitals and health systems are positioning themselves and their strategies for success in a new payment environment. This will impact everyone in a community and will require shared responsibility among all stakeholders.

As hospitals move toward population health management, community health interventions are a key element in achieving the overall goals of **reducing the overall cost of health care, improving the health of the population, and improving access to affordable health services for the community** both in outpatient and community settings. The key factor in improving quality and efficiency of the care hospitals provide is to include the larger community they serve as a part of their overall strategy.

Population health is not just the overall health of a population but also includes the distribution of health. Overall health could be quite high if the majority of the population is relatively healthy—even though a minority of the population is much less healthy. Ideally such differences would be eliminated or at least substantially reduced.

Community health can serve as a strategic platform to improve the health outcomes of a defined group of people, concentrating on three correlated stages:

- 1) The distribution of specific health statuses and outcomes within a population;
- 2) Factors that cause the present outcomes distribution; and
- 3) Interventions that may modify the factors to improve health outcomes.

Improving population health requires effective initiatives to:

- 1) Increase the prevalence of evidence-based preventive health services and preventive health behaviors,
- 2) Improve care quality and patient safety and
- 3) Advance care coordination across the health care continuum.



Our mission as a health system is to share God's love by providing physical, mental and spiritual healing. We believe the best way to re-imagine our future business model with a major emphasis of community health is by working together with our community.

Terms and Definitions

Medical Care Services (Charity Care and Unreimbursed Medi-Cal and Medicare and Other Means-Tested Government Programs)

Free or discounted health services provided to persons who meet the organization's criteria for financial assistance and are thereby deemed unable to pay for all or a portion of the services. Charity Care also includes the cost of providing care for patients who failed to complete the financial assistance application, and who we have deemed would more likely than not have qualified for free or discounted health services had the financial assistance been requested. The difference between the cost of care provided under Medicaid, Medicare or other means-tested government programs, and the revenue derived therefrom are separately reported. Clinical services are provided regardless of any financial losses incurred by the organization.

Community Health Improvement

Activities that are carried out to improve community health, extend beyond patient care activities and are usually subsidized by the health care organization. Helps fund vital health improvement activities such as free and low cost health screenings, community health education, support groups, and other community health initiatives targeting identified community needs. Community-building activities improve the community's health and safety by addressing the root causes of health problems, such as poverty, homelessness, and environmental hazards.

Health Professions Education

This category includes educational programs for physicians, interns, and residents, medical students, nurses and nursing students, pastoral care trainees and other health professionals when that education is necessary for a degree, certificate, or training that is required by state law, accrediting body or health profession society.

Subsidized Health Services

Subsidized health services are clinical programs that are provided despite a financial loss so significant that negative margins remain after removing the effects of financial assistance, bad debt, and Medicaid shortfalls. The service is provided because it meets an identified community need and if no longer offered, it would either be unavailable in

the area or fall to the responsibility of government or another not-for-profit organization to provide.

Research

Any study or investigation in which the goal is to generate generalized knowledge made available to the public, such as underlying biological mechanisms of health and disease; natural processes or principles affecting health or illness; evaluation of safety and efficacy of interventions for disease such as clinical trials and studies of therapeutic protocols; laboratory-based studies; epidemiology, health outcomes and effectiveness; behavioral or sociological studies related to health, delivery of care, or prevention; studies related to changes in the health care delivery system; and communication of findings and observations (including publication in a medical journal).

Cash and In-Kind Contributions

Financial or “in-kind” contributions to support community benefit activities provided by other entities. In-kind contributions include non-cash goods and services donated by the organization to another group that provides community benefit. Donations in this category must be restricted by the organization to a community benefit purpose.

Financial Assistance Policy

We’re committed to keeping you healthy. As a result, your ability to pay should never stop you from seeking needed care. If you are uninsured or have a limited income, you may be eligible for a payment discount. You also may qualify for government programs such as Medicaid. The most recent financial assistance policy can be found at the hospital’s website: <http://www.glendaleadventist.com/financial-assistance>

Community Benefit Inventory

In addition to the priority areas listed above the hospital offers many community health development interventions. As we shift into strategic initiatives to improve health within the communities we serve we will continue to support additional efforts identified as priorities to our communities. Below you will find a summary of our key interventions that may not have been included in the priority areas for the hospital.

Year 2013 – Inventory

Activities

Medical Care Services

Glendale Adventist Medical Center and Adventist Health have an extensive charity care policy, which enables the Medical Center to provide discounted care and charity assistance for financially qualified patients. Financial counselors are available to help patients determine eligibility for charity assistance and manage medical bills. This assistance is available for both emergency and non-emergency health care. Charity care does not include: **1)** bad debt or uncollectible charges that the hospital recorded as revenue but wrote-off due to failure to pay by patients, or the cost of providing such care to such patients; **2)** the difference between the cost of care provided under Medicaid or other means-tested government programs and the revenue derived there from; or **3)** contractual adjustments with any third-party payers.

Community Health Improvement

Community outreach for GAMC includes a leadership role in supporting the Glendale Healthier Community Coalition (GHCC) and related organizations. GAMC, as a member of GHCC, works to assess community health needs and to organize collaborative community responses. GAMC hosted, attended, and/or otherwise extensively supported the following GHCC events and activities:

- Four executive committee meetings for planning and coordinating community health engagement
- Three GHCC general coalition community meetings – 60 attending
- GHCC's 20th Anniversary Celebration & Awards Luncheon - 100 participants
- Community Health Needs Assessment community focus group - 40 participants
- Twelve Care Transitions Task Force meetings supporting cooperation with Skilled nursing facilities and home health organizations
- Healthy Start Collaborative meeting – 30 community participants
- Nine assessment, planning, and strategy meetings for reducing “Diabetes” – 15 participants
- SPA 2 Community Needs Assessment – 100 community participants
- LA County CHA/CHIP Meeting – 30 participants
- Population Health Works – 50 participants
- Health Information Exchange (HIE) Planning Meeting – 20 community participants
- HIE Strategy Meeting – 40 community participants

GAMC organized a five-day conference “Emerging Tools for Innovative Providers” to help caregivers improve their skills – 120 participants

The Healthcare Foundation at GAMC participated in and supported the following:

- Soroptimist - 4 meetings
- Soroptimist committee - 4 meetings
- Soroptimist events – 3 events
- Rotary - 4 meetings
- YWCA board - 4 meetings

Paramedic base station

- Field care audits – 46 attending
- Lectures – 102 attending
- Ride alongs – 9 participants
- Other Continuing Education – 80 participants

Community health fairs and clinics: offering free flu shots, health screenings and educational services.

- Cancer Services:
- Prostate screening – 85 participants
- Beauty Bus – 35 participants

- Patient Christmas Party – 200 participants
- Spring into Yoga – 12 participants
- Bras for A Cause – 10 participants
- Cancer Survivor Day – 225 participants
- Look Good, Feel Better – 11 participants
- Education Luncheon with Dr. Zerne – 35 participants
- Relay for Life – 40 participants
- Patient Holiday Party – 200 participants

Cardiology Services:

- Two-day CARE Screenings – 250 participants
- Carotid Artery Screening – 250 participants

Emergency Dept:

- Field Care Audits – 46 participants

Marketing Dept:

- Four Red Cross Blood Drives – 335 participants
- Dash School Spirit Run – 1,000 participants
- Heart Check Machine Screenings– 39,000 participated at the blood pressure kiosk at the Glendale Galleria, browsed through the touchscreen and requested emails to be sent to them with more details on the Heart & Vascular Institute, Neuroscience Institute and other resources available at GAMC.
- MAKOpasty Education Event – 75 participants
- Women’s Works Education Event – 90 participants
- Two Ortho Education and Screenings Events,– 235 participants
- Ortho Educational Dinner - 100 participants

Neuroscience-Orthopedics:

- Adventist Book Center Education Event – 450 participants

Occupational Medicine:

- So Cal Assoc. OC Health Nurses Education – 40 participants
- City of Glendale Education Event – 450 participants
- Quest Health Fair – 250 participants
- Huntsman Health Fair – 100 participants
- Dine Equity Health Fair – 100 participants
- Business Showcase Education Event – 250 participants
- Parsons Health Fair – 90 participants
- Flu Shots for Rock Tenn Company employees – 20 participants
- Jingle Bell Run – 75 participants

Play to Learn/Pediatric Therapy:

- Two Glendale Healthy Kids Health Fairs – 90 participants
- Autism Walk, Screenings – 250 walkers

- Adventist Health Fair – 50 participants

Partial Hospitalization:

- Annual Thanksgiving Celebration – 100 participants

Radiology Dept:

- CARE Event Education/Screening – 240 participants

Therapy & Wellness Center:

- GAMC Health Fair - 150 participants

Women & Children Services

- Infant Safety & CPR Training – 36 participants

Physician referral and hospital information services

- Referral Services handled 1,268 calls

Community health education classes

Community health education classes offered at GAMC included:

Cardiology Services:

- GAMC & ABC Open House – 300 participants
- February Heart Month Luncheon Health Education – 195 participants

Live Well Senior Program:

- Live & Learn: Women's Health – 200 attending
- Eight Live Well Luncheons Health Education – 1,480 participants
- Fifteen Caregiver Resource Education meetings – 152 participants
- Sixteen Ballroom Dancing Exercise events – 320 participants
- Four Music Group Activities – 80 participants
- Two Foot & Ankle Screening Clinics – 400 participants
- Healthy Eating Health Fair – 300 participants
- Summer Concert – 300 attendees
- CareMore Education Presentation – 25 participants
- Two Walk With Ease Programs – 75 participants
- Armenian Live Well Program – 165 participants
- Live Well Holiday Celebration – 300 participants
- Live Well Excursion – 45 participants
- Pharmacy Consultations – 20 participants
- Flu Shot Clinic – 350 participants
- Disaster Preparedness -150 participants
- Glendale Health Festival – 1,500 participants

Nursing Education Dept:

- On Day Lamaze – 14 participants
- Baby Care Basics Education – 28 participants
- Breastfeeding Education – 28 participants

- Diabetes Support Group – 34 participants
- Diabetes Healthy Steps Education – 30 participants
- Healthsaver CPR/First Aid Education – 14 participants
- Independent Pool Exercise – 78 participants
- Senior Exercise – 24 participants
- Basic EKG Education – 1 participant
- Freedom from Smoking – 8 participants
- Yoga/Pilates Exercise – 6 participants
- Student Leadership Program – 4 participants
- Couplet Care (Personal Care) – 6 participants

Community Services

- There were 132 patients participating in up to 10 weeks of free Cognitive Behavioral Therapy.

Community Support Groups

Beyond Loss Bereavement Ministry:

- 6 weekly grief support groups – 140 people registered in 2013, and 301 support groups with total attendance of 2,734
- Condolence Letters sent to family members – 444
- Beyond Loss Bimonthly Newsletter – 500
- Holiday Gathering of Remembrance – 94 participants
- Individual grief – 382 sessions
- 1st time grief – 13 sessions

Chaplains' Department Support groups:

- Glendale Adventist Alcohol/Drug Svcs – 52 meetings conducted by a chaplain
- Spiritual Counseling – 299 sessions
- Glendale Religious Leaders Assoc. – 4 meetings attended by a chaplain

Cancer Services:

- Focus on Healing Support Group – 534 participated in a weekly support group

Neuroscience-Orthopedics:

- Stroke support groups – 180 participated in a weekly support group

Medical library services

- Participant use of library services – 2,403

Churches Without Walls Coalition

- Churches Without Walls (CWW) coordinates GAMC health initiatives with the pastors of five local churches in their quest to develop community outreach activities that involve church members in serving the community.

- Activities include developing health programs, enhancing communication across institutions, as well as recruiting and training outreach volunteers.
- Pastors from 2 churches attended the CREATION Health Training Seminar in Pasadena, CA
- Promotion started in December 2013, for the CREATION Health events in 2014.
- The CWW leadership team conduct planning meetings monthly.

Family Practice Residency Program

- Number of Residents – 24
- Resident clinic visits – 17,267
- Resident GAMC maternity & inpatient visits – 3,620

Volunteer Programs For Students

- High school students – 5,110 volunteer hours
- College Tech Schools – 78,285 volunteer hours
- Workforce Development – 3,106 volunteer hours

Tobacco Control Program

Monterey Park/Alhambra/Duarte Areas with approximately 5,950 individuals served.

- Outreach meetings with legislators – 12
- Presentations at City Council meetings – 9
- Presentations at commission meetings – 10
- Meetings with community leaders – 85
- Public Opinion Surveys conducted – 1,105
- Local community coalition meetings – 33
- Key informant interviews conducted – 8
- Tele-seminars participated in – 20
- LA County tobacco control policy trainings & meetings – 30
- Participated in local events – 17
- Presentations to groups & organizations – 15
- Interviews – 3
- Opinion Editorials – 4
- Ads – 3

Volunteer program for individuals 14 and older

- Adults – 26,763 volunteer hours
- Adults w/disabilities – 2,266 volunteer hours
- Total adult & student volunteers – 125,257 volunteer hours
- Clinical Care Extenders – 14 volunteer hours

- West Coast Interns – 9,713 volunteer hours
- Total number of volunteer assignments completed – 16,770

Health Professions Education

Educational programs and training for physicians, nurses and support staff

GAMC Volunteer Dept. issued 594 student ID badges in 2013.

Chaplains' Dept:

- Ten week internship program – 4 students

Beyond Loss Bereavement Ministry:

- Six bereavement facilitator education classes – 121 students

Emergency Dept./Pre-hospital:

- Lectures – 102 students
- Rides Alongs – 9 students
- Other Continuing Education – 80 students

Infection Prevention:

- Eight colleges/universities – 480 students

Neonatal Intensive Care:

- Glendale Community College Development Class – 35 students

Nursing Education:

- CNA Continuing Education Classes – 25 students
- Monitor Tech Classes – 6 students
- Basic EKG Classes – 1 students

Play to Learn/Pediatric Therapy:

- PT/OT/ST – 26 students

Physical Medicine & Rehab:

- Eight colleges/universities education – 23 OT students

Radiology Dept.:

- Radiology tech – 15 students
- MRI – 3 students
- Ultrasound program – 6 students

Rehab/PT:

- PT students - 27

Therapy & Wellness Center:

- Intern program – 40 students

Train and support quality improvement teams

Awards, Recognitions and Accomplishments:

- Neuro: Get With the Guidelines – Gold Plus and Target Stroke Honor Roll from the American Stroke Association
- GAMC: Named The Studer Group “Fire Starter of the Month” hospital; successful Joint

Commission survey in March; Joint Commission names GAMC as a “Top Performance Hospital” on Key Quality Measures

- Spine/Ortho/Heart: Blue Distinction Center designation by Blue Cross and Blue Shield for spine surgery, cardiac care and knee and hip replacement
- Heart & Vascular: STEMI center recertification, LA County EMS identifies program as a “Top Performer.” Fastest door to dilation time in LA County by Dr. Sanjay Sharma with 23 minutes! Cardiology echo McKesson structure reporting system – improved workflow for echo reports and standardization
- Therapy & Wellness Center: Daily News Readers Best Choice award.
- Nuclear Medicine & CT Department: American College of Radiology Accreditation
- Office of Integrated Research: Negotiated and collected settlements on old research accounts totaling \$782,970
- Behavioral Health: Celebrated 50th Anniversary

Information Technology: Dragon implementation; Groupwise to Outlook, Windows 7, AHPN EMR, Clinical Engineering, New Start Pumps, Women’s Services & Fetal Monitoring, Business Intelligence, Tableau roll-out to directors

- Healthcare Foundation:
 - o Received approximately \$500,000 in grant funding for a new occupational medicine mobile van for community health
 - o Received largest gift in honor of a hospital employee - \$20,000
 - o Broke the prior fund raising records by raising over \$500,000 at the Gala and almost \$200,000 at the Golf Tournament
 - o Almost doubled the amount of funds for the Cancer Center from \$48,000 in 2012 to \$80,000 in 2013.
 - o Raised almost \$200,000 in new donations
- Lab, OR, Surgery and GI Lab: Worked together and implemented new requisition form using LEAN to eliminate redundancy, preventing delays and reduce defects regarding patient specimens
- Live Well Senior Program: Total membership is 1,710 and 2013 membership alone is 697
- New Technology:
 - o Installation of 3T MRI – used for research purposes, improved image quality, improved patient satisfaction, faster turnaround time
 - o MAKOpasty application for total hip arthroplasty
- GAMC was recognized by CMS as 5th with lowest mortality rates
- The Joint Commission recognized GAMC as “Top Performer on Key Quality Measures” for 2013:
 - o GAMC is among 1,099 hospital being recognized in 2013. This represents the top 33% of all Joint Commission-accredited hospitals reporting accountability measure performance data for 2012.
 - o This achievement demonstrates GAMC’s commitment to assuring that evidence-based interventions are delivered in the right way and at the right time.

Subsidized Health Services

ASSIST Care

- Case managers providing discharge medication for 120 indigent patients.

SOS Thrift Shop

- LA Regional Food Bank – 1,703 people in 664 households
- Food/Clothing Vouchers – 279 participants
- Bread Distribution – 776 participants

SOS Thrift Shop senior job training program

- Project Ajuda – 2 seniors, 17 hours a week and 1 senior, 10 hours a week
- National Asian Pacific Center on Aging (NAPCA) – 1 senior, 20 hours a week

Medi-Cal and Medicare programs

- Project Ajuda – 2 seniors, 17 hours a week and 1 senior, 10 hours a week
- National Asian Pacific Center on Aging (NAPCA) – 1 senior, 20 hours a week

Transportation services

- Transportation provided for 2,375 trips

Prostate Screenings

- Prostate screenings – 85 participants

Community Health Clinic support

- GAMC pharmacy provided service to the Glendale Free Clinic for 27 individuals with 580 encounters.

Consortium of Safety Net Providers

- The Community Care Transitions Program (CCTP) includes Glendale Adventist Medical Center, Glendale Memorial Hospital and Health Center, and USC Verdugo Hills Hospital.
- CCTP is a program to reduce 30-day hospital readmissions for the following diagnoses: heart failure, acute myocardial infarction, pneumonia, renal failure, and diabetes.
- Eleven educational meetings were held in 2013, with 110 people attending.
- Total patients supported by Care Transition team for 2013 were 332.
- Total patients that had follow up calls made for 2013 were 269.

TelepharmacyWest provided telepharmacy service to rural hospitals.

- Performed 349,527 order entry events
- Documented 6,902 interventions

Research

The Integrated Research Dept. provided education services at eight events in 2013.

- Eagle Rock Church – 100 participants
- Country Villa – 75 participants
- City of Glendale – 100 participants
- BMW – 85 participants
- Wellness Fair – 100 participants
- Coca-Cola – 85 participants
- Care Event education/screening – 250 participants
- Sunland Eyeware – 85 participants

Cash and In-Kind Contributions

Community Donations for 2013 provided funding to fifty-eight community partners at a value of \$157,310.00

Grants and government grants for 2013 from donors provided funding for: CHOI \$179,114 Tobacco Control Programs \$104,257, Tobacco Cessation Programs \$98,894, Pediatrics \$12,000, Cancer Services \$7,000 and services for patients to help avoid readmissions.

Community Benefit & Economic Value

Glendale Adventist Medical Center's mission is to "share God's love with our community by promoting healing and wellness for the whole person". We have been serving our communities health care needs since 1905. Our community benefit work is rooted deep within our mission and merely an extension of our mission and service. We have also incorporated our community benefit work to be an integral component of improving the "triple aim." The "Triple Aim" concept broadly known and accepted within health care includes:

- 1) Improve the experience of care for our residents.
- 2) Improve the health of populations.
- 3) Reduce the per capita costs of health care.

Our strategic investments in our community are focused on a more planned, proactive approach to community health. The basic issue of good stewardship is making optimal use of limited charitable funds. Defaulting to charity care in our emergency rooms for the most vulnerable is not consistent with our mission. An upstream and more proactive and strategic allocation of resources enables us to help low income populations avoid preventable pain and suffering; in turn allowing the reallocation of funds to serve an increasing number of people experiencing health disparities.

Community Benefit Summary

	TOTAL COMMUNITY BENEFIT COSTS		DIRECT CB REIMBURSEMENT	UNSPONSORED COMMUNITY BENEFIT COSTS	
	TOTAL CB EXPENSE	% OF TOTAL COSTS	OFFSETTING REVENUE	NET CB EXPENSE	% OF TOTAL COSTS
Traditional charity care	6,031,940	1.52%	-	6,031,940	1.52%
Public programs - Medicaid	92,786,010	23.33%	92,023,603	762,407	0.19%
Medicare	184,538,836	46.39%	164,759,006	19,779,830	4.97%
Other means-tested government programs	-	-	-	-	-
Community health improvement services	3,247,074	0.82%	1,196,753	2,050,321	0.52%
Health professions education	776,191	0.20%	-	776,191	0.20%
Non-billed and subsidized health services	2,531,494	0.64%	-	2,531,494	0.64%
Research	489,313	0.12%	317,841	171,472	0.04%
Cash and in-kind contributions for community benefit	986,380	0.25%	-	986,380	0.25%
Community building activities	2,447,104	0.62%	272,315	2,174,789	0.55%
TOTAL COMMUNITY BENEFIT	293,834,342	73.89%	258,569,518	35,264,824	8.88%



**Appendix A:
Policy
Community
Health Needs
Assessment and
Community
Health Plan
Coordination**

<input type="checkbox"/> Entity:			
<input checked="" type="checkbox"/> System-wide Corporate Policy	Policy No.		
Corporate Policy No. AD-04-006-S	Page		1 of 3
<input checked="" type="checkbox"/> Standard Policy	Department:		Administrative Services
<input type="checkbox"/> Model Policy	Category/Section:		Planning
	Manual:		Policy/Procedure Manual

**Policy: Community Health Needs Assessment and
Community Health Plan Coordination**

POLICY SUMMARY/INTENT:

This policy is to clarify the general requirements, processes and procedures to be followed by each Adventist Health hospital. Adventist Health promotes effective, sustainable community benefit programming in support of our mission and tax-exempt status.

DEFINITIONS

1. Community Health Needs Assessment (CHNA): A CHNA is a dynamic and ongoing process that is undertaken to identify the health strengths and needs of the respective community of each Adventist Health hospital. The CHNA will include a two document process, the first being a detailed document highlighting the health related data within each hospital community and the second document (Community Health Plan or CHP) containing the identified health priorities and action plans aimed at improving the identified needs and health status of that community.

A CHNA relies on the collection and analysis of health data relevant to each hospital's community, the identification of priorities and resultant objectives and the development of measurable action steps that will enable the objectives to be measured and tracked over time.

2. Community Health Plan: The CHP is the second component of the CHNA and represents the response to the data collection process and identified priority areas. For each health need, the CHP must either: a) describe how the hospital plans to meet the identified health need, or b) identify the health need as one the hospital does not intend to specifically address and provide an explanation as to why the hospital does not intend to address that health need.
3. Community Benefit: A community benefit is a program, activity or other intervention that provides treatment or promotes health and healing as a response to identified community needs and meets at least one of these objectives:
 - Improve access to health care services
 - Enhance the health of the community
 - Advance medical or health care knowledge
 - Relieve or reduce the burden of government or other community efforts

Community benefits include charity care and the unreimbursed costs of Medicaid and other means-tested government programs for the indigent, as well as health professions' education, research, community health improvement, subsidized health services and cash and in-kind contributions for community benefit.

AFFECTED DEPARTMENTS/SERVICES:

Adventist Health hospitals

POLICY: COMPLIANCE – KEY ELEMENTS

PURPOSE:

The provision of community benefit is central to Adventist Health’s mission of service and compassion. Restoring and promoting the health and quality of life of those in the communities served, is a function of our mission “To share God’s love by providing physical, mental and spiritual healing.” The purpose of this policy is: a) to establish a system to capture and report the costs of services provided to the underprivileged and broader community; b) to clarify community benefit management roles; c) to standardize planning and reporting procedures; and d) to assure the effective coordination of community benefit planning and reporting in Adventist Health hospitals. As a charitable organization, Adventist Health will, at all times, meet the requirements to qualify for federal income tax exemption under Internal Revenue Code (IRC) §501(c)(3). The purpose of this document is to:

1. Set forth Adventist Health’s policy on compliance with IRC §501(r) and the Patient Protection and Affordable Care Act with respect to CHNAs;
2. Set forth Adventist Health’s policy on compliance with California (SB 697), Oregon (HB 3290), Washington (HB 2431) and Hawaii State legislation on community benefit;
3. Ensure the standardization and institutionalization of Adventist Health’s community benefit practices with all Adventist Health hospitals; and
4. Describe the core principles that Adventist Health uses to ensure a strategic approach to community benefit program planning, implementation and evaluation.

A. General Requirements

1. Each licensed Adventist Health hospital will conduct a CHNA and adopt an implementation strategy to meet the community health needs identified through such assessment.
2. The Adventist Health *Community Health Planning & Reporting Guidelines* will be the standard for CHNAs and CHPs in all Adventist Health hospitals.
3. Accordingly, the CHNA and associated implementation strategy (also called the Community Health Plan) will initially be performed and completed in the calendar year ending December 31, 2013, with implementation to begin in 2014.
4. Thereafter, a CHNA and implementation strategy will be conducted and adopted within every succeeding three-year time period. Each successive three-year period will be known as the Assessment Period.
5. Adventist Health will comply with federal and state mandates in the reporting of community benefit costs and will provide a yearly report on system wide community benefit performance to board of directors. Adventist Health will issue and disseminate to diverse community stakeholders an annual web-based system wide report on its community benefit initiatives and performance.
6. The financial summary of the community benefit report will be approved by the hospital’s chief financial officer.
7. The Adventist Health budget & reimbursement department will monitor community benefit data gathering and reporting for Adventist Health hospitals.

B. Documentation of Public Community Health Needs Assessment (CHNA)

1. Adventist Health will implement the use of the Lyon Software CBISA™ product as a tool to uniformly track community benefit costs to be used for consistent state and federal reporting.
2. A written public record of the CHNA process and its outcomes will be created and made available to key stakeholders in the community and to the general public. The written public report must include:
 - a. A description of the hospital's community and how it was determined.
 - b. The process and methods used to conduct the assessment.
 - c. How the hospital took into account input from persons who represent the broad interests of the community served.
 - d. All of the community health needs identified through the CHNA and their priorities, as well as a description of the process and criteria used in the prioritization.
 - e. Existing health care facilities and other resources within the community available to meet the community health needs identified through the CHNA.
3. The CHNA and CHP will be submitted to the Adventist Health corporate office for approval by the board of directors. Each hospital will also review their CHNA and CHP with the local governing board. The Adventist Health government relations department will monitor hospital progress on the CHNA and CHP development and reporting. Helpful information (such as schedule deadlines) will be communicated to the hospitals' community benefit managers, with copies of such materials sent to hospital CFOs to ensure effective communication. In addition, specific communications will occur with individual hospitals as required.
4. The CHNA and CHP will be made available to the public and must be posted on each hospital's website so that it is readily accessible to the public. The CHNA must remain posted on the hospital's website until two subsequent CHNA documents have been posted. Adventist Health hospitals may also provide copies of the CHNA to community groups who may be interested in the findings (e.g., county or state health departments, community organizations, etc.).
5. For California hospitals, the CHPs will be compiled and submitted to OSHPD by the Adventist Health government relations department. Hospitals in other states will submit their plans as required by their state.
6. Financial assistance policies for each hospital must be available on each hospital's website and readily available to the public.

Corporate Initiated Policies: (For corporate office use)

References: Replaces Policy: AD-04-002-S
Author: Administration
Approved: SMT 12-9-2013, AH Board 12-16-2013
Review Date:
Revision Date:
Attachments:
Distribution: AHEC, CFOs, PCEs, Hospital VPs, Corporate AVPs and Directors