POMONA VALLEY HOSPITAL
MEDICAL CENTER

Expert care with a personal touch

2014
Community Benefit Plan

Implementation Strategy in Support of Pomona Valley Hospital Medical Center's 2013 Community Health Needs Assessment

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Prepared in Compliance with
California's Community Benefit Law and
Section 501(r)(3) of the Internal Revenue Code
Report for fiscal year 2013

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1798 North Garey Avenue, Pomona, CA 91767

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Preface

California's Community Benefit Law

California's Community Benefit Law, referred to as Senate Bill 697 (SB 697) is found in the California Health and Safety Code, section 127340-127365. A detailed description of the law may be found in the appendix. The law began in response to increasing interest from the community on contributions not-for-profit hospitals gave to their communities. The California Association of Catholic Hospitals and the California Healthcare Association co-sponsored SB 697 which was signed into law September, 1994.

Senate Bill 697 requires private not-for-profit hospitals in California to describe and document the full range of community benefits they provide to their communities. Hospitals are required to provide a written document describing the hospital's charitable activities to the community as a not-for-profit organization and submit this report annually. Every three years, hospitals conduct a community needs assessment and consequently develop a formal planning process addressing those issues. The goals and intent of SB 697 is that hospitals will collaborate with regional community partners to identify community needs and to work together in developing a plan to meet those needs.

Federal Requirements

New federal requirements in Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), require not-for-profit hospitals and healthcare organizations to conduct a triennial Community Health Needs Assessment (CHNA) and complete a companion Implementation Strategy for addressing those identified community needs. These requirements are a provision to maintaining tax-exempt status under Section 501(c)(3). In compliance with these requirements, Pomona Valley Hospital Medical Center (PVHMC) conducted a 2013 CHNA and completed an Implementation Strategy to address the significant needs identified in our assessment. The Implementation Strategy has been included in our 2014 Community Benefit Plan and PVHMC continuously monitors performance metrics to track progress and gauge the success of our outlined programs and strategies.

Approval from a Governing Body

PVHMC's Community Benefit Plan and Implementation Strategy are adopted, pending Board of Directors approval on May 1, 2014. As we proceed with 2014 and move into 2015, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our 2013 Community Health Needs Assessment.

Executive Summary

Pomona Valley Hospital Medical Center (PVHMC) is a 437-bed, fully accredited, acute care hospital serving eastern Los Angeles and western San Bernardino counties. For over a century, PVHMC has been committed to serving our community and plays an essential role as a safety-net provider and tertiary referral facility for the region.

A nationally recognized, not-for-profit facility, the Hospital's services include Centers of Excellence in Cancer Care, Cardiac and Vascular Care, Women's and Children's Services, and Kidney Stones. Specialized services include centers for Breast Health, Sleep Disorders, a Neonatal ICU, a Perinatal Center, Physical Therapy/Sports Medicine, a full-service Emergency Department which includes our Los Angeles County and San Bernardino County STEMI receiving center designation, Robotic Surgery, and the Family Medicine Residency Program affiliated with UCLA. Satellite Centers in Chino Hills, Claremont, Covina, and Pomona provide a wide range of outpatient services including physical therapy, urgent care, radiology and occupational health. Along with being named one of Thomson Reuter's 50 Top Cardio Hospitals in the Nation (2011), The Joint Commission has given PVHMC the Gold Seal of Approval™ for certification as a Primary Stroke Center for Los Angeles County, demonstrating what we have been doing all along - providing quality care and services in the heart of our community.

As a community hospital, we continuously reflect upon our responsibility to provide high-quality healthcare services, especially to our most vulnerable populations in need, and to renew our commitment while finding new ways to fulfill our charitable purpose. Part of that commitment is supporting advanced levels of technology and providing appropriate staffing, training, equipment, and facilities. PVHMC works vigorously to meet our role in maintaining a healthy community by identifying health-related problems and developing ways to address them.

In 2013, in compliance with Section 501(r)(3) of the Internal Revenue Code, created by *The Patient Protection and Affordable Care Act* (2010), a Community Health Needs Assessment was completed. This assessment is intended to be a resource for PVHMC in the development of activities and programs that can help improve and enhance the health and well-being of the residents of Pomona Valley. In response to the assessment's findings, an Implementation Strategy was developed to operationalize the intent of PVHMC's Community Benefit Plan initiatives through documented goals, performance measures, and strategies.

PVHMC demonstrates its profound commitment to its local community and has welcomed this occasion to formalize our Community Benefit Plan and Implementation Strategy. Our community is central to us and it is represented in all of the work we do. PVHMC has served the Pomona Valley for 110 years, and we value maintaining the health of our community.

About Pomona Valley Hospital Medical Center

Our Mission

Pomona Valley Hospital Medical Center is dedicated to providing high-quality, cost-effective health care services to residents of the greater Pomona Valley. The Medical Center offers a full range of services from local primary acute care to highly specialized regional services. Selection of all services is based on community need, availability of financing and the organization's technical ability to provide high quality results. Basic to our mission is our commitment to strive continuously to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community.

Our Vision

PVHMC's vision is to:

- **Be the region's most respected and recognized Medical Center and market leader** in the delivery of quality health care services;
- **Be the Medical Center of choice for patients and families** because they know they will receive the highest quality care and services available anywhere;
- **Be the Medical Center where physicians prefer to practice** because they are valued customers and team members supported by expert health care professionals, the most advanced systems and state-of-the-art technology;
- **Be the Medical Center where health care workers choose to work** because PVHMC is recognized for excellence, initiative is rewarded, self-development is encouraged, and pride and enthusiasm in serving customers abounds;
- **Be the Medical Center buyers demand (employers, payors, etc.) for their health care services** because they know we are the provider of choice for their beneficiaries and they will receive the highest value for the benefit dollar; and,
- **Be the Medical Center that community leaders, volunteers and benefactors choose to support** because they gain satisfaction from promoting an institution that continuously strives to meet the health needs of our communities, now and in the future.

Our Values

C = Customer Satisfaction
H = Honor and Respect
A = Accountability: The Buck Stops Here
N = New Ideas!
G = Growing Continuously
E = Excellence: Do the Right Things Right!

Our Location

1798 N. Garey Avenue
Pomona, CA 91767

Our Organizational Structure

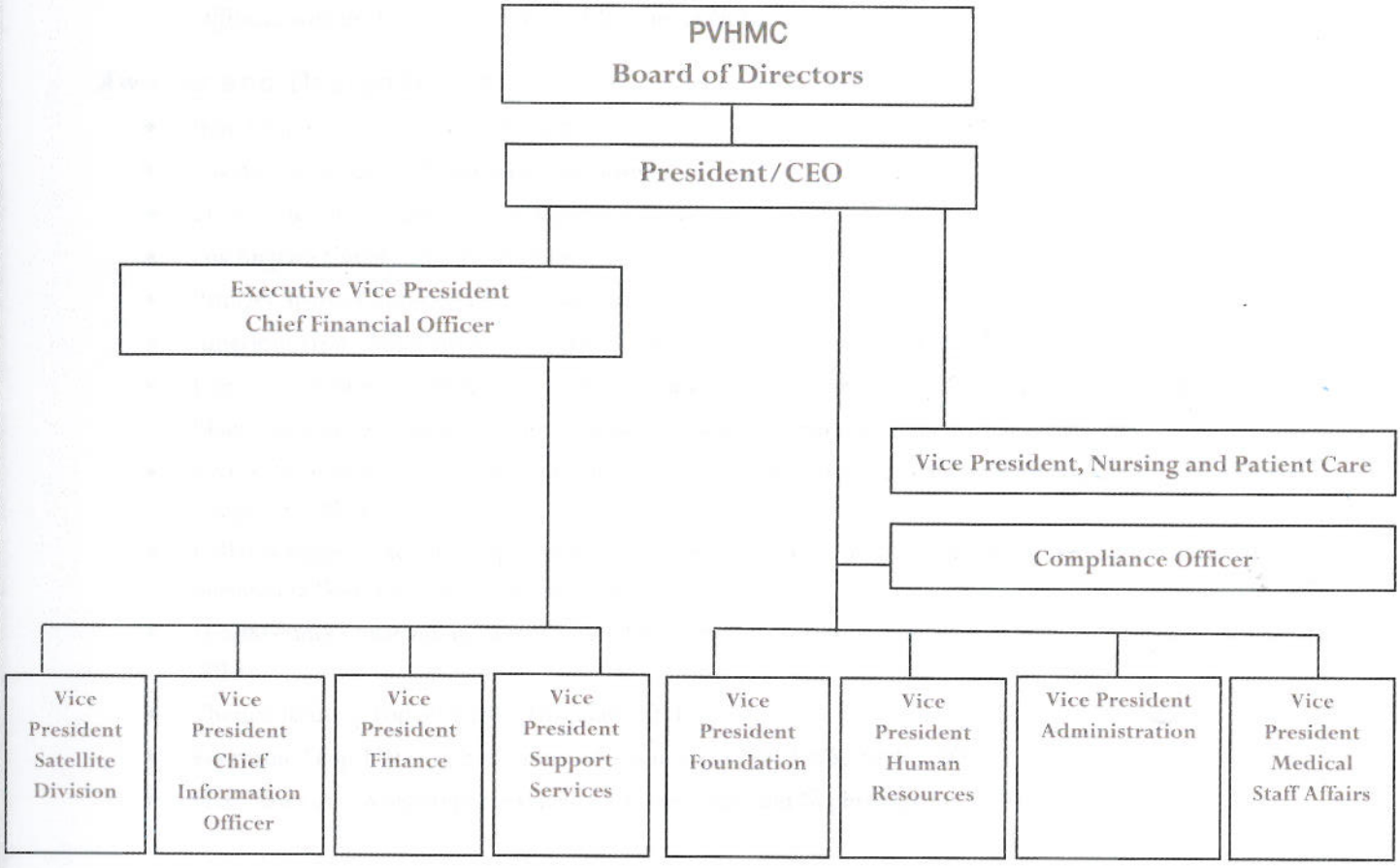
PVHMC is governed by a Board of Directors whose members are representative of the community, hospital and medical staff leadership. The Board of Directors has been integrally involved from the earliest days of the Senate Bill 697 process. The President/CEO is charged with the day-to-day administrative leadership of the organization and is assisted by an executive team of vice presidents who oversee specific departments.

President/Chief Executive Officer: Richard E. Yochum, FACHE

Chairman, Board of Directors: Jane Goodfellow

Community Benefit Plan Coordinator: Leigh C. Cornell, MHA

Figure 1. Organization Chart



Unique Pomona Valley Hospital Medical Center Assets

PVHMC offers the following healthcare services and distinguished designations to our community:

Services

- **Emergency Care Services**
  (Level 2 Emergency Center)
- **Adult Services**
  (General Medical and Surgical Services, Critical Care Services, Cardiac Catheterization and Surgery)
- **Pediatric Services**
  (General Pediatric Medical and Surgical Services, Level IIIB Neonatal Intensive Care, Pediatric Outpatient Clinics)
- **Obstetric Services**
  (High Risk Obstetrics, High Risk Obstetric Transport Services, Perinatology)
- **Ambulatory Services**
  (Cancer Care Center, Regional Kidney Stone Center, Sleep Disorders Center, Family Health Center, Radiology and Physical, Occupational, and Speech Therapy)
- **Family Medicine Residency Program**
  (Affiliated with the David Geffen School of Medicine at UCLA)

Awards and Designations

- Joint Commission Accredited Hospital
- Los Angeles County STEMI-receiving Hospital
- EDAP- Emergency Department Approved Pediatrics
- Los Angeles County Disaster Resource Center
- Primary Stroke Center certified by the Joint Commission
- American Heart Association "Get with the Guidelines" gold plus rating- 2012-2013
- Joint Commission Top Performer on Key Quality Measures for heart attack, heart failure, pneumonia-2012
- Blue Distinction Center recipient for spine care, knee and hip replacement, and cardiac care-2013
- CALNOC Sustained Excellence Award recipient for Best Performance in the Reduction of Pressure Ulcers (Stage II+)-2013
- CalHEN Improvement Champion for falls, pressure ulcers, surgical site infection, ventilator-associated pneumonia, and venous thromboembolisms- 2013
- HealthGrades Outstanding Patient Safety Excellence Award-2013 and Outstanding Patient Experience Award - 2012
- Thomas Reuters Top 50 Cardio Hospitals-2011
- Four time "Top 100 Hospital" rating achievement- 1996, 1998, 1999, 2000
- U.S. News and World report ranking for Gynecology and Nephrology care - 2011

PVHMC Admission Statistics

	2011	2012	2013
Total Admissions	21,688	21,039	20,466
Percentage Direct Admit	51%	51%	52%
Overall Hospital Length of Stay	4.5	4.4	4.5
Average Daily Census (Acute)	271	275	255
Average Daily Census (Adult-Only)	266	266	200
Emergency Visits (including LWBS and Admissions)	82,131	83,402	85,689
Hours on Diversion	780	599	277
Surgery			
Inpatient	3,678	3,750	3,315
Cardiac Surgery	166	160	157
Specialty Lab	5,778	5,356	5,493
Cath Lab Procedures			
Inpatient	7,305	3,585	2,854
Outpatient	10,698	10,588	8,284
Dialysis Treatments	3,147	3,844	3,551
Radiation Oncology	27,672	24,515	24,162
Deliveries	6,932	6,917	6,546
NICU Days	17,200	17,995	17,009
Ambulatory Visits	428,658	439,784	445,143
Sweet Success Visits	7,341	8,803	8,426
Respiratory	198,018	216,394	198,565

Facts and Figures

Year PVHMC Established: **1903**

Number of Licensed Beds: **437**

Average Number of Associates: **2,500**

Number of Volunteers: **972**

Number of Hours of Services: **105, 547**

Number of Active Physicians on Medical Staff: **575**

Our Community

Pomona Valley Hospital is located in Los Angeles County within Strategic Planning Area 3 (SPA 3) and closely borders San Bernardino County. Our community is defined by our primary service area, which encompasses the cities of Pomona, Claremont, Chino, Chino Hills, La Verne, Ontario, Rancho Cucamonga, Alta Loma, Upland, and San Dimas and make up a total population of 840,789 (Source: U.S. Census Bureau, 2010). Our secondary service area includes additional surrounding cities in San Gabriel Valley and western San Bernardino County.

For the purposes of the California Community Benefit Law, the ACA, and the new federal requirement to conduct a triennial Community Health Needs Assessment and Implementation Strategy, our service area was determined and defined by analyzing inpatient admissions data and discharge data from the Office of Statewide Health Planning and Development (OSHPD).

Map 1: The Communities We Serve

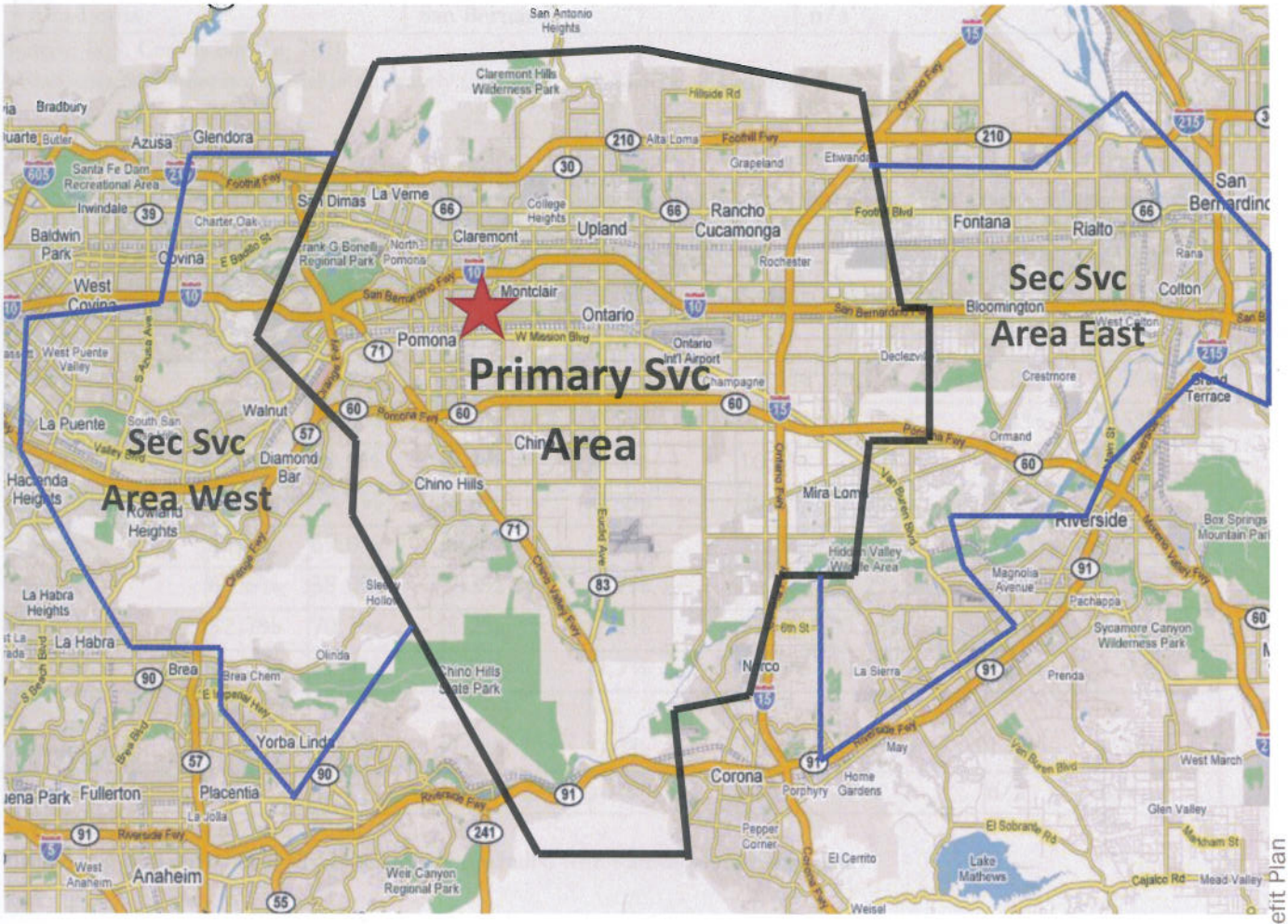


Table 1: PVHMC's Primary Service Area Population

City	County	2010 Population
Pomona	Los Angeles	149,058
Claremont	Los Angeles	34,926
La Verne	Los Angeles	31,063
Chino	San Bernardino	77,983
Chino Hills	San Bernardino	74,799
Ontario	San Bernardino	163,924
Upland	San Bernardino	73,732
Montclair	San Bernardino	36,664
San Dimas	Los Angeles	33,371
Rancho Cucamonga	San Bernardino	165,269
Alta Loma	San Bernardino	n/a[1]

Source: U.S. Census Bureau, 2010

[1]Alta Loma data were not available separately (included with Rancho Cucamonga data)

Table 2. Ethnic Diversity of Our Community 2010

City	White	Hispanic or Latino	Black/ African-American	American Indian	Asian	Hawaiian/ Pacific Islander	Other	Two or More Races
Pomona	48.0%	70.5%	7.3%	1.2%	8.5%	0.2%	30.3%	4.5%
Claremont	70.6%	19.8%	4.7%	0.5%	13.1%	0.1%	5.8%	5.2%
La Verne	74.2%	31.0%	3.4%	0.9%	7.7%	0.2%	9.1%	4.5%
Chino	56.4%	53.8%	6.2%	1.0%	10.5%	0.2%	21.2%	4.6%
Chino Hills	50.8%	29.1%	4.6%	0.5%	30.3%	0.2%	8.7%	4.9%
Ontario	51.0%	69.0%	6.4%	1.0%	5.2%	0.3%	31.3%	4.7%
Upland	65.6%	38.0%	7.3%	0.7%	8.4%	0.2%	12.9%	4.8%
Montclair	52.7%	70.2%	5.2%	1.2%	9.3%	0.2%	27.0%	4.4%
San Dimas	72.0%	31.4%	3.2%	0.7%	10.5%	0.1%	8.5%	4.9%
Rancho Cucamonga	62.0%	34.9%	9.2%	0.7%	10.4%	0.3%	12.0%	5.4%
Alta Loma[1]	n/a	n/a	n/a	n/a	n/a	n/a	n/a	n/a

Source: U.S. Census Bureau, 2010

[1]Alta Loma data were not available separately (included with Rancho Cucamonga data)

2013 Community Health Needs Assessment

Grounded in a longstanding commitment to address the health needs of our community, Pomona Valley Hospital Medical Center (PVHMC) partnered with California State University San Bernardino's Institute of Applied Research (IAR) to conduct a formal Community Health Needs Assessment (CHNA). The complete 2013 CHNA process consisted of primary and secondary data collection, including valuable community, stakeholder, and public health input, that was examined to prioritize the most critical health needs of our community and serve as the basis for our Community Benefit Plan initiatives and Implementation Strategy.

The objectives of the CHNA were to: 1) objectively look at demographic and socioeconomic aspects of the community, health status, barriers to receiving care, and PVHMC's role in the community 2) identify opportunities for collaboration with our community partners 3) identify communities and groups that are experiencing health disparities, and 4) to assist PVHMC with the development of resources and programs that will improve and enhance the well-being of the residents of Pomona Valley.

The following is a summary of PVHMC's 2013 CHNA. The full report is widely available for review on our website (pvhmc.org)

Community Profile

- ***Densely populated***
  Over 840,000 residents living in PVHMC's primary service area[1]
- ***Ethnically and Linguistically Diverse***
  PVHMC's service area is predominately Hispanic and Caucasian[1]
- ***Young***
  26.6% of the population is under the age of 18; 64.3 % are under the age of 65[1]
- ***Limited Education***
  36.8% of Pomona residents have less than a 12th grade education; 26% are high school graduates[2]
- ***Low Income***
  17.2% of Pomona residents are living at or below the federal poverty level[2]

Summary of Assessment Findings

The following is a summary of findings from surveying 323 members of our community:

Health Insurance Coverage:

- 76.6% of the adults (age 18 and above) in the household are covered by insurance; 8.4% said that ***none*** of the adults are covered by health insurance

Barriers to Receiving Needed Health Services:

- 10.2% said their family needed health services within the past year that they could not get
- 39.4% said the barrier to care was cost of services and/or co-payments; 15.2% did do not have insurance to pay for it

[1] United States Census Bureau, 2010
[2] American Community Survey, 2006-2010 5 year estimates, California Department of Finance

- Services that respondents said they needed were: surgery, dental, Ob/Gyn, CAT Scans/X-rays, prescriptions, general checkups, Optometry/Ophthalmology, mobility devices (such as wheelchairs, scooters, and walkers), and services for children.

Utilization of Primary Care and Preventative Services:

- 79.6% have visited their doctor for a general physical exam within the past year
- 85.6% of respondents with children said their child(ren) had a preventative health care check-up within the past year; that means that 12.6% said their children did NOT have a health-care check-up within the past year.
- 93.9% said their child(ren) have received all of the immunizations the doctor has recommended

Utilization of Urgent Care Services:

- 43.4% have visited an urgent care within the past year
- 62.3% had ***not*** tried visiting their primary care doctor prior to going to urgent care. Among the 37.7% who did try to see their doctor, 98.1% of them said their doctor told them to go to urgent care.

Need for Specialty Care:

Table 3. Percent of CHNA respondents who said they, or a family member, has a chronic or ongoing health condition

Chronic or Ongoing Health Condition	Percent of Respondents Who Said "Yes"
Cancer	14.5%
Diabetes	**31.5%** (California state average is 8.9%)[3]
Asthma	19.0%
High Blood Pressure	59.0%
Obesity	14.0%
Osteoporosis	14.0%
Chronic Heart Failure	5.5%
Other	16.0%

Experience and Evaluation with Pomona Valley Hospital Medical Center:

- 52.6 % have gone to PVHMC for health services; 42.9% chose PVHMC because it was nearby
- 43.5% have used PVHMC's Emergency Room
- 10.9% had utilized health classes offered at PVHMC
- 15.0% would like to see more classes offered; suggestions included English and Spanish classes in prevention and good health
- 13.1% had attended a health-related support group in the past year

[3] Centers for Disease Control and Prevention. *Diabetes Report Card 2012:* U.S. Department of Health and Human Services

- Nutrition (8.7%), Diabetes (7.3%), Obesity and Weight Loss (6.4%), High Blood Pressure (5.5%) and Cancer Care (5.5%) were the most requested health classes
- 8.4% had unmet needs in the community; responses included general health insurance needs, pain management, gym/exercise, services for high blood pressure, and dental services.
- Suggestions to improve the health of the community were: 1) provide more outreach and awareness of programs and services, 2) provide affordable health care services, and 3) provide more classes, events, and support groups.

Public Health Identified Community Needs:

Table 4, below, summarizes the health needs that were identified through interviewing Los Angeles County SPA 3 and SPA 4 Public Health Officer, Christin Mondy, on August 28, 2013.

Health Concerns	• Physical fitness and nutrition habits related to a high percentage of obesity (cause of premature death) • High incidence of Diabetes in SPA3 (cause of premature death) • Need for Mental Health services • Substance abuse (risky behavior)
Barriers to receiving services	• Concerns for safety in the community directly correlates to the level of physical activity among children • High level of homelessness in Pomona Valley and SPA3 • Lack of routine preventative care services as a result of insurance coverage
Recommendations for Implementation Strategies	• Programs for healthy food access and nutrition education • Increase utilization and promotion of health education classes • Analysis of Emergency Department visits and potential for referral out to community clinics for preventative care
Recommended Short-term or Long-term goals for PVHMC	• Diabetes education and management in the community to reduce premature deaths • Health outreach and services for homeless individuals
Recommendation for Collaboration	• Increase collaboration with public health liaisons in the Pomona Valley region • Focus collaboration efforts to compliment community services- not duplicate services

Environmental and Behavioral Drivers of Health:

The following findings were made through evaluation of primary and secondary data, including input from members of our medically underserved and minority population, and input from community stakeholders who represent those members:

- Lack of access to primary care and specialty care services
- Lack or inadequate health insurance
- Socioeconomic status
- Educational attainment
- Poverty and homelessness
- Safety as a health issue; limited physical activity outdoors

Prioritized Health Needs

Three overarching health themes emerged from our 2013 Community Health Needs Assessment (CHNA) as considerations for PVHMC to organize community benefits:

- *Chronic Disease Management*
- *Healthy Lifestyle Support: Health Education and Wellness*
- *Access to Care*

Table 5, below, shows Pomona Valley Hospital Medical Center's prioritized health needs. Those needs that the Hospital does not plan to address in this Implementation Strategy are noted.

PRIORITY AREA	HEALTH NEED	PLAN TO ADDRESS
Chronic Disease Management	Cardiovascular Health	Yes
	Diabetes	Yes
	Cancer	Yes
Healthy Lifestyle Support	Wellness Classes; Support Groups	Yes
	Health Education	Yes
	Substance Abuse	No
	Weight Management and Exercise	Yes
Access to Care	Access to General and Preventative Care	Yes
	Mental Health Services	No
	Dental Care	No

Prioritization Process

Community health needs identified in our CHNA were determined to be significant through evaluation of primary and secondary data, whereby those identified health needs were prioritized based upon: (1) community respondents and key informants identified the need to be significant, or largely requested specific services that they would like to see Pomona Valley Hospital Medical Center provide in the community (2) feasibility of providing interventions for the unmet need identified in the community, in such that Pomona Valley Hospital Medical Center currently has, or has the current means of developing the resources to meet the need, and (3) alignment between the identified health need and Pomona Valley Hospital Medical Center's mission, vision, and strategic plan.

Health Needs Not Being Addressed

Pomona Valley Hospital Medical Center (PVHMC) responds to priority health needs in many ways. In addition to uncompensated and charity care, PVHMC annually provides direct financial support of local nonprofit organizations that are uniquely qualified to provide specialty services to our community and targeted populations.

Of the priority health needs identified through our needs assessment, PVHMC evaluated its capacity to serve the mental health, substance abuse, and dental health needs of our community. PVHMC does not have dental providers on staff to perform routine dental procedures, and does not have a licensed psychiatric facility or the capacity to provide inpatient and outpatient substance abuse treatment. While PVHMC has some services in place to assist with dental needs, such as emergent oral surgical services, and services in place to assist with mental health and substance abuse, such as emergent psychiatric consultations, mental health referrals and smoking cessation education, it was determined that this critical need is best served by others. Accordingly, PVHMC will continue to support Tri-City Mental Health, Recuperative Care, the Department of Mental Health, and other community based organizations that provide these services.

Implementation Strategy

In support of PVHMC's 2013 Community Health Needs Assessment (CHNA), and ongoing Community Benefit Plan initiatives, Pomona Valley Hospital Medical Center's Implementation Strategy documents the priority health needs for which PVHMC will address in the community and translates our CHNA data and research into actual, measurable strategies and objectives that can be carried out to improve health outcomes. PVHMC determined a broad, flexible approach was best as strategies and programs for community benefit are budgeted annually and may be adjusted during this 12-month period of time. Accordingly, the Implementation Strategy will be continuously monitored for progress in addressing our community's health needs and will serve as a tool around which our community benefit programs will be tailored.

Priority Area 1: Chronic Disease Management

Identified Need: Cardiovascular Health, Diabetes, Cancer

Description: Managing chronic disease encompasses prevention, intervention, evidence-based education, self-management tools, treatment, and wellness support provided for those with chronic health conditions such as cancer, high blood pressure, diabetes, asthma, obesity, osteoporosis, chronic heart failure, and others. Chronic disease is a condition that can be controlled, but not cured, and is often a contributor to premature death.

Goals:

- Decrease morbidity from treatable cardiovascular health conditions and illnesses among persons with hypertension, stroke, heart disease; increase awareness of risk
- Decrease morbidity from treatable cancers
- Decrease the diabetes prevalence rate in our community
- Increase the number of people that are aware of their risk of Type 2 Diabetes
- Increase education and disease self-management among those living with Type 2 Diabetes

Contributing Factors: lack of accessible primary care services; lack of or inadequate medical insurance; socioeconomic health drivers

Strategies:

- Provide glucose screenings at health fairs and events (local and on-campus)
- Provide diabetes education for expectant mothers
- Provide free or low cost weight management and nutrition education
- Provide education to promote cardiovascular health and risk reduction
- Offer blood pressure screenings at health fairs and events (local and on-campus)
- Publish information on cardiovascular health, diabetes, cancer treatment, and available resources to address these conditions
- Provide care coordination to assure patients are positioned for a safe discharge home, with positive health outcomes
- Provide Cancer Care Patient Coordinators and Social Services to guide patients with making appointments, receiving financial assistance, and enrolling in support groups.
- Continue Glucose Point of Care Testing-meal tray insulin administration- for inpatient diabetic patients

Measures:

- Number in attendance at health fairs and events; number of screenings performed
- Number of publications distributed
- Number of participants in cardiovascular, diabetic, and cancer classes, support groups, and lectures

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in community health: 1) reduced prevalence rate of targeted chronic diseases, 2) increased awareness about self-management tools, and 3) increased awareness of risk factors associated with targeted chronic diseases

Performance Metrics:

- Stead Heart and Vascular Center lectures and classes for cardiovascular health-725 persons served
- Saving Strokes Event-10 persons served
- Annual Los Angeles County Half- Marathon-8,000 in attendance
- Community blood pressure screenings-130 persons served
- Diabetic Education Fair (on-campus)-191 persons served
- Nutrition education-218 persons served
- The Robert and Beverly Lewis Family Cancer Care Center education, wellness classes, workshops, forums, and events-5,200 persons served
- Cancer Program Annual publication-250 distributed
- Stead Heart and Vascular Center publications-3600 distributed

Priority Area 2: Healthy Lifestyle Support

Identified Need: Health Education, Wellness Classes, Support Groups

Description: "Healthy Lifestyle Support" addresses the need for health and wellness support through the delivery of health education, disease prevention programs, wellness classes, speaking engagements, and support groups that aide our community in disease recovery and healthy lifestyle choices that lead to better health outcomes, improved quality of life, and longevity of life.

Goals: Improve the status health of residents living in the Pomona Valley by:

- Increasing community awareness of disease-specific risk factors, early intervention, and prevention strategies
- Increasing the number of people aware of disease self-management strategies
- Increasing awareness of actions to take in a health-related emergency
- Easing the stress and burden of individuals living with disease

Contributing Factors: sedentary lifestyle; lack of insurance or inadequate medical coverage; lack of education in healthy eating and importance of exercise; socioeconomic factors; lack of awareness of community resources

Strategies:

- Provide free or low-cost health education classes and wellness support groups
- Collaborate with community partners to increase awareness of available classes offered at PVHMC
- Participate in community-wide initiatives that promote healthy eating, disease prevention, and weight management

- Publish information promoting healthy lifestyles and distribute in the community
- Provide comprehensive, culturally sensitive health forums, support groups, and workshops that provide hands-on healthy lifestyle support to the community
- Provide CPR and Stroke Alert education and training

Measures:

- Number of classes, workshops, and support groups provided to the community
- Number of community participants in attendance; number of new attendees
- Community feedback

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in the health of our community: 1) reduced prevalence rate of targeted chronic diseases, and 2) increased prevalence in self-management of disease

Existing Programs -Performance Metrics:

- The Robert and Beverly Lewis Family Cancer Care Center wellness classes, support groups, early detection and prevention lectures, and community forums- 5,200 persons served
- Women's and Children's Services health and education classes- 4,700 persons served
- Stead Heart and Vascular Center Risk Reduction Class; cardiac education - 725 encounters
- Cancer Program Annual Report- 250 copies distributed
- Health Fairs/Community Events- 30,000 individuals reached
- Hands-Only CPR- 6,300 persons served
- Sleep Disorders Meetings- 30 persons served
- Nutrition education- 218 Encounters
- Hospital tours in English, Spanish, and Chinese- 241 persons served
- Inpatient smoking cessation education
- Inpatient asthma education
- "Every 15 Minutes" drunk driving education-approximately 1000 students served

Priority Area 3: Access to Care

Identified Need: General Access to Care and Access to Preventative Care

Description: Access to healthcare represents the need to improve accessibility to general health care, specialty care, or preventative care services for members of our communities who lack the ability to receive needed care, either as a result of being uninsured or underinsured, or as a result of other key environmental and behavioral drivers of health. Access to comprehensive, quality health care is vital for the improvement of health outcomes.

- General Access: encompasses access to emergency care, specialty care, home healthcare, transportation services, access to mobility devices, reduced cost medications, promotion of low-cost health-related resources in the community, collaborative efforts with other community groups to provide healthcare services, and insurance enrollment services

- Access to Preventative Services: encompasses promotion of low-cost primary and preventative health services in the community including access to immunizations and preventative screenings

Goals: Decrease barriers to receiving needed healthcare through:

- Providing enrollment assistance in appropriate health plans for our community's vulnerable populations
- Increasing PVHMC's capacity to care for patients needing emergency treatment, surgery, and primary care

Contributing Factors: lack of or inadequate medical insurance; socioeconomic and behavioral drivers of health; lack of awareness of community resources

Strategies:

- Provide on-site enrollment assistance and care coordination for appropriate health insurance plans
- Increase community awareness about health services offered, wellness classes, and support groups
- Provide discharge transportation for vulnerable patients who are otherwise unable to get home
- Provide free, low-cost or reduced-cost health services, medications, and medical devices
- Provide screenings and immunizations at local health fairs
- Work with satellite centers for referrals to primary care services
- Continue working with PVHMC's Family Medicine Residency Program to increase primary care physicians in the region
- Collaborate with community partners to provide primary and specialty care

Measures:

- Number of patient encounters among general, specialty, and community outreach services
- Number of community partnerships established
- Number of immunizations and screenings provided in the community

Performance Metrics:

- PVHMC Family Medicine Residency Program
- Sports Injury Evening Clinic- 227 free injury screenings and 110 free x-rays
- Enrollment assistance in appropriate health plans for our patients who are admitted without insurance
- Discharge transportation services for our vulnerable patients; ambulance transports- 800 persons served
- Medication assistance-482 persons served
- Immunizations provided (in community and on-campus)-300 persons served

Anticipated Impact: Through the above strategies, PVHMC anticipates the following improvements in community health: 1) reduced prevalence rate of targeted chronic diseases, 2) increased access to emergency, specialty, and primary care, and 3) increased awareness of resources available in the community to meet health needs

Community Partners

Pomona Valley Hospital Medical Center invests in partnerships with community organizations that share our mission and vision for serving the diverse ethnic and cultural needs of our community. It is essential to work closely to help strengthen our community and create solutions. We are very fortunate to partner with the following organizations:

- American Cancer Association
- American Heart Association
- American Stroke Association
- American Health Journal
- American Red Cross
- Auxiliary of PVHMC
- Bright Prospect
- Boys and Girls Club of Pomona
- CAHHS Volunteer Services
- Cal Poly Pomona
- Casa Colina Hospital for Rehab Medicine
- Chaffey College
- Chino Kiwanis
- Chino Hills Chamber of Commerce
- Chino Valley Unified School District
- National Health Foundation
- Pomona Chamber of Commerce
- Pomona Host Lions Club
- Pomona Rotary
- Pomona Unified School District
- Pomona Valley YMCA
- Project Sister
- Chino Valley YMCA
- Claremont Chamber of Commerce
- Claremont Hospice Home
- Community Senior Services Board
- East Valley Community Health Center-Pomona
- Firefighters Quest for Burn Victims
- House of Ruth
- IEHP
- International Association for Human Values
- InterValley Health Plan
- Kids Come First Community Clinic
- Ladies Plastic Golf Association
- Loma Linda University
- Meals on Wheels
- Mount San Antonio College
- St. Lucy's Benedictine Guild
- Steven's Hope for Children
- The Learning Centers at Pomona Fairplex
- Upland Kiwanis
- Western University of Health Sciences
- YMCA of San Gabriel Valley

Additional organizations addressing the health needs of our community:

- East Valley Community Health Center, Pomona
- Mission City Community Clinic, Pomona
- Planned Parenthood, Pomona
- Planned Parenthood, Upland
- Chino Valley Medical Center, Chino
- Montclair Hospital, Montclair
- San Antonio Community Hospital, Upland
- Community Hospital of San Bernardino, San Bernardino
- Kaiser Permanente, Fontana
- Pomona Valley Health Center, Chino
- Pomona Valley Health Center, Chino Hills
- Pomona Valley Health Center, Claremont
- Family Health Center, Pomona
- Pomona Community Health Center
- Arrowhead Regional, Lake Arrowhead
- Loma Linda University Medical Center
- St. Bernadine Medical Center
- San Dimas Community Hospital
- Citrus Valley Medical Center-QV Campus

Additional Investments in Community Healthcare Needs

In addition to the community benefit programs currently being offered and our strategies to address the priority areas identified in our 2013 Community Health Needs Assessment, years of planning will culminate in expanded facilities to care for the changing healthcare needs of the community. For the next three years, Pomona Valley Hospital Medical Center will embark on the first phase of an expansive master plan to add beds, increase health services, and improve the patient and visitor experience. This transformation will increase capacity and ensure quality healthcare for generations to come.

Projects

- The Robert and Beverly Lewis Outpatient Pavilion
- Emergency Department Expansion
- Main Entrance and Lobby Renovation
- Neonatal Intensive Care Unit (NICU) Expansion
- New, larger Physical Therapy Department and Stead Cardiac Wellness Center

Highlights

- 5 Additional Operating Rooms
- 20 Pre & Post-Surgical Bays
- 24 Additional Medical/Surgical Beds
- Additional Telemetry Beds
- New Pre-Operative Testing Center
- 23 Additional Emergency Beds
- 12 Additional Intensive Care Beds
- Additional NICU Beds
- Increase Private Rooms
- Increase Emergency Department Parking

PVHMC – **Outpatient Pavilion**

Expert Care with a Personal Touch

As a non-profit organization, Pomona Valley Hospital Medical Center (PVHMC) takes pride in our commitment to continuously strive to improve the status of health in our community, reaching out to meet health needs by:

- Providing free and partial payment hospital services for those without the ability to pay or limited financial resources
- Reaching out to our local schools and community groups on the importance of healthy living
- Providing medical services in underserved areas through free and community based clinical services
- Providing yearly vaccinations and screenings to children and the elderly
- Training health professionals like Family Medicine residents and nursing students in order to meet the needs of the future

Pomona Valley Hospital Medical Center's vast efforts in promoting community health, and dedication to providing *"Expert Care with a Personal Touch"* serves as an opportunity to examine some of our current programs, strategies, and successes. PVHMC's 2014 focus study highlights some of our emergency services, such as:

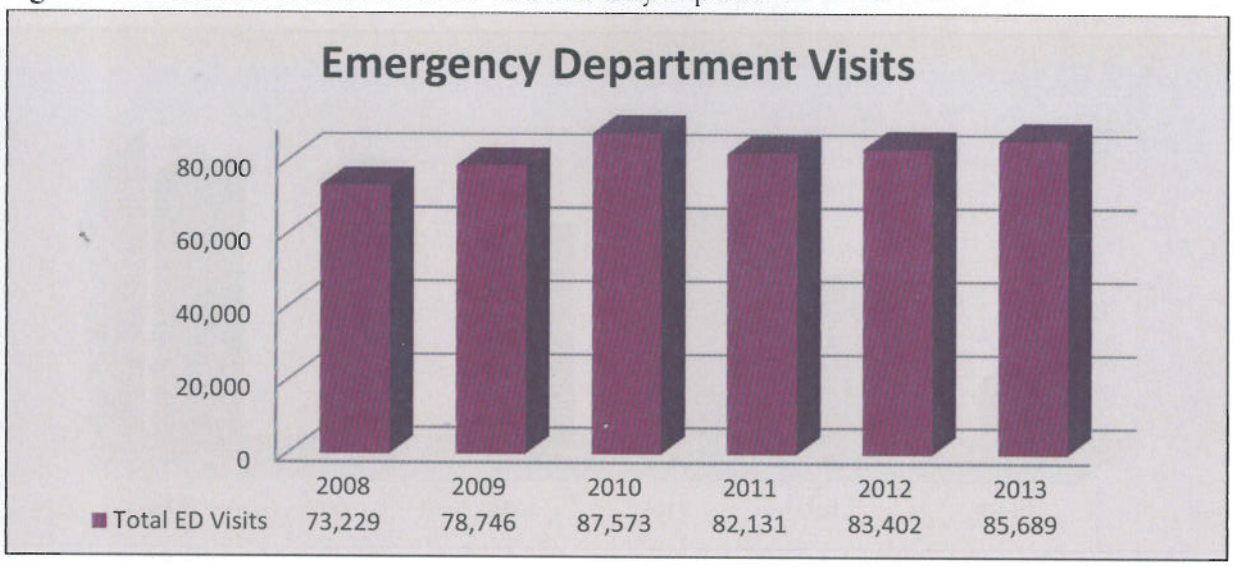
1. *Access to Emergency Care*
2. *Emergency Intervention and Treatment*
3. *Emergency Preparedness*

Access to Emergency Care

The Emergency Department (ED) at PVHMC is a vital component of the well-being of our community's residents. As a private community safety net hospital, with designation as a disproportionate share hospital ("DSH"), we care for a greater population of low-income, medically vulnerable patients that often have an increased need for accessible, high quality, and cost-effective health care services. We deliver care to all patients in our ED, with or without the ability to pay or insurance. The necessity to improve and build upon the efficiency of our ED is critical for PVHMC in order for us to keep up with the growing demands being placed upon our system every day.

In our 2013 Community Health Needs Assessment, most survey respondents (73%) said they ***did not*** try to see their doctor before going to the ED. The main reasons given for not seeing the doctor first were: it was after hours (36%), it was an emergency situation (24.7%), or they were brought by ambulance (16.9%). Furthermore, there has been a steady trend in the number of visits in PVHMC's ED over the last five years. Although we continue to provide outreach and educate the community on other resources available to them, the ED is often still as source of primary healthcare for many of our residents.

Figure 2. Illustrates the total number of ED visits over a 6 year period



Meeting the needs of our growing community through the Emergency Department (ED) has been and continues to be one of the top priorities of our organization. In recognizing that overcrowded ED's are a nationwide healthcare crisis, and in response to the need for emergency treatment identified in our Community Health Needs Assessment (CHNA), PVHMC wanted to explore how the Hospital met the emergent needs of our community and what the Hospital is doing for the future.

Increasing Access to Care

As health needs continue to increase and the demand for services rise, we look for alternative ways to address the needs of our residents; our first approach being expanding access to emergency care.

Beginning in 2011, PVHMC retrofitted space to open sixteen observation beds on the 6th floor of our main patient tower. This is used to care for patients who are evaluated by an ED physician and are waiting for an inpatient bed, and for patients whose treatment and/or procedures require extended observation. In 2013 this Emergency Department Admission/Observation Unit, referred to as "ED Observation," was converted to a general 23-hour observation area and was specifically staffed as its own unit. This development freed ED coverage of this observation space and allowed additional ED Associates to be available for incoming patients.

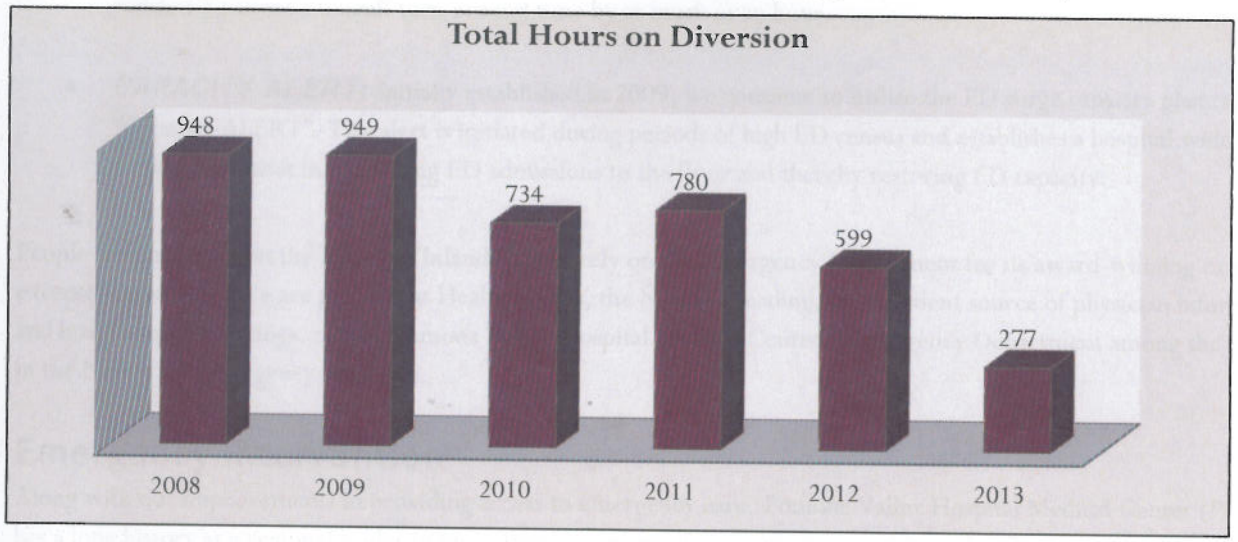
PVHMC continued to address the need for additional ED space and completed a 2013 ED treatment area remodel. This remodel logistically aided in improving timeliness of treatment and ED flow, in-turn, reducing wait times and increasing access to care. Additionally, the newly remodeled space eliminated barriers at the nurses' station and increased visibility of our medical team, improving patient satisfaction and enhancing patient safety.

As we look to the future and live out our values of *Excellence* and *Growing Continuously*, we have included a multiphase ED expansion to our Master Plan. Beginning in 2014, PVHMC's ED will undergo a project to create 23 additional Emergency Department beds. This increased capacity will enhance the opportunity for us to better serve our patients and their families.

Improving Operations

With the addition of a new observation unit, and the expansion of our ED in progress, PVHMC focused attention on decreasing diversion hours, which represents the total amount of hours our ED is unable to accept any additional patients by ambulance as a result of capacity, diverting patients to other neighboring hospitals.

Figure 3. Illustrates the total number of ED diversion hours over a six year period (2008 to 2013)



Between 2008 and 2013, the PVHMC Emergency Department (ED) has decreased diversion hours by more than half. Improvements in diversion hours can be attributed to not only the efforts of PVHMC to expand our available space to accommodate community need, but also through internal activities and processes designed to continue meeting this need. Such activities include:

- ***Rapid Medical Evaluation:*** The California Emergency Physician group (CEP) at Pomona Valley Hospital Medical Center has developed and pioneered a number of proven best practices referred to collectively as the Rapid Medical Evaluation (RME) methodology to expedite ED care and throughput. This allows the provider to evaluate the patient and begin treatment as quickly as possible. It allows for parallel processing of ED patients thus improving operational efficiency, patient flow, and patient satisfaction, while decreasing diversion time and ED overcrowding. Goals of the RME program include: 1) initial provider evaluation will occur immediately upon patient's arrival, 2) orders will be initiated immediately, and 3) bed availability will not delay a patient from seeing a provider immediately.

- ***Physician Coverage:*** Our ED has been enhanced with round the clock physician coverage of full-time Laborists (hospital-based Obstetrics/Gynecology physicians who perform deliveries), a Hospitalist team, and a dedicated Intensivist program in the Intensive Care Unit (ICU). A full service ED Back-Up Call provides adequate coverage of specialists which is critical to the ability of the Hospital to provide specialty medicine to patients.

- ***STEMI-Designation:*** As a designated STEMI-Receiving Center (SRC) in both Los Angeles and San Bernardino Counties, PVHMC became the first hospital in the region with dual county designation. An acute heart attack caused by blood clots is called an ST-Elevated Myocardial Infarction, or STEMI. Without rapid angioplasty, heart muscle is permanently damaged. In order to qualify for this designation, hospitals are required to provide angioplasty treatment in less than 90 minutes. Currently, PVHMC averages 50-minute door-to-balloon times, ranking in the top 5% nationally.

- ***Biosite Cardiac/Shortness of Breath Laboratory Point-of-Care Testing:*** This testing allows for a faster, reliable bedside lab tests for any patient that comes to the ED presenting with chest pain and

shortness of breath. Using Biosite reduces the time to receive results from 1-1.5 hours to 15 minutes, and reduces a patient's overall turn-around time by as much as an hour.

- *CAPACITY ALERT:* Initially established in 2009, we continue to utilize the ED surge capacity plan called "Capacity ALERT". This alert is initiated during periods of high ED census and establishes a hospital wide response to assist in facilitating ED admissions to the floor and thereby restoring ED capacity.

People from throughout the Pomona/Inland Valleys rely on the Emergency Department for its award-winning care and exceptional service. We are proud that HealthGrades, the Nation's leading, independent source of physician information and hospital quality ratings, named Pomona Valley Hospital Medical Center's Emergency Department among the top 5% in the Nation for emergency medicine.

Emergency Intervention

Along with our improvements in providing access to emergency care, Pomona Valley Hospital Medical Center (PVHMC) has a long history as a regional leader in innovative treatment. The Stead Heart and Vascular Center at PVHMC is committed to providing advanced clinical care for patients and families in the midst of a health crisis. Our care has been nationally recognized for saving lives by the American Heart Association of Cardiovascular Pulmonary Rehabilitation, American Stroke Association, Blue Shield, Blue Cross, HealthGrades, Press Ganey, Solucient, Volunteer Hospital Association (VHA), and several other independent national organizations.

Recognizing that stroke is the 4th leading cause of death in the United States[4] and the 2nd leading cause of death in the San Gabriel Valley[5], it is clear why cardiovascular health appeared as a priority health need in PVHMC's 2013 Community Health Needs Assessment. In response to these findings, Pomona Valley Hospital Medical Center's Stead Heart and Vascular Center embarked on a project to address this critical need and made a commitment to proactively fight stroke with education, coordinated care, and rapid-response treatment.

Beginning in 2009, the Los Angeles County EMS Agency established a "Primary Stroke Center" approach to transporting patients, directing EMS providers to bypass local community hospitals and take stroke victims to Primary Stroke Centers. This meant that the residents of Pomona Valley experiencing a stroke would be transported more than thirty miles west of the Pomona Valley, with transport times during peak commute traffic of more than 60 minutes. The coordination of care for San Bernardino County Stroke victims was even more dismal with very limited services spread across the largest county in America. Understanding that the catchment area between primary stroke centers includes a population of approximately 1.8 million people, PVHMC recognized that the residents of the Pomona Valley were significantly underserved and burdened by the threat of traveling such distance to receive treatment.

Seeking to reduce the prevalence of stroke in our community, and recognizing our value of *Accountability* to our patients, PVHMC developed numerous quality improvements in regards to stroke care, and in 2011, received the Gold Seal of Approval™ and certification by the Joint Commission as a Primary Stroke Center. Primary Stroke Center certification reflects PVHMC's commitment to meeting the health needs of our community, and means our patients can rely on us to provide them with high-quality stroke care, coordinated from the first point of contact.

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[4] Go AS, Mozaffarian D, Roger VL, Benjamin EJ, Berry JD, Borden WB, et al. Heart disease and stroke statistics—2013 update: a report from the American Heart Association. Circulation.2012:e2–241

[5] Los Angeles County Dept. of Public Health, Office of Health Epidemiology and Assessment. Mortality in Los Angeles County, 2009: Leading cause of death and premature death with trends for 2000-2009. October 2012.

Achieving primary stroke certification included efforts by PVHMC to expedite stroke treatment, improve processes in care, enhance education, and provide outreach services to the community. PVHMC's Stroke Program developed algorithms to provide the best coordinated care pathway for our patients, from the moment of arrival to the moment of discharge. Our multidisciplinary approach to stroke care includes:

- Communication between the ambulance and PVHMC before the patient arrives at the Emergency Room
- "Stroke-Alert" announcement made throughout the hospital, whereby a dedicated team - including a stroke nurse - is sent to the emergency room to manage stroke care and ensure that the patient is immediately taken to the CT scan and lab results are completed within 45 minutes
- A multidisciplinary team of highly trained medical professionals, including ED physicians, specially trained Nurses, Neurologists, Phlebotomists, Therapists, Radiologists, and others respond quickly to the needs of a stroke patient. PVHMC holds the perspective that everyone is part of the team and has an equally critical role in our stroke patients' care
- A minimum of 8 hours of annual specialized training for about 600 nursing Associates in stroke units and the Emergency Department (ED)
- In the incidence of ischemic stroke, administration of thrombolytic medication (intravenous tPA) to restore blood flow to the brain, administered within 60 minutes of arrival. Administering tPA (tissue plasminogen activator) within the first 4.5 hours of the onset of stroke symptoms can significantly minimize death or disability
- The right care at the right time; A dedicated Stroke Coordinator meets with the patient daily after admission to the Hospital, helps the patient navigate health needs, discuss level of care and rehabilitation, and follows up with the patient after discharge
- Stroke rehabilitation started within 24 hours after treatment to prevent stroke-related complications and improve health outcomes; our Case Managers assist with discharge planning for the patient and provide support and resources for families; recovering patients are offered access to PVHMC's Wellness Gym
- Education and risk reduction outreach as part of our commitment to preventing future strokes and improving the health of the community; outreach includes multilingual education publications, free monthly education programs in nursing homes and local community schools, and participation in community events to raise stroke awareness

PVHMC's Education Campaign Helps the Community Spot Signs of Stroke

F *Facial droop or uneven smile*

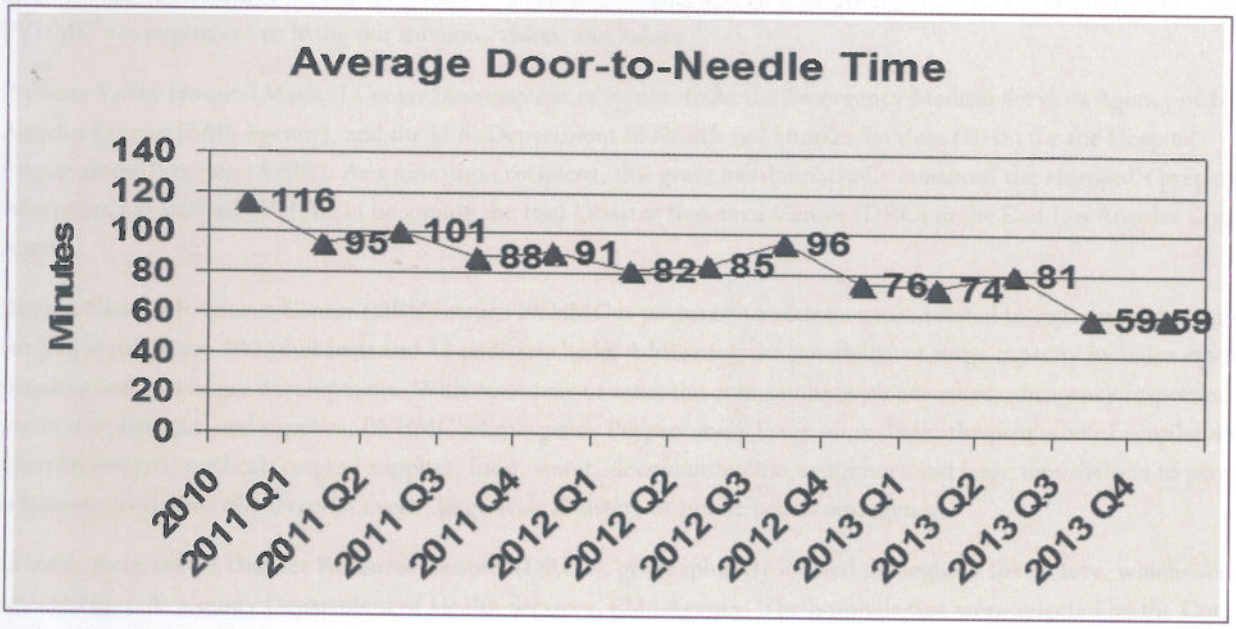
A *Arm numbness or arm weakness*

S *Slurred speech or difficulty speaking or understanding*

T *Time: Call 911 immediately to get to the nearest primary stroke center*

As a result of these stroke-care efforts, PVHMC has been successful in reducing our "door to needle times" for administration of intravenous thrombolytic (IV tPA) medication to less than 60 minutes in 2013, one of only 60 hospitals of the 900 Primary Stroke Centers across the Nation who have been successful in reaching and maintaining this goal.

Figure 4: Average Door-to-Needle Times, 2010 – 2013



This achievement, along with others, has resulted in improved health outcomes for our patients. From 2011 to 2012, stroke mortality decreased by 40%, and since 2009, stroke patients' length of stay has decreased by 20%.

Although PVHMC is not obligated to do so, we choose to report our outcomes in the national Get With The Guidelines®-Stroke Database, whereby PVHMC continuously adheres to the latest scientific treatment recommendations. Our participation on a national level, comparing ourselves against other Primary Stroke Centers across the United States, speaks to the integrity of our program.

Moving into the future, and upholding our values of *Excellence*, *Growing Continuously* and *New Ideas*, Pomona Valley Hospital Medical Center's Stead Heart and Vascular Center is in process of further expanding the Stroke Program to include Neurointervention. The addition of a Neuroinventionalist launches PVHMC into Comprehensive Stroke Care, and upon receiving this designation, PVHMC will be able to provide our community with the option of staying locally to receive all stroke-related care , pre and post discharge; therefore, avoiding costly transfers and invasive surgery. Additionally, our comprehensive approach to care will include an established outpatient follow-up clinic for TIA "warning stroke" patients to ensure that patients who have suffered a minor stroke minimize their risk of a future stroke. Once certified, PVHMC will be the only Comprehensive Stroke Center within 40 miles of our primary service area.

Emergency Preparedness

Pomona Valley Hospital Medical Center (PVHMC) demonstrates its profound commitment to its local community not only through meeting the current emergency health needs of our community, but also through extensive planning and preparation to meet future needs, including those of our broader community. Beginning nine years ago, PVHMC set out to be yet another resource for our community- a resource during a large scale emergency. This decision is a reflection of PVHMC's commitment to living our mission, vision, and values.

Pomona Valley Hospital Medical Center is a recipient of a grant from the Emergency Medical Services Agency of Los Angeles County (EMS Agency), and the U.S. Department of Health and Human Services (HHS) for the Hospital Preparedness Program (ASPR). As a nine-time recipient, this grant has dramatically enhanced the Hospital's preparedness efforts and has assisted PVHMC in becoming the lead Disaster Resource Center (DRC) in the East Los Angeles County region.

Being a Disaster Resource Center (DRC) means PVHMC is prepared to address issues related to capacity and capable of surging at minimum 100 adult beds and 15 pediatric beds. Addressing the possibility of surge capacity includes extensive planning and procedure development. With resources to assist the community with advanced emergency response, medical equipment, and supplies, PVHMC's Emergency Preparedness Program includes the provision of ventilators, pharmaceuticals, medical/surgical supplies, food, water, decontamination equipment and large tent shelters to provide treatment to victims of a terrorist event, large scale disaster, or public health emergency.

In total, there are 13 Disaster Resource Centers (DRC's), geographically located throughout the county, which were selected by L.A. County Department of Health Services, EMS Agency. The hospitals that were selected by the County were recognized for being major providers, trauma centers, and/or paramedic base stations. As one of the DRC's for this region, Pomona Valley Hospital Medical Center is responsible for eight (8) to ten (10) 'umbrella hospitals' in which we coordinate drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness. As of 2013, PVHMC is responsible for:

- Casa Colina Hospital for Rehabilitation Medicine
- Citrus Valley Medical Center-Intercommunity
- Citrus Valley Medical Center- Queen of the Valley
- Doctors Hospital of West Covina
- East Valley Hospital
- Foothill Presbyterian Hospital
- Kaiser Foundation-Baldwin Park
- Kindred Hospital- San Gabriel Valley
- San Dimas Community Hospital
- East Valley Community Clinic

The Emergency Preparedness Program at PVHMC is staffed by Hospital Associates, Physicians, and Nurses who meet on a regular basis to determine resources and conduct training exercises. In 2012 a team of dedicated PVHMC Associates participated in training provided by the Federal Emergency Management Agency (FEMA), held at the Noble Training Center facility in Anniston, Alabama. The nine members were from the Hospitals Facilities, Emergency, Security, and Safety departments. Associates participated in learning how to effectively decontaminate more than 300 victims over a period of four days, with members from hospitals all over the United States.

The one day exercise, where over 100 victims (38 non-ambulatory) were decontaminated (DECON'ed) by First Receivers in level C Person Protective Equipment, tested our ability to successfully manage and respond to a large mass casualty incident. This training was well received and everybody enjoyed the camaraderie and the increased knowledge that was obtained. This was the first class that PVHMC sent to the FEMA training center and hopefully it will be first of many.

Along with our accomplishments in disaster training, PVHMC has successfully added a mobile command center to the Emergency Preparedness Program. This mobile command center allows for communication outside of the Hospital and will provide mobile response in the event that a disaster occurs outside of our immediate area. Additionally, emergency preparedness equipment added in 2013 includes 15 ventilators, emergency food, 4 new monitors, cool vests, a decontamination (DECON) shower, and a non-ambulatory roller system. Plans for 2014 include the addition of an 18x24 mobile hospital tent, 95 disaster barrels, and four additional pallets of drinking water.

The EMS Agency's Hospital Preparedness Program provides leadership and funding through grants and cooperative agreements to improve resource capacity and enhance community and Hospital preparedness for a public emergency. PVHMC takes pride in knowing we can be a resource to our community in a critical time of need.

Community Benefit Activities and Programs

Measuring outcomes of community benefit activities and programs may not always tell the true story of community benefits; its purpose, however, is doing something that makes a difference in the lives of the people in our community. We have organized our Hospital's community benefit activities and programs into five different areas:

Emergency Services

Women's and Children's Services

Ambulatory Services

Ancillary Services

Outreach Services

Within each of these areas, the following major categories were used based on the new Schedule H of the Internal Revenue Service (IRS) Form 990:

1. **Community Health Improvement Services:** community health education, community based clinical services, health care support services

2. **Health Training (Education) Programs**: physicians/medical students, nurses/nursing students, other health professions education

3. **Scholarships/funding for professional education**

4. **Subsidized Health Services**: emergency services, subsidized continuing care

5. **Research**

6. **Financial and In-Kind Contributions**

7. **Community Building Activities**: community support, environmental improvements, coalition building, and workforce development

The examples you will find in this report will serve to highlight what we believe are our true successes, whether they affected hundreds of community residents or impacted only one; whether they required thousands of dollars, or were free of cost – they are insights into an organization and a community actively involved in improving the health status of residents living in the Pomona Valley.

Emergency Services

The Emergency Department (ED) at Pomona Valley Hospital Medical Center (PVHMC) is a 24-hour, 7-day a week, full service department offering immediate and effective evaluation and treatment. The department's dedicated Associates are specifically trained in emergency medicine to offer prompt and accurate diagnoses and skilled medical treatment. The medical team includes board-certified emergency Physicians and nationally certified Nurses, Physician Assistants, Emergency Medical Technicians and Respiratory Therapists along with other support staff.

The Emergency Services team is committed to provide technologically advanced, lifesaving medical services with compassionate care. Although regular, on-going medical care for non-life-threatening conditions is best provided in a private physician's office or urgent care setting, emergencies do arise when immediate medical care is needed. Regardless of insurance coverage, all patients are treated and stabilized in our Emergency Department, per federal guidelines.

The following are some of the community benefits and activities within Emergency Services:

Subsidized Health Services

Physician On-Call Coverage: PVHMC provides physician coverage in the Emergency Department in the following specialties: Adult Medicine; Cardiology; Ear, Nose, and Throat (ENT); General Surgery; Neonatal Intensive Care Unit-Ophthalmology; Neurosurgery; Ophthalmology; Orthopedic Surgery; Urology; and, Vascular Surgery.

Paramedic Base Station: As a part of the PVHMC mission to provide quality comprehensive care to our community, we operate one of the 20 remaining Paramedic Base Stations in Los Angeles County. The PVHMC Base Station operates under the regulatory control of the Los Angeles County Emergency Medical Services Agency and is manned by specially trained nurses called Mobile Intensive Care Nurses (MICNs), certified by Los Angeles County. As a paramedic base station, we provide services to our surrounding communities including: Pomona, Claremont, La Verne, San Dimas, Diamond Bar and parts of Walnut. PVHMC has been a base station since July, 1979.

This vital component of patient care provides emergency care givers in the field (Paramedics and Emergency Medical Technicians) with a direct link to the ED, allowing direct contact with the nurse, and if necessary the ED Physician. The ED staff is better prepared for the imminent arrival of a critically ill or injured patient, recognizing potential problems early or redirecting the paramedics if necessary to another more appropriate facility such as a Trauma Center or other specialty center.

Ambulance Transports: Working with Case Management, the PVHMC Emergency Department provides appropriate level ambulance transports home or to another acute care facility or skilled nursing facility in an effort to meet the indigent or underinsured patient's continuing medical needs. In 2013, PVHMC provided this service to 144 persons in need.

Every 15 Minutes: This program educates high school students of the dangers of drunk driving. It involves local fire and police departments, ambulances, schools, students, families and Pomona Valley Hospital Medical Center. A drunk-driving accident is simulated outside of a high school's premises with a teenage driver and students acting injured and killed. The Grim reaper enters the classroom every 15 minutes and escorts a student out. This symbolizes the fact that every 15 minutes someone is killed by a drunk driver. About 500 students served in 2013.

Disaster Resource Centers (DRC): As a participant in the National Bioterrorism Hospital Preparedness Program (NBHPP), Pomona Valley Hospital Medical Center is a one of 13 designated Disaster Resource Centers (DRC) in Los Angeles County, prepared to be a resource to our community in the event of a declared disaster. As the DRC for the region, PVHMC is responsible for eight (8) to ten (10) 'umbrella hospitals' and annually coordinates drills, training, and sharing of plans to bring together the community and our resources for disaster preparedness.

Emergency Department Approved for Pediatrics: Designated by Los Angeles County as an ED Approved for Pediatrics (EDAP), our Emergency Department provides specialized emergency care that can greatly improve outcomes for young patients. EDAP (Emergency Department Approved for Pediatrics) is a component of the Los Angeles County Emergency Medical System, which indicates the designation to receive 911-ambulance traffic of pediatric patients. There are currently 42 **EDAP hospitals** in Los Angeles County. To qualify as an **EDAP**, a hospital emergency department must meet specific criteria, including requirements for pediatric equipment, physician coverage, ongoing pediatric education and policies as well as having a designated Pediatric Liaison Nurse (PdLN). Our Pediatric Transport Unit stands ready 24-hours-a-day to transport critically ill or injured children to PVHMC for care in our ED or in our Pediatric Care Unit.

Safe Surrender: The Safe Surrender program began in August, 1996 by a woman named Debi Faris who obtained permission to take custody of the remains of abandoned and unwanted newborns by giving them a name and a dignified burial. This place became known as the "Garden of Angels" and to date, 46 markers symbolize the work of Ms. Faris. From this beginning, Ms. Faris realized there was a crisis in our society that deserved immediate attention. Senator James Brulte was approached and immediately the Senator created a bill, Senate Bill 1368, which became known as the Newborn Abandonment Prevention Law. This law became effective in California on January 1, 2001. The law states that a parent of a newborn less than 72 hours of age can relinquish their baby anonymously and without the fear of criminal prosecution, to an employee at any hospital emergency department within the state of California.

To date, Pomona Valley Hospital Medical Center has had three (3) newborns surrendered and we continue to prepare ourselves for future opportunities to save a life, which is basic to our mission and vision. The program has been shared with local schools and community programs; however, the need to increase awareness is crucial to the ongoing success of the program.

Women's and Children's Services

At Pomona Valley Hospital Medical Center, we are focused on family health, perhaps that's why so many of families get their start here. **Ranked 4th in California and 2nd in Los Angeles County** for number of deliveries, 6,492, according to the most recent data from the Office of Statewide Health Planning and Development (OSHPD), PVHMC has the privilege of serving several generations of women in our community.

In response to the growing healthcare needs of women and children in the eastern Los Angeles, San Bernardino and Inland Empire region, Pomona Valley Hospital Medical Center (PVHMC) built a state-of-the-art medical facility. Ground was broken in 1990 and the impressive, three story Women's Center, designed specifically to meet the medical and personal needs of women and children, was opened in February 1992.

The Women's Center at PVHMC provides personalized, home-like single birthing and postpartum rooms, making PVHMC the hospital of choice for expectant mothers. We offer specialized classes and support, including *Childbirth Preparation*, *Having a Healthy Baby Program*, and the *Sweet Success Program* for diabetic mothers. To provide our mothers and babies with the very best patient experience, along with high-quality care, PVHMC adheres to the evidence based *Ten Steps to Successful Breastfeeding*. These guidelines include helping and teaching mothers to initiate bonding and breastfeeding immediately after birth, showing mothers how to maintain lactation, and offering mothers the information, skills, and support needed to successfully continue breastfeeding upon their return home. We also practice "rooming-in" by allowing mothers and infants to remain together 24-hours a day. In February 2014, as a result of these efforts, PVHMC became the largest birthing hospital in California to receive the ***Baby-Friendly*** designation from the World Health Organization and UNICEF.

For patients experiencing complications during pregnancy, our Perinatal Center is led by a team of experts in maternal-fetal medicine who provide comprehensive care for high-risk mothers and their newborns. A pioneer and Southern California leader, our Maternal-Fetal Transport Program is equipped to handle any emergency when high-risk expectant mothers need to be quickly and safely transported to PVHMC from other nearby hospitals. Part of the program's uniqueness is it meets patients where they are, 24 hours/day, and deploys within 30 minutes of accepting a transport. The service transported 196 expectant mothers in 2012 and 170 in 2013. Goals of the program include serving the needs of expectant mothers in seven outlying counties, providing maternal-fetal ambulance and air transport for mothers needing emergency maternal services with a full-equipped level IIIb Neonatal Intensive Care Unit (NICU) on-site, and providing fully trained labor & delivery RNs capable of emergency care and able to deliver in route, if necessary. As part of our outreach, the PVHMC Maternal-Fetal Transport Team also provides training and education to healthcare providers on this specialty service.

New mothers can take comfort in knowing that our 53-bed NICU is staffed by a team of healthcare professionals with special expertise in the care of sick and premature newborns. In fact, other hospitals often send their fragile newborns to us for care. The NICU at PVHMC is designated as a level IIIb unit, which means we are defined as being equipped and trained to care for infants born at less than 32 weeks gestation or weighing less than 1500 grams. Pomona Valley Hospital Medical Center is proud to offer these life-saving services.

Women's and Children's Services at Pomona Valley Hospital Medical Center offers extensive and continuously expanding services tailored to meet a variety of special needs. In addition to our obstetrics, pediatrics, and infant care, PVHMC offers complete care for women throughout all stages of life.

The following is a list of Women's and Children's Programs and activities provided to the community in 2013:

Subsidized Health Services

In-House Obstetrics Coverage: PVHMC has 6 participating Laborists (Hospital-based Obstetrics/Gynecology Physicians) providing 24-hours a day/7 days per week coverage for deliveries.

Community Health Improvement Services

Women's and Children's Community Health Improvement Services are offered through our Family Education Resource Center and provides resources for childbirth, breastfeeding, parenting, CPR, babysitting, and support for bereaved parents.

Childbirth Preparation Class: Offered in a 5 week series or a one-day course, our Childbirth Preparation Class provides community education on the physical and emotional aspects of the labor process. This class is designed to prepare the parent with hands on learning, comfort and breathing techniques, parenting, CPR, and the role of the support person. In 2013, 278 persons were served.

Baby Express: Designed to help parents get ready for the new baby experience, Baby Express education includes baby care, health, safety, and the "Happiest Baby" class which aims to teach new parents techniques to calm and soothe a baby. 160 persons were served.

Big Brother/Big Sister: Children, three to six years of age, are prepared for their first meeting with the new baby in the hospital and learn to help care for him/her at home. 59 persons served.

Boot Camp for Dads: A unique workshop designed to provide education to new dads. Boot camp veterans return with their 2-3 months old infant and give soon-to-be dads tips and support to head in the right direction with their new family. 90 persons were served.

Doctor Dad: Dr. Dad was created as a follow up to Boot Camp for Dad's class. Would you know what to do if your child were to become ill or hurt if mommy was not around? Dr. Dad gives you the necessary tools to feel confident in those circumstances. We encourage fathers to attend to gain the knowledge needed to handle an unexpected event. 5 people were served.

Breastfeeding Class: Expectant parents receive current information and education about breastfeeding. 118 persons were served.

Breastfeeding Clinic: Our free 4 day-a-week clinic is open to breastfeeding mothers and provides education, emotional support, pump rentals, and problem-solving techniques for successful breastfeeding. A lactation consultant is on hand to assist with their needs. 611 persons were served.

Infant/Child CPR: This class provides infant/child Cardiopulmonary Resuscitation (CPR) skills for parents, grandparents and babysitters. Additional education provided on choking prevention how to handle other emergencies; also available in Spanish. 136 persons were served.

Cesarean Birth Preparation: Question and answer sessions provide information to prepare families for what to expect during their special delivery. 14 persons were served.

Every Woman's Journey: Women's education lecture series with topics appropriately changing monthly to encourage a healthy lifestyle. 177 persons were served.

Having a Healthy Baby: Offers support and education to our uninsured pregnant population. Services are designed with the goal of getting pregnant women enrolled in presumptive eligibility, Medi-Cal, and early entry into prenatal care. Additional services are provided for nutrition, health, emotional support, and psychosocial interventions for women and their families through every stage of their lives. 300 persons served.

Maternity Orientation: A tour and orientation expectant parents to help them get acquainted with our labor, delivery, recovery, and postpartum units. Tours are also offered in Spanish and Chinese. 1,630 persons were served.

Mommy n' Me Group: Education and activities for moms with infants, birth to 6 months of age. Participants join other mothers to share and compare ideas, experiences, and information. 187 persons served.

Safesitter Class: Safesitter is a class to teach adolescents safe babysitting techniques. Students receive hands on practice in basic lifesaving techniques and education is provided on child development and age-appropriate activities. 126 persons served.

Women's Conference: This health awareness and resource "day of learning" is open to all women in our community and provides informational speakers on health and wellness as well as fun and entertaining topics. Vendors fill the room with community resources, health screenings, food and music. 400 persons served.

The Caring Connection: A support network for parents and families while their babies are in the Neonatal Intensive Care Unit (NICU), and even after they have gone home. Trained nurses and social workers offer parents emotional support, guidance, information and community resource referrals. This group is also offered in Spanish.

Walk to Remember: Each October during National Perinatal Bereavement Month, PVHMC invites families who have experienced the loss of an infant or child to participate in a "Walk to Remember". The evening includes an inspirational program of sharing, a memorial service and a candlelight walk. 250 persons served.

Memorial Wall and Garden: For those families who lose an infant or child, The Memorial Wall offers a way to give lasting tribute by having a child's name permanently etched on one of the wall's granite tiles.

Health Professions Education

Perinatal Symposium: Labor and Delivery and Neonatal education for the medical community (physicians and nurses). Education topics include management of various clinical situations that arise in practice with emphasis on optimizing the outcome for mother and infant. About 667 persons served.

Ambulatory Services

At Pomona Valley Hospital Medical Center (PVHMC), we strive to balance the best in medical technology with the best in truly personalized, family-centered care. Our ambulatory services provide the highest level of care in the areas of cancer, cardiovascular health, and kidney health, as well as primary and specialty services to meet the unique needs of our residents in every stage of life. PVHMC's ambulatory services include:

- *The Robert and Beverly Lewis Family Cancer Care Center*
- *Pomona Valley Health Center - Chino Hills*
- *Pomona Valley Health Center – Crossroads*
- *Pomona Valley Health Center - Claremont*
- *Regional Kidney Stone Center*
- *Sleep Disorders Center*
- *Stead Heart and Vascular Center*
- *Family Health Center*

The Robert and Beverly Lewis Family Cancer Care Center

The Robert and Beverly Lewis Family Cancer Care Center, a part of PVHMC, has been helping our community battle cancer since 1993, and is dedicated to education, prevention, diagnosis, treatment, support and recovery. Located one block northeast of the Hospital's main campus, our Cancer Care Center is home to the Breast Health Center, Radiation Oncology, Medical Oncologists, Patient Care Coordinators, a Social Worker, and our Community Library. Outpatient services include education classes, diagnostic tests and screenings, chemotherapy, radiation oncology, wellness programs, counseling and more. Cancer specialists, trained to provide the most sophisticated, technologically advanced cancer care available in a non-threatening, homelike atmosphere, tailor care to each person's individual situation. We make every effort to keep our patients fully informed so that they are involved every step of the way. We never forget that we are dealing with people – not just a disease.

Community Health Improvement Services

Living Well After Cancer: This exercise program for cancer survivors involves the staff of the Cancer Care Center, PVHMC's Physical Therapy department, and the Claremont Club, and is supported by the Oak Tree Charitable Foundation in Arcadia, California. *Living Well After Cancer* is targeted to aid in rehabilitation after cancer treatment and to improve fitness levels to live a better quality of life. 45 persons served.

Health and Wellness Fairs, Forums and Events, Speaking Engagements, and Celebrations (e.g. Survivor's Day): About 2,268 persons served in 2013

Patient Workshops: Patient workshops provide nutrition education, side-effect management, and offer ways to heal during cancer treatment. Workshops like Laughter Yoga, Non-Hodgkin's Lymphoma Update, and Peaceful Practices are designed to help improve the quality of life of our cancer patients. About 65 persons served.

Patient and Community Library: Books, periodicals, pamphlets, and videos/DVD's/CD's on cancer-related topics are available to patients and family members at this library, as well as internet access. About 1000 people visit annually.

Publications: The Cancer Program Annual Report provides updates on diagnosis and treatments and includes statistics and survival data comparing PVHMC to the National Cancer Database. Annually, 250 copies are published and distributed to our community. In addition, a quarterly newsletter provides information and education to the public regarding availability and access to social and health services.

Breast Prosthesis Display: For women seeking information on breast prostheses, bras and lingerie, this activity is made available with the support of the American Cancer Society

Cancer Care Programs: Multiple programs and support groups are offered to meet the needs of the community and to aid them through cancer diagnosis, treatment, and recovery. In 2013, 4,393 persons were served through the following cancer care support:

Support Groups:

- **Breast Cancer Support Group:** This group meets to discuss all issues related to breast cancer, and is led by a Breast Health Program Nurse.
- **Women with Cancer:** A support group for all women with all types of cancer meets to address their needs.
- **Look Good...Feel Better Support Group:** The focus is on the personal appearance of women who have experienced radiation or chemotherapy. Skin care and makeup techniques are presented along with a free makeup kit. Sponsored by The American Cancer Society.
- **Pomona Valley Ostomy Association:** Education and mutual support for "ostomates."
- **Leukemia/Lymphoma Support Group:** Support and education for people with leukemia, Hodgkin's disease, lymphoma, and multiple myeloma.
- **Bereavement/Loss Support Group:** This support group is for anyone who has suffered the loss of a loved one and is experiencing the grieving process; open to family members and friends.
- **When Cancer Enters Your Life:** A sharing support group for everyone - a cancer patient, a relative, friend, loved one, or co-worker- who has been affected by someone with cancer.

Wellness Programs:

- **Creative Relaxation and Guided Imagery:** Focused on learning the basics of progressive relaxation and guided imagery. These skills can be important in the healing journey throughout the cancer experience.
- **Integrated Wellness Arts:** Each meeting focuses on the creative arts to aid in healing (Journaling, T'ai Chi, Art).
- **Stretch and Yoga:** Opened to the community to become more flexible, to gain strength and to improve circulation, and fitness level, especially for patients recovering from cancer treatment.

Research

The Robert and Beverly Lewis Family Cancer Care Center advances medical science while offering the community cutting-edge therapy. The center's physicians are able to offer patients the most current treatment available through participation in various types of clinical research studies. Clinical research trials are currently in progress in the areas of Breast Cancer, Gastrointestinal Cancers, Head and Neck Cancers, Lung Cancer, Symptom Management, and Prostate Cancer.

Cash and In-Kind Contributions to Community

Wig Program: Wigs are available, free of charge, for women who have lost their hair as a result of cancer treatment. 159 persons were served.

Pomona Valley Health Centers- Chino Hills

In order to maintain the health of the rapidly growing cities of the Chino Valley, two primary health care center locations offer nationally recognized medical services to this neighborhood. Our **Pomona Valley Health Center at Chino Hills** (PVHC-CH) and **Pomona Valley Health Center at the Crossroads** (PVHC-CR) are both affiliated with Pomona Valley Hospital Medical Center (PVHMC) and provide patients with access to the top medical services in the region.

Equipped with state-of-the-art medical equipment and staffed by highly experienced, compassionate physicians, nurses and other caregivers, Pomona Valley Health Centers are the region's leading centers of patient care, enhancing the quality of life in the thriving Chino Valley for years to come. The separately licensed Urgent Care Center and Family Practice is just one more example of our continuing commitment to providing health care to its surrounding communities.

Pomona Valley Health Center-Claremont

The PVHC Claremont team is proud to serve many families and professionals who live and work in the area. Patients can enjoy our state-of-the-art facilities and easy access to comprehensive, caring medical services in their neighborhood. PVHC Claremont offers Urgent Care, Family Medicine, Occupational Medicine, Radiology, Physical Therapy, Sleep Disorders, Sports Medicine, and Milestones Center for Child Development.

Community Health Improvement Services

Community Blood Pressure Screenings: Blood pressure screenings were provided out in the community free of charge in an effort to educate and promote the accessibility of preventative services available. 130 persons were served.

Regional Kidney Stone Center

The Regional Kidney Stone Center at Pomona Valley Hospital Medical Center (PVHMC) is the region's premier facility for the evaluation and treatment of kidney stones and related urological conditions in the San Bernardino and greater Los Angeles area. Since the center's inception, thousands of kidney stone patients have turned to us for the most technologically advanced comfortable and convenient medical care available. Our highly skilled team– including more than 35-boarded Urologists, specially trained Nurses and board-certified Anesthesiologists – is committed to providing the best kidney stone care available in Southern California. We are proud that the American Lithotripsy Society designates the PVHMC Regional Kidney Stone Center as both a patient care center and a certified training site.

Sleep Disorders Center

As an Accredited Member of the American Academy of Sleep Medicine (AASM) for more than twenty years, our Sleep Disorders Center located in the Pomona Valley Health Center at Claremont is a multi-disciplinary specialty clinic that provides diagnosis and treatment for people of all ages experiencing problems with poor sleep. We take a comprehensive approach to treating all sleep problems, including snoring, sleep apnea, insomnia, restless legs, narcolepsy, fatigue, excessive daytime sleepiness, sleep behaviors such as sleep walking and adjustment to shift work.

The Center provides both in-lab and at-home sleep study services for the diagnosis and monitoring of sleep-related disorders. An in-lab sleep study involves an overnight stay in one of our eight, comfortable and specially equipped patient rooms. The patient is closely monitored during the night and discharged early the next day.

In addition to comprehensive diagnostic services, PVHMC's Sleep Disorders Center offers the most advanced treatment modalities available. Treatment for sleep disorders may include: Continuous Positive Airway Pressure (CPAP), drug therapy, the use of dental prostheses, testing of oral appliance efficacy with the use of specialized mandibular advancement titration test, and surgical referrals, among other procedures and therapies. We also offer sleep disorder support groups that provide ongoing emotional support and educational services for patients and their families.

Stead Heart and Vascular Center

Since 1986, Pomona Valley Hospital Medical Center's Stead Heart Center has been a leader in innovative cardiovascular care, earning the confidence and respect of the surrounding communities and beyond. In 2006, the center expanded to become the first designated heart and vascular center in the region.

The addition of the word "vascular" in Stead Heart and Vascular Center (SHVC), now more accurately represents our capabilities and comprehensive expertise. A comprehensive program is beneficial to the patient by offering seamless and exceptional care for atherosclerosis (hardening of the arteries and a major cause of coronary artery disease), carotid artery disease (can cause strokes), aortic aneurysms, peripheral vascular disease (circulation in the legs) and other cardiovascular conditions.

The Stead Heart and Vascular Center at PVHMC continues to offer one of the most complete lines of cardiac, vascular and stroke services in Los Angeles and San Bernardino Counties, providing access to pre-eminent diagnostic, treatment and rehabilitation services. With this access, the SHVC's umbrella of Physicians, Specialists, Nurses, Technicians and Therapists work together to provide the finest treatment options. The following is a listing of some of the nationally recognized services that our SHVC advanced clinical care team provides:

- Diagnostic Testing
- Interventional Treatment Procedures
- Electrophysiology/Pacemaker Program
- Heart and Vascular Surgical Treatment Procedures
- Cardiac and Stroke Rehabilitation
- Heart Failure and Diabetes Education

As important as knowing the causes and risk factors of heart disease and stroke, it is also important to know where to go for the best treatment. In the past 12 months alone we've been recognized by objective organizations such as American Heart Association (AHA)®, American Stroke Association (ASA)®, Blue Cross®, Blue Shield®, HealthGrades®,

California Coronary Artery Bypass Graft Outcomes Reporting Program (CCORP), Society of Thoracic Surgeons, and American College of Cardiology. Our recognitions include:

- First acute heart attack (STEMI) Receiving Center with dual county designation.
- Currently Ranked 3rd in LA Counties 32-hospital STEMI Receiving Center system for STEMI treatment times (LA County – Emergency Medical Services Agency)
- Top 5% nationally for STEMI treatment times (American College of Cardiology)
- Top 5% nationally for Stroke Treatment (HealthGrades)
- Top 5% nationally for Heart Failure Treatment (HealthGrades)
- Top 10% nationally for cardiac surgery outcomes (Society of Thoracic Surgeons)
- One of only 5 hospitals in California with BETTER than expected cardiac surgery outcomes (CCORP)
- GOLD – American Heart Association/American Stroke Association Get With The Guidelines for Heart Failure
- SILVER – American Heart Association/American Stroke Association Get With The Guidelines for Coronary Artery Disease

PVHMC's Stead Heart and Vascular Center takes pride in its more than 20-year history as the regional leader for innovative treatments. Throughout the years this leadership, along with honoring our values, has allowed us to become a Trusted Source™ in the community.

Community Health Improvement Services

Community Education Group Lectures: Chronic disease education is provided through lectures presented in the community; topics include: heart disease, vascular disease, diabetes, exercise, weight management, stress management and healthy lifestyles. In 2013, 27 lectures were held at a variety of locations in the community, including local nursing homes, local chambers, and middle schools.

Community Education Events: Several events are offered in the community to raise awareness about cardiovascular health and to provide education and access to resources.

- ***Power of Red:*** This American Heart Association approved event - hosted in part by the Stead Heart and Vascular Center - celebrated the power that women have to fight against stroke and heart disease. Women, dressed in red, learned about risk factors and how to make heart-healthy choices. The Power of Red event also celebrated attending heart attack survivors.

Additional Investments in Community Health

To help address and combat influences outside of the hospital environment affecting our most vulnerable populations, Pomona Valley Hospital Medical Center (PVHMC) actively invests in activities that focus on social, environmental, and behavioral drivers of health. Such activities include:

- ***Community Financial Support:*** PVHMC has a formal sponsorship process to award, sponsor, and support local community organizations that share the same mission and vision for improving the health of our community. In 2013, more than $100,000 was provided to nonprofit organizations in support.

- ***Economic Development:*** As one of the largest employers in our service area, PVHMC generates thousands of jobs and is committed to the economic prosperity of our community. PVHMC employs over 2,500 Associates and has 575 active Physicians on Medical Staff.

- ***Cultural Diversity:*** PVHMC provides translation services to all patients and visitors and prints publications in both English and Spanish language.

- ***Charity and Uncompensated Care***: PVHMC is a designated Disproportionate Share Hospital (DSH), providing healthcare services to indigent, uninsured, and underinsured populations at a cost of $78,072,806 in unreimbursed and charity care in 2013.

- ***Education:*** Pomona Valley Hospital Medical Center invests in health professions training to support educational attainment in our community, providing student training for nursing, physical therapy, dietetics, and billing. PVHMC also collaborates with the University of California at Los Angeles (UCLA) to provide a Family Medicine Residency Program and provides sponsorship to Chino Valley Unified School District for their "Attendance Counts" program. In 2013 PVHMC celebrated the kick-start of its Simulation Program, an educational in-service program using real life mannequins to simulate medical emergencies. Simulation education supports PVHMC's goals to continuously provide the best in patient safety and clinical outcomes.

- ***Research:*** The Robert and Beverly Lewis Family Cancer Care Center at Pomona Valley Hospital Medical Center engages in annual clinical research and trials to improve the delivery of cancer care. Moving into 2014, the Stead Heart and Vascular Center at PVHMC will engage in clinical research with the American Stroke Association.

- ***Associate Engagement:*** Pomona Valley Hospital Medical Center invests in the health of our Associates and Volunteers through engaging participation in PVHMC's onsite gym and exercise room, Los Angeles County Half-Marathon, and awarding Associate "Wellness Points" that can be redeemed for prizes. Additionally, PVHMC engages Associate participation in the community through donating time and goods to local nonprofit organizations such as food banks, schools, and homeless shelters.

- ***Technology:*** PVHMC strives to provide high-quality personalized care with the best in medical technology and innovative treatment to all members of our community. In 2012, all mammography machines were replaced with state-of-the-art 3D Tomosynthesis machines, offering high resolution, 3D screenings to all women - the first in the region to do so.

- ***Saving Strokes:*** Pomona Valley Hospital Medical Center (PVHMC) gave stroke survivors a chance to resume their passion for golf, or to try it for the first time, as part of our stroke rehabilitation program. *Saving Strokes* offers stroke survivors the opportunity to add golf as a mental, physical, and emotional rehabilitation tool in their recovery journey. The event, held in conjunction with the American Heart Association/American Stroke Association, provided golf lessons, blood pressure screenings, nutrition information, materials on support for caregivers, and information on stroke care.

Diabetes Education and Health Fair: This health fair hosted on-campus provides education, screenings, and resources and is open to Associates and the public alike. The services offered included: free blood glucose screenings, risk reduction education, and carbohydrate counting activities. PVHMC partnered with Bayer to provide 10 free accucheck machines to attendees. 350 persons were estimated in attendance and 191 glucose screenings were performed.

Stead Heart for Women Outreach and Education: Provides education, support, and resources for women's health, especially regarding heart disease, stroke prevention, and making healthy nutrition choices. *A Trip to Paris* was the 2013 theme; 125 persons were served.

Cardiovascular Education Series: A key component to risk factor modification is education. It is very important for all of our patients to attend our classes and support groups. Patients and community members wanting to learn more about heart health, or talk with others in a welcoming setting, are encouraged to attend. Classes are offered weekly and about 600 persons attended in 2013. Risk reduction education is focused on the following:

- EXERCISE – Participants are taught training principles, the components of an exercise program, how to improve each component, and the benefits of regular exercise.
- NUTRITION – Members learn about heart healthy eating, how fat and cholesterol impact the heart and vessels, planning a balanced meal, and what the major nutrients do for the body and why they should consume them.
- HEART DISEASE – Most of the classes explain the major risk factors for heart disease, which risk factors are modifiable, and how to decrease specific factors.
- HYPERTENSION – This class educates those with hypertension and those at risk for developing hypertension; topics include pathophysiology, diagnosis, and treatment of high blood pressure. In addition, members receive instruction regarding stroke - the causes, signs/symptoms, and the methods of diagnosis and treatment of a stroke.
- STRESS MANAGEMENT – The importance of stress management in the primary and secondary prevention of coronary heart disease is taught in this class. Participants learn what stress does to the entire body, both physically and psychologically, and are given numerous tips on how to decrease and manage stress.

- WEIGHT MANAGEMENT – Attendees learn the importance of consuming a variety of nutrients, how to lose weight safely, and are instructed in behavior therapy and altering the environment in which they live.
- CARDIAC SUPPORT GROUP – This class allows adults with cardiac disease, and at risk of cardiac disease, to share their feelings, needs, and concerns with other cardiac patients who have experienced the same events. This is a proven therapeutic model for coping and achieving a faster recovery.
- OPEN FORUM WITH PHYSICIAN – Patients at risk of cardiac disease are able to freely ask questions regarding heart disease pathophysiology, diagnosis, treatment, medications and cardiac rehabilitation.

Community Building Activities

Community Senior Services Board: Meetings directed at addressing and better understanding the needs of our senior community, including risk factors. Cardiovascular health education is presented in an annual newsletter that is distributed to 2,700 senior residents.

Ancillary Services

Pomona Valley Hospital Medical Center's Ancillary Services include:

- Case Management
- Social Services
- Chaplain Services
- Education,
- Epidemiology and Infection Control
- Administration/Human Resources
- Marketing and Public Relations
- Patient Relations and Risk Management
- Pharmacy
- Laboratory
- Food and Nutrition Services
- Physical Therapy
- Respiratory
- Volunteers Services
- Medical Staff and Family Medicine Residency Program

Administration and Human Resources

Pomona Valley Hospital Medical Center (PVHMC) Administration and Human Resources actively works to support local community organizations that share our mission and vision for a healthy community. Donations are made to organizations that provide community support services such as assistance to victims of domestic violence, sexual assault crisis and prevention services, healthcare support services, social service, socio-economic development, and child development.

Cash Donations and In-Kind Contributions

In 2013, Pomona Valley donated over $100,000 to local community organizations that support the needs of our broader community and our most vulnerable populations. Such organizations include:

- House of Ruth
- Project Sister
- Casa Colina Health Foundation
- International Association of Human Values
- Chino Valley YMCA
- Boys and Girls Club of Pomona Valley; Boys and Girls Club of San Gabriel Valley
- The Learning Centers at Pomona Fairplex

Additionally, in 2013, PVHMC Human Resources awarded $750 in scholarships for Regional Opportunity Program (ROP) students.

Community Building Activities

Coalition Building: Participation in community health groups such Los Angeles County Service Planning Area (SPA) 3 Health Planning Group Steering Committee and Specialty Care Coalition.

Physician Assistance Program: This program provides loans to new physicians in specialties identified as a need, to help them with starting their practices in our community. These physicians provide needed medical care to many of our Medi-Cal and indigent patients.

Career Day: PVHMC Human Resources annually attends Pomona Valley Unified School District to speak to high school students about careers in healthcare. Approximately 20 students were served in 2013.

Case Management, Social Services, and Chaplain Services

Subsidized Health Services

Home Medication: This service provides oral or parenteral medications as prescribed by the physician for home, and ensures the continuing healthcare needs of the indigent and underinsured patients are met post discharge.

Durable Medical Equipment: Provides equipment such as walkers, wheelchairs, oxygen, glucometers, apnea monitors, beds, wound VACs (Vacuum Assisted Closure) or other durable medical equipment ordered by the physician. This benefit assists in the indigent or underinsured patient's recovery course at home.

Home Health Visits: Provides a visiting nurse to the indigent or underinsured patient's home to administer a service ordered by the physician. This service is able to provide treatment, medication, and assessment of physical condition, and would allow patients to continue their treatment at home - especially when their illness prevents them from getting care outside of that environment.

Community Health Improvement Services

Social Services: Discharge planning and community resources for underinsured and uninsured persons beyond routine discharge planning; planning includes, but is not limited to, skilled board and care placement and referral for mental health and substance abuse treatment.

Clothing Donation: Provides clothing to our homeless and indigent patients before discharge.

Health Professions Education

Social Services Internships: PVHMC partners with the University of Southern California (USC) and California State University, Long Beach (CSULB) to provide onsite training for Masters of Social Work (MSW) students; 3 students served.

Education

Pomona Valley Hospital Medical Center's Education Department provides both in-house and community education services and training.

Community Health Improvement Services

Hands-Only CPR: The Hands Only CPR program is a one-day event that provides basic hands-on Cardio-Pulmonary Resuscitation (CPR) training to individuals in the community. Using the American Heart Association's Family & Friends CPR Anytime kit - which includes a demonstration manikin and training video –PVHMC's Education and Emergency Department collaborate with local fire

departments and spend the day at various locations in the community teaching the layperson life-saving CPR. About 6,300 persons served.

Health Professions Education

Nursing Student Preceptorship: Senior nursing students work clinically with staff nurses in Medical/Surgical and Telemetry units. Approximately 100 students served.

Clinical Nursing Experience: The Education Department offers clinical experience for nursing students from community colleges, and universities (public and private). Instructors from the Education Department are oriented on how to competently supervise in clinical areas and assist in orienting these nursing students. Approximately 70 students served.

Nursing Advisory Board: The Education Department serves on Nursing Advisory Boards as advisors to local schools (e.g., Chaffey College, Western University of Health Sciences, Mount San Antonio College, Citrus College), to assist in meeting requirements for their Nursing programs.

Food and Nutrition Services

Community Health Improvement Services

Community Nutrition Education: Support for community through nutrition education such as senior nutrition, prostate cancer forum, diabetes workshop, healthy eating, and Ostomy support. 218 persons served.

Health Professions Training

Dietetic Internships: PVHMC is a clinical and management site for Dietetic student interns from California State Polytechnic University, Pomona (CPP). 2 students served.

Food and Nutrition Regional Opportunity Program (ROP): Training for high school students enrolled in an ROP program. 10 students served.

Cash and In-Kind Contributions

Meals on Wheels: Meals are provided to homebound members of our community. 11,139 persons served.

Marketing and Public Relations

Marketing and Public Relations reaches out to our community through actively participating in a variety of community health improvements services and community building activities.

Community Health Improvement Services

Community Health Fairs and Events: Provides published health information to the community via local health fairs and events, and proactively brings "PVHMC to the community". Approximately 30,000 persons reached annually in our primary and secondary service areas.

Los Angeles County Half-Marathon: A community event whereby PVHMC was the provider of medical support and first aid during and after the races. Health information was also provided during the two-day health exposition. Approximately 8,000 persons served.

American Health Journal: A televised educational series featuring health lectures from specialty Physicians in the community. Approximately 22,000 viewers during 2013.

Hospital Information: To keep our community informed, current and essential Hospital information is displayed for every visitor of PVHMC; information displayed includes: patient rights, Hospital regulations, where to address concerns, facility maintenance, and upcoming classes and community events.

Hospital Website: PVHMC's website is designed to inform the public of all services, programs, classes and special events that take place at PVHMC. With this tool, the local community can access information 24/7, and provides a place to submit requests for additional information. Requests are linked directly to PVHMC Associates. This year, PVHMC expanded its website services to include a mobile compatible version. The website hosted approximately 200,000 viewers in 2013.

Hospital Tour: PVHMC provides tours to community residents interested in learning more about the Hospital and the health services available to them. About 241 persons toured PVHMC during 2013.

Speakers Bureau: A free community service whereby the Hospital provides speakers to community groups (i.e., Rotary, Kiwanis, The Ostomy Group) and employer-based audiences on a variety of health-related topics. Speakers include clinicians, dietitians, administrators, and health exercise physiologists. 2,562 persons were served.

Food Drive: This annual event, held each July, donates food items to local shelters and food banks. Most food drives occur during the holidays, but PVHMC found that summer months are a time of critical need in local communities because most food banks are low on inventory. In 2013, PVHMC brought more than 9,200 pounds of food to food banks across 10 local communities.

Community Building Activities

Sponsorship Ads for Local Non-Profit Organizations: PVHMC supports the economic development of the community by allowing local not-for-profit organizations to participate in creating a sponsorship ad for their organization in our Hospital's program books distributed at community events.

Cash and In-Kind Contributions

Community Donations: Cash donations to local not-for-profit organizations such as the American Red Cross and American Heart Association.

Annual Tree Lighting: During the December holidays, PVHMC hosts an event to light an outdoor Christmas tree for the community and provide free photos with Santa. Approximately 400 persons served.

Medical Staff Office and Family Medicine Residency Program

The Family Medicine Residency Program (FMRP) is committed to creating a healthy community in the Pomona Valley region. In realizing this commitment, the residency program trains Physicians to develop outstanding clinical skills, compassion, communication, and leadership abilities - which will rival those of any physician in the Nation.

Residents function in a team environment that emphasizes creativity, innovation, integrity, and the care of patients and families throughout their lifecycles. To accomplish this, the residency program promotes and integrates resource utilization, quality improvement measures, and clinical effectiveness into the curriculum. Recognizing the cultural richness and ethnic diversity of our community, the program selects residents and faculty who share a common sense of values and commitment to practice in this type of environment.

Health Professions Education

Medical Student Clerkships: Inpatient clerkships for medical students from Western University of Health Sciences and Family Health Center clerkships for medical students from the David Geffen School of Medicine at the University of California, Los Angeles (UCLA).

Nurse Practitioner Training: Training at the Pomona Family Health Center to Nurse Practitioner students from Western University of Health Sciences and other colleges.

Medical Library: All types of library services available to the community and to students in health-related programs, including printing and online resources, reference and research assistance, guidance and instruction on research skills, and evaluation of information. Also, use of computers, copier, and meeting rooms are available. About 400 persons utilize this service annually.

Continuing Medical Education (CME): CME is provided in various scenarios at PVHMC to increase knowledge, performance, and competence of our Physicians, Residents, and Associates. The most frequently attended is the Tuesday Noon Conference (3 of the 4 Tuesdays each month) at which Medical Staff members, Hospital Associates and Physicians in the community are welcome to attend. We also have *Insights* and *Tumor Board* conferences available to Physicians at no cost to them.

Patient Relations and Risk Management

Community Health Improvement Services

Transportation Services: Provides taxi vouchers to needy patients and families to assist with transportation to home and/or other facilities. About 800 persons served.

Pharmacy

Community Health Improvement Services

Medications for those unable to pay: A transition supply of medications is provided for patients who cannot pay or who are uninsured, particularly children and the homeless in the Emergency Department (ED). 482 persons served.

Physical Therapy and Rehabilitation Services

Pomona Valley Hospital Medical Center's Physical Therapy Department (PT) offers a full service, state-of-the-art rehabilitation department providing comprehensive physical, occupational, and speech therapy services seven days a week. In addition, our highly trained clinicians offer a multitude of specialized therapy and wellness-aftercare programs.

The department of Physical Therapy and Rehabilitation at PVHMC has a long history in our community. Established in 1954, we were the only Physical Therapy practice from Pasadena to San Bernardino. From this historic beginning, this department has grown to over 50 licensed Therapists and has long been the region's most comprehensive and successful provider of rehabilitation services.

In the 1980s, our Hospital-based rehabilitation department began expanding its services into neighboring communities and now offers PVHMC outpatient clinics in Claremont, Chino Hills and Covina. This has allowed us to fulfill the needs of both our medical staff and our patients with convenient, quality rehabilitation services in those communities.

The last decade has seen an explosion in the scope and specialization of rehabilitation services. Diagnostic specific specialized therapy programs that improve the quality and efficiency of treatment by utilizing evidence-based practice guidelines and highly skilled clinicians are our standard of practice. Through the years, the PVHMC Physical Therapy and Rehabilitation Department has established specialized "Get Well" programs, all offered in addition to traditional rehabilitative services, and led by therapists with advanced certification.

Our Associates regularly participate in continuing education and many serve as in-service trainers for student entering a rehabilitation profession. We are proud to be designated as a clinical education site for the highly regarded Physical Therapy Programs at the University of Southern California (USC) and Western University of Health Sciences. Our senior Associates serve as both associate and clinical professors, providing top quality classroom and clinical expertise and training to students pursuing their masters and doctoral degrees.

Community Health Improvement Services

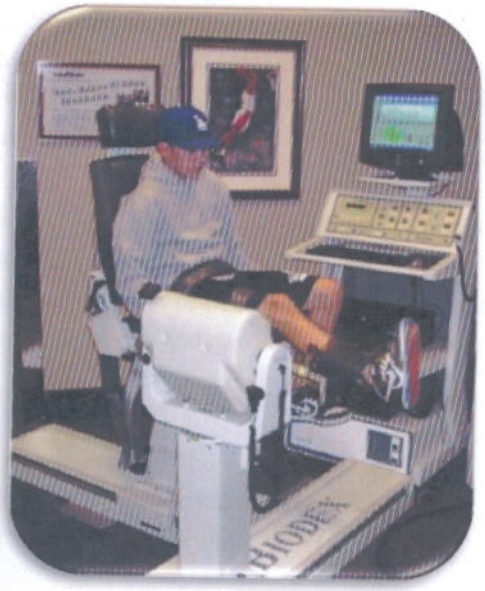
Living Well After Cancer: *Living Well After Cancer* program includes screenings and recommendations for gym conditioning following cancer treatment. 50 persons served.

Community Balance Lectures: PowerPoint lectures with question & answer sessions that introduce balance and vestibular problems to senior citizen residents. 65 persons served.

Sports Medicine Center: As the first hospital-based Sports Medicine Program in the region, the Sports Medicine Center (SMC) at Pomona Valley Hospital Medical Center(PVHMC) has been setting the pace in the education, prevention, treatment, and rehabilitation of sports-related injuries for athletes of all ages and skill levels since 1983.This program provides support, education, service, and assessment to local student and schools through the utilization of the Sports Medicine Clinic (SMC) resources.

1. SUPPORT of local athletic trainers who need additional assistance with event coverage are provided through the SMC's network of Certified Athletic Trainers.

2. EDUCATION for athletes, coaches, and athletic trainers, including guest lecturers who speak on different topics from training, psychology and nutrition to injury identification, treatment and management. This long running lecture series, co-sponsored with the PVHMC Physical Therapy Department and California State Polytechnic University, Pomona (CPP), is able to provide needed National Athletic Trainers' Association (NATA) Continuing Education Units to Certified Athletic Trainers.



3. SERVICE to the local athletic community is provided through sports clinics on performance enhancement and injury prevention for athletes. Pre-participation Sports Physicals are provided to student athletes at local schools (Bonita High School, Charter Oak High School, Chino Hills High School, Claremont High School, Damien High School, San Dimas High School, Walnut High School). Long-time partners with Cal Poly Pomona (CPP) Athletics, the Sports Medicine Center (SMC) provides athletes with injury assessment, rehabilitation, and advice to the athletic training staff. In addition, the SMC Physicians serve as team doctors for CPP Athletics, as well as for several local high schools. 675 persons served.

4. ASSESSMENT of sports injuries are provided free of charge in our Sports Medicine Center Evening Clinic. Continuing our long tradition of providing expert, timely, cost-effective treatment for all athletes in the community, the Sports Medicine Center at PVHMC is available through our expanded network of board-certified Physicians, Residents, and PVHMC Physical Therapists; services provided include free injury assessment and x-rays to local athletes of all ages. In 2013, 227 sports injury screenings and 110 x-rays were provided at no cost.

Wellness and Aftercare Programs: Although our Wellness & Aftercare programs are located at our rehabilitation facilities, these programs are not Physical Therapy (PT) or Cardiac Rehabilitation. Wellness programs focus on an individual's general ongoing health and fitness - as opposed to PT and Cardiac Rehab where patients are directed through a structured recovery from a specific injury, disease or illness. Wellness sessions can be led or supervised by licensed Physical Therapists, licensed Physical Therapy Assistants, Certified Massage Therapists, Exercise Physiologists and Athletic Trainers. Wellness participants are not required to have been a patient at PVHMC, however, in some cases, former patients may transition into our Wellness and Aftercare Programs as they regain their independence. *These programs are offered at a minimal fee for participation.*

"Get Well" programs offered to our community include:

- **Aquatic Fitness Program:** Supervised group classes allow participants to work independently on aquatic exercises in warm water indoor pools. Benefits include: decreased impact on weight bearing joints while exercising, increased endurance and strength, maintenance and development of muscle tone, and weight management. Approximately 60 persons served.

- **Cardiac Wellness**: Community members can exercise in a medically supervised fitness center located at PVHMC, staffed with Physical Therapists and clinical Exercise Physiologists who provide pre-participation health screening and risk stratification, blood pressure assessments, individually tailored exercise regimens, and more. This program is structured to assist those in need of managing heart-related conditions.

- **Massage Therapy:** Patients and community members are offered a choice of a variety of massages performed in a private room by a medically trained and experienced Certified Massage Therapist (CMT). Benefits of this service include: relief of tired and aching muscles, cramps, and spasms, low back pain, stiff neck pain, frequent headache, as well as soften scar tissue, reduces chronic pain, increases flexibility and circulation, and provides general relaxation.

- **Pilates:** An exercise technique that emphasizes core stabilization as well as upper and lower extremity strengthening. Pilates focuses on posture while developing coordination, balance, control and fluid movement. We offer one-on-one training by a Physical Therapist who is also a Certified Pilates

Instructor. Benefits include: longer, leaner muscles, improved posture, increased balance, flexibility, and enhanced sports performance.

- **Physical Therapy Gym Fitness Program:** Participants utilize the equipment in our rehabilitative gym to perform an independent exercise routine. Our rehab Associates monitor participant's safety and are available to answer questions. Benefits include: building strength and flexibility in a safe, non-intimidating environment; excellent for former patients as they regain their independence.

Health Professions Education

Clinical Experience for Rehab (PT, OT, SLP) Students: Provides orientation and training for Physical Therapy, Occupational Therapy, and Speech-Language Pathology Students in clinical areas. 5 persons served.

Family Practice Residency Training: Orientation of resident Physicians to physical therapy services and how to order appropriately. Residents also receive musculoskeletal assessment training and/or wound care observation. 32 persons served.

Community Building Activities

High School Career Day: Provides lecture and education to students regarding a career in Physical Therapy. 300 students served.

Laboratory

The Clinical Laboratory at Pomona Valley Hospital Medical Center (PVHMC) provides comprehensive, state-of-the-art clinical and anatomical testing services to inpatients and outpatients. The Laboratory is fully accredited with Clinical Laboratory Improvement Amendments (CLIA), The Joint Commission, AABB and the State of California.

Health Professions Training

Clinical Experience for Phlebotomy Students: Phlebotomy externships for students from Chaffey College. 11 students served.

Clinical Experience for Histology Students: Histology externships for students from Mount San Antonio College. 9 students served.

Radiology

The Radiology Department at PVHMC provides comprehensive radiology services to the physicians and patients within our region 24 hours per day, 7 days per week.

Health Professions Education

Radiology Technician Internship: PVHMC is a training facility for Radiology students from Chaffey College. 5 students were served in 2013.

Ultrasound and Nuclear Medicine Training: PVHMC is a training facility for Ultrasound and Nuclear Medicine students from Loma Linda University. 5 students were served in 2013.

Respiratory Services

Community Health Improvement Services

Asthma Education: Our highly qualified, licensed Respiratory Care Practitioners (RCP) offer a complete and comprehensive asthma education class. The class follows the newest recommendations issued by the National Heart, Lung and Blood Institute of the National Institutes of Health. During the asthma education class, patients meet one-on-one with one of the RCPs to learn about:

- Pulmonary physiology
- Recognizing your asthma symptoms
- Identifying "asthma triggers" (those allergens and irritants that cause asthma)
- Controlling asthma triggers
- Asthma medications
- What is a peak flow meter and why it is important to monitor your peak flows
- Using a spacer with your metered dose inhaler
- New asthma medications
- Asthma prevention
- Action Plans

These classes are offered free of charge. Classes are available in both English and Spanish.

Smoking Cessation: Support for inpatients who wish to be "smoke-free"; provides education, support, and strategies for patients who are trying to quit smoking. Additionally, since 1994, PVHMC annually hosts the American Cancer Society's "Great American Smokeout" by encouraging smokers to use the date to make plans to quit. On November 15th each year, PVHMC provides a booth in our Hospital lobby with smoking cessation resources for all associates, patients, and visitors.

Pulmonary Outpatient Program: This free program involves a moderate level of exercise that requires patients to have an order from their Physician. Patients attend two 2-hour lectures given by a licensed Respiratory Care Practitioner (RCP). Topics include: lung anatomy and physiology, self-management concepts, medications, spirometry values and preserving lung capacity, oxygen therapy, exercise and nutrition, breathing control, coughing techniques, and dealing with a chronic illness.

Health Professions Education

Mount San Antonio College Students: PVHMC's adult Intensive Care Unit (ICU) is a hospital-based training location for students enrolled in the Respiratory Program at Mount San Antonio College; 4 students served.

San Joaquin Valley College Students: PVHMC is a clinic site for respiratory and nursing students from San Joaquin Valley College; 18 students served.

NICU Student Rotation: Respiratory Therapy students are provided with a Neonatal Intensive Care Unit (NICU) rotation with clinical education relating to the diagnosis, assessment, and treatment of respiratory diseases in the neonatal population; 16 students served.

Volunteer Services

Volunteers at PVHMC help make a difference in the lives of our patients and their families. We had a total of **972** Volunteers (adults, college and high school students) in 2013 totaling **105, 547** hours of service. This translates to an estimated value of $2.5 million for the Hospital based on a California rate (Source: Independent Sector). We are proud of our Volunteers and the invaluable service they provide to our community.

Volunteers may choose to participate in direct patient care services or in non-patient care services. Programs and activities provided through our volunteer services include:

Community Health Improvement Services

Drive-Thru Senior Flu Clinic: Free flu shots are given to senior citizens in a drive-thru setting so they do not need to get out and walk. Nurses who participate are from various departments of the Hospital. 300 persons served.

Health Professions Education

Chaplain Training: Clinical chaplain training and experience for community ministers.

Cash and In-Kind Contributions

Children's Services: The Volunteer Services Department provides comfort items to children (patients, visitors, siblings) including blankets, plush toys, games, pediatric toy box items, crayons, and coloring books. Additionally, children's items are donated to community agencies such as local Adopt-A-Family programs, Santa Claus Incorporated, and local churches for holiday toy drives in our community; 1,346 persons served.

Scholarships: The Auxiliary of PVHMC grants scholarships to high school and college Volunteers that are pursuing careers in the medical field. In 2013, 13 students received a scholarship.

Infant Layette Sets: Infant layette sets are given to families in need for their new baby, including clothing and blankets; 28 persons served.

Car Seats: A safety rated infant car seat is provided to low income and needy families with a newborn infant; 60 persons served.

Outreach Services

A part of PVHMC's mission is our dedication to "continuously strive to improve the status of health by reaching out and serving the needs of our diverse ethnic, religious and cultural community." PVHMC has partnered in initiatives like the Pomona Community Health Center (PCHC) and the Portable Wellness Clinic that allow the Hospital to reach out to the medically underserved local community.

Pomona Community Health Center

Initially founded by Pomona Valley Hospital Medical Center (PVHMC) in August, 1995, in response to the high volume of emergency care services sought by the most vulnerable members of our community, Pomona Community Health Center (PCHC) provides comprehensive primary care services and medication at no or reduced cost.

In March, 2007, under the stewardship of PVHMC Family Medicine Residency Program graduate, Dr. Jamie Garcia, the original 2-exam room clinic in the Department of Public Health achieved Federally Qualified Health Center (FQHC) status and re-located to a new 12 room exam clinic in the Village complex located on Indian Hill and Holt Avenues. The Village was visited by Barack Obama in 2008 and recognized for its innovative "one stop - wrap around social services" for the homeless and working poor.

Today there are two locations situated in the City of Pomona to better serve the needs of Pomona Valley and San Bernardino residents, offering:

- Primary healthcare including diagnosis, treatment, medications, and laboratory tests
- Pediatric care such as well child visits, immunizations, and WIC health screenings
- Prenatal care
- Reproductive healthcare for men and women including contraceptive services, screening and treatment of sexually transmitted infections, and cancer detection
- Teen services
- Homeless healthcare and case management
- Chronic disease management for diabetes, asthma, and other illnesses
- Medi-Cal and Covered California enrollment assistance

The mission of the PCHC is to provide preventive and primary care services to the needy in the community. Accomplishing this mission depends on the generous support of a number of foundations, corporations, and caring individuals. PCHC collaborates with Pomona Valley Hospital Medical Center (PVHMC), Blue Shield of California Foundation, California Community Foundation, LA Care Health Plan, IEHP, Kaiser Permanente, The Ahmanson Foundation, The Rose Hills Foundation, The UniHealth Foundation, and the Valley Academics Foundation.

Additional Information, including locations and hours, can be found by visiting PVHMC's website (pvhmc.org) or the Pomona Community Health Center website (www.PomonaCHC.org)

Summary of Key Services

The following table provides a summary of key Community Benefit programs and activities provided by PVHMC to address the health needs of our community, identified in our 2013 Community Health Needs Assessment (CHNA). It is organized according to categories on Schedule H of the Internal Revenue Service (IRS) 990 form.

2013 Services Addressing Priority Need		Chronic Disease Management	Health Education/ Wellness	Access to Care	Broader Community	Vulnerable Population
Community Health Improvement Services	Cancer Education, Events, Wellness Programs and Support Groups	✓	✓		✓	✓
	Cardiac Education, Events and Support Groups	✓	✓		✓	✓
	Family Birth Services Education, Events, and Support Groups	✓	✓		✓	✓
	Having a Healthy Baby		✓	✓		✓
	Hands-Only CPR classes		✓		✓	
	Health Fairs, Community Events, Immunization Clinic	✓	✓	✓	✓	✓
	Sports Medicine Center		✓	✓	✓	
	Maternal-Fetal Transport Program			✓	✓	✓
	Family Medicine Residency Program			✓	✓	✓
	Kids Health Fair		✓	✓	✓	✓
	Pomona Community Health Center			✓		✓
	Hospital Food Drive					✓
	Meals on Wheels	✓	✓		✓	✓

2013 Services Addressing Priority Need		Chronic Disease Management	Health Education/ Wellness	Access to Care	Broader Community	Vulnerable Population
	Speakers Bureau	✓	✓		✓	
	Community Blood Pressure Screenings	✓	✓	✓	✓	✓
	Hands-Only CPR		✓		✓	
	Women's Conference	✓	✓		✓	
	Diabetes Awareness Fair	✓	✓	✓	✓	✓
Health Professions Education	Physicians, Residents, Nurses and other professions; training and education	✓	✓	✓	✓	
	Perinatal Symposium	✓	✓		✓	
	High School Career Day		✓		✓	
Subsidized Health Services	Paramedic Base Station			✓	✓	
	Ambulance and Transportation			✓		✓
	Medications and Durable Medical Equipment		✓	✓		✓
	Home Health Visits	✓	✓	✓	✓	✓
Research	Cancer Care Clinical Trials	✓		✓	✓	✓
Cash and In-Kind Contributions	Wig Program	✓			✓	✓
	Administration, Human Resources and Facilities Donations		✓		✓	✓
	Volunteers Services Car Seat, Layettes		✓			✓

2013 Services Addressing Priority Need		Chronic Disease Management	Health Education/ Wellness	Access to Care	Broader Community	Vulnerable Population
	Medical Coverage for Los Angeles County Marathon		✓	✓	✓	
Community Building Activities	Coalition Building	✓	✓	✓	✓	✓
	Nursing Advisory Committee and Senior Services Board	✓	✓		✓	
	High School Career Day		✓		✓	✓

Valuation of Community Benefits

For 2013, PVHMC's total value of community benefits came to **$86,879,763** (Schedule H (Form 990) Part I.7.k.). The amounts for Charity Care, Means-Tested Government Programs, and Other Benefits are shown.

Table 3. Valuation of Community Benefit Programs in 2013.

Charity Care and Means-Tested Government Programs	
Charity Care	$13,316,930
Medi-Cal Inpatient[1]	$29,467,344
Medi-Cal Outpatient[2]	$28,502,459
Other Means Tested Government Programs	$6,786,073
Total Charity Care and Means-Tested Government Programs	**$78,072,806**
Other Benefits	
Community Health Improvement Services and Community Benefit Operations	$2,088,128
Health Professions Education	$3,036,480
Subsidized Health Services	$3,399,217
Research	$62,362
Cash and In-kind Contributions to Community Groups	$220,770
Total Other Benefits	**$8,806,957**
Total Community Benefits for 2013[3]	**$86,879,763**

[1]Medi-Cal Inpatient is the net unreimbursed cost (equivalent to Unreimbursed Cost less the Disproportionate Share Payment)
[2]Unreimbursed cost
[3]The value of Community Building Activities is an additional $18,692

The process for determining the economic value of the documented community benefits was as follows:

- Uncompensated care was valued in the same manner that such services were reported in the Hospital's annual report to OSHPD
- Charity care was valued by computing the estimated cost of charges (including charity care donations)
- Other services were valued by estimating the costs of providing the services and subtracting any revenues received for such services. Costs were determined by estimating staff and supervision hours involved in providing the services. Other direct costs such as supplies and professional services were also estimated. Any offsets, such as corporate sponsorship, attendance fees, or other income contributed or generated were subtracted from the costs reported

Plans for Public Review

As we proceed with 2014 and move into 2015, PVHMC plans to continue supporting its varied community benefit activities and programs currently in place as described in this report, and develop new programs, when appropriate, to meet the needs of the community as identified in our 2013 Community Needs Assessment. PVHMC's next steps include:

- Continuous review of the Implementation Strategy to track performance metrics and measures to gauge the success of strategies and programs in place
- Continue working collaboratively with other community groups (i.e. local public health departments, community based clinics) to optimize PVHMC's outreach efforts, identify where gaps exist, and identify opportunities for additional partnerships
- Continue to meet with community groups and stakeholders to gather input that will be helpful in outlining PVHMC's community benefit programs and activities; PVHMC openly welcomes comments and feedback on our current publications

The Community Benefit Plan, Implementation Strategy, and Community Health Needs Assessment (CHNA) are made widely available to all interested members in both electronic and paper format. The cost of production and distribution of these reports will be absorbed by the Hospital.

To access the Community Benefit Plan, Implementation Strategy, and CHNA on our website, please visit pvhmc.org and navigate to the community outreach tab on our home page. Requests for a paper copies can be made by phone, in person, or by mail, by contacting:

Courtney Greaux
Administrative Services Coordinator
Pomona Valley Hospital Medical Center
1798 North Garey Avenue
Pomona, CA 91767
(909)630-7398

In addition, the following methods will be utilized to reach members of the community with this information.

- Distribution through our local community collaboratives
- Distribution to city councils within our defined community
- Copies supplied to libraries and community centers within our community
- Copies provided to any agency or business within our community upon request
- Copies supplied to individual members of our community upon request
- Distributed to Hospital managers and staff upon request, with review of goals and objectives

Appendices

Appendix A. 2013 Community Health Needs Assessment – Questionnaire

Appendix B. California Health and Safety Codes Section 127340-127365

Appendix C. Patient Financial Assistance Program Policy; Full Charity Care and Discount Partial Charity Care Policies

Appendix A. 2013 Community Needs Assessment – Questionnaire

Q1. First, what city do you live in?

a. Alta Loma
b. Chino
c. Chino Hills
d. Claremont
e. La Verne
f. Montclair
g. Ontario
h. Pomona
i. Rancho Cucamonga
j. San Dimas
k. Upland
l. Other (specify)

Q2. What is your zip code?

Q3. Including yourself, how many people live in your household?

Q4. How many children age 0 – 17 years old live in your household?

Q5. How many persons in your household ages 18 and above are covered by medical insurance?

Q6. How many children in your household age 0 - 17 years are covered by medical insurance?

Q7. What type of health insurance do you have?

a. Have insurance, but don't know what type
b. Private insurance – HMO
c. Private insurance – PPO (can go to any doctor we want)
d. Medi-Cal
e. Medicare
f. WIC (Women, Infant, and Children) Program
g. CHIP (Children's Health Insurance Program)
h. Veterans (VA)
i. Other Government Plans
j. Healthy Families
k. Healthy Kids

l. Other (specify)
m. Not Covered (no insurance at all)
n. Don't Know
o. Refused

Q7 (a). What is the main reason you don't have insurance?

a. I am healthy
b. I don't need insurance
c. Did not understand plans well enough to buy insurance
d. Lost job or changed job
e. Person with primary policy (e.g., spouse or parent) lost or changed jobs
f. Divorce or separation
g. Person with policy died
h. Became ineligible because of age or left school
i. Employer doesn't offer or stopped offering coverage
j. Cut back to part-time or became temp employee
k. Couldn't afford premiums
l. Insurance company refused coverage (e.g., due to a pre-existing medical condition)
m. Lost Medicaid or medical assistance eligibility
n. Other (Specify)
o. Don't Know
p. Refused

Q8. In the past year, have you or any members of your household needed any health services that you could not get?

a. Yes
b. No
c. Don't Know
d. Refused

Q8a. What kept you from getting the health services you needed?

a. Worried about cost of service/co-payments
b. Worried about cost of prescription
c. Lacked transportation
d. Lacked child care/baby sitter
e. Had problems with the English language
f. Hours were not convenient
g. Difficulty scheduling
h. Needed services weren't available
i. Didn't know where to find the services
j. Pomona Valley Hospital Medical Center didn't have the services needed
k. Didn't like the programs or services
l. Provider wouldn't accept insurance
m. Technology wasn't available in the area
n. Other (Specify)

o. Don't Know
p. Refused

Q8b. What services couldn't you get?

Q9. About how long has it been since you visited a doctor for a general physical exam, as opposed to an exam for a specific injury, illness, or condition.

a. Within past year (1- 12 months ago)
b. Within past 2 years (1- 2 years ago)
c. Within past 5 years (2- 5 years ago)
d. 5 or more years ago
e. Never
f. Don't Know
g. Refused

Q10. Has your child had a preventative health care check-up within the past year?

a. Yes
b. No
c. Some of the children have
d. Don't Know
e. Refused

Q10a. Has your child received all of the immunizations the doctor recommended?

a. Yes
b. No – not all vaccinations given
c. Some (not all) kids have gotten all vaccinations
d. Don't Know
e. Refused

Q11. About how many times a WEEK do you exercise or play sports hard enough to make you breathe hard and make your heart beat faster for 20 minutes or more?

a. 0 times
b. 1 to 2 times a week
c. 3 to 4 times a week
d. 5 or more times a week
e. Refused

Q12a. In the past year, have you or any members of your household had Prenatal Care?

a. Yes
b. No
c. Don't Know
d. Refused

Q12b. Has any member of your household had a Pap Smear in the past year?

a. Yes

b. No
c. Don't Know
d. Refused

Q12c. How about a mammogram?
a. Yes
b. No
c. Don't Know
d. Refused

Q12d. Has anyone had a blood test for cholesterol in the past year?
a. Yes
b. No
c. Don't Know
d. Refused

Q12e. Has anyone in your household had a screening test for colon cancer in the past five years?
a. Yes
b. No
c. Don't Know
d. Refused

Q13. Do you or any member of your family have any of the following chronic or ongoing health problems: cancer, diabetes, asthma, high blood pressure, obesity, osteoporosis or chronic heart failure?
a. Cancer
b. Diabetes
c. Asthma
d. High Blood Pressure
e. Obesity
f. Osteoporosis
g. Chronic Heart Failure
h. Are there any other chronic conditions? (Specify)
i. Refused

Q14. Do you feel you and your family have received adequate help managing the disease?
a. Yes
b. No
c. Only for some of the illnesses
d. Don't Know
e. Refused

Q14a. What help did you need that you didn't get?

Q15. Have you or a member of your family visited any urgent care center during the past year?
a. Yes
b. No

c. Don't Know
d. Refused

Q16. Did you try to see your doctor before you visited the urgent care center?
a. Yes
b. No
c. Don't Know
d. Refused

Q17. Did your doctor tell you to go to the urgent care center?
a. Yes
b. No
c. Don't Know
d. Refused

Q18. Have you ever gone to Pomona Valley Hospital Medical Center for health care?
a. Yes
b. No
c. Don't Know
d. Refused

Q18a. Why did you choose PVHMC?
a. Close to home (convenience/location)
b. Insurance
c. Referred by my physician
d. Services offered
e. Quality/reputation
f. Word of mouth (friend, neighbor, family, co-worker)
g. Looked in the phone book
h. Internet
i. Newspaper
j. Radio
k. Television
l. Work site
m. Community presentation
n. Other (specify)
o. Don't Know
p. Refused

Q19. Have you attended any classes offered by Pomona Valley Hospital Medical Center?
a. Yes
b. No
c. Don't Know
d. Refused

Q20. Are there classes you'd like them to offer?

a. Yes
b. No
c. Don't Know
d. Refused

Q20a. What type of classes?

Q21. Have you or any member of your family attended any health-related support groups in the past year?

a. Yes
b. No
c. Don't Know
d. Refused

Q22. What kind of support groups would you or someone else in your family be interested in?

a. Not interested at all
b. Smoking cessation
c. Diabetes
d. High Blood Pressure
e. Cancer
f. Nutrition
g. Pregnancy/New Moms/New Dads
h. Heart Disease
i. Asthma
j. Arthritis
k. Stroke
l. Grief and Bereavement
m. Sleep Apnea/Sleep Disorders
n. Living with a Disability
o. Obesity and Weight Problems
p. Caregivers
q. Homelessness
r. Child/Elder Abuse
s. Other (specify)

Q23. Have you been to Pomona's Emergency Room?

a. Yes
b. No
c. Don't Know
d. Refused

Q24. Did you try to see your doctor before you went to the Emergency Room?

a. Yes
b. No
c. Don't Know
d. Refused

Q24a. May I ask why not?

a. Don't have a regular doctor
b. After office hours
c. Brought by ambulance
d. Doctor too busy to fit me in
e. Other (specify)
f. Refused

Q25. Would you say that in general your health is excellent, very good, fair, or poor?

a. Excellent
b. Very Good
c. Fair
d. Poor
e. Don't Know
f. Refused

Q26. Are there any health related services that you need that are not being provided in your community?

a. Yes
b. No
c. Don't Know
d. Refused

Q26a. What services do you need?

Q27. What can the hospital do to improve the health and quality of life in the community?

Appendix B. California Health and Safety Codes Section 127340-127365

SB 697 (Chapter 812, Statutes of 1994)

Health and Safety Code Sections 127340-127365

Article 2. Hospitals: Community Benefits

127340. The Legislature finds and declares all of the following:

(a) Private not-for-profit hospitals meet certain needs of their communities through the provision of essential health care and other services. Public recognition of their unique status has led to favorable tax treatment by the government. In exchange, nonprofit hospitals assume a social obligation to provide community benefits in the public interest.

(b) Hospitals and the environment in which they operate have undergone dramatic changes. The pace of change will accelerate in response to health care reform. In light of this, significant public benefit would be derived if private not-for-profit hospitals reviewed and reaffirmed periodically their commitment to assist in meeting their communities' health care needs by identifying and documenting benefits provided to the communities which they serve.

(c) California's private not-for-profit hospitals provide a wide range of benefits to their communities in addition to those reflected in the financial data reported to the state.

(d) Unreported community benefits that are often provided but not otherwise reported include, but are not limited to, all of the following:

(1) Community-oriented wellness and health promotion.

(2) Prevention services, including, but not limited to, health screening, immunizations, school examinations, and disease counseling and education.

(3) Adult day care.

(4) Child care.

(5) Medical research.

(6) Medical education.

(7) Nursing and other professional training.

(8) Home-delivered meals to the homebound.

(9) Sponsorship of free food, shelter, and clothing to the homeless.

(10) Outreach clinics in socioeconomically depressed areas.

(e) Direct provision of goods and services, as well as preventive programs, should be emphasized by hospitals in the development of community benefit plans.

127345. As used in this article, the following terms have the following meanings:

(a) "Community benefits plan" means the written document prepared for annual submission to the Office of Statewide Health Planning and Development that shall include, but shall not be limited to, a description of the activities that the hospital has undertaken in order to address identified community needs within its mission and financial capacity, and the process by which the hospital developed the plan in consultation with the community.

(b) "Community" means the service areas or patient populations for which the hospital provides health care services.

(c) Solely for the planning and reporting purposes of this article, "community benefit" means a hospital's activities that are intended to address community needs and priorities primarily through disease prevention and improvement of health status, including, but not limited to, any of the following:

(1) Health care services, rendered to vulnerable populations, including, but not limited to, charity care and the unreimbursed cost of providing services to the uninsured, underinsured, and those eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

(2) The unreimbursed cost of services included in subdivision (d) of Section 127340.

(3) Financial or in-kind support of public health programs.

(4) Donation of funds, property, or other resources that contribute to a community priority.

(5) Health care cost containment.

(6) Enhancement of access to health care or related services that contribute to a healthier community.

(7) Services offered without regard to financial return because they meet a community need in the service area of the hospital, and other services including health promotion, health education, prevention, and social services.

(8) Food, shelter, clothing, education, transportation, and other goods or services that help maintain a person's health.

(d) "Community needs assessment" means the process by which the hospital identifies, for its primary service area as determined by the hospital, unmet community needs.

(e) "Community needs" means those requisites for improvement or maintenance of health status in the community.

(f) "Hospital" means a private not-for-profit acute hospital licensed under subdivision (a), (b), or (f) of Section 1250 and is owned by a corporation that has been determined to be exempt from taxation under the United States Internal Revenue Code. "Hospital" does not mean any of the following:

(1) Hospitals that are dedicated to serving children and that do not receive direct payment for services to any patient.

(2) Small and rural hospitals as defined in Section 124840.

(g) "Mission statement" means a hospital's primary objectives for operation as adopted by its governing body.

(h) "Vulnerable populations" means any population that is exposed to medical or financial risk by virtue of being uninsured, underinsured, or eligible for Medi-Cal, Medicare, California Children's Services Program, or county indigent programs.

127350. Each hospital shall do all of the following:

(a) By July 1, 1995, reaffirm its mission statement that requires its policies integrate and reflect the public interest in meeting its responsibilities as a not-for-profit organization.

(b) By January 1, 1996, complete, either alone, in conjunction with other health care providers, or through other organizational arrangements, a community needs assessment evaluating the health needs of the community serviced by the hospital, that includes, but is not limited to, a process for consulting with community groups and local government

officials in the identification and prioritization of community needs that the hospital can address directly, in collaboration with others, or through other organizational arrangement. The community needs assessment shall be updated at least once every three years.

(c) By April 1, 1996, and annually thereafter adopt and update a community benefits plan for providing community benefits either alone, in conjunction with other health care providers, or through other organizational arrangements.

(d) Annually submit its community benefits plan, including, but not limited to, the activities that the hospital has undertaken in order to address community needs within its mission and financial capacity to the Office of Statewide Health Planning and Development. The hospital shall, to the extent practicable, assign and report the economic value of community benefits provided in furtherance of its plan. Effective with hospital fiscal years, beginning on or after January 1, 1996, each hospital shall file a copy of the plan with the office not later than 150 days after the hospital's fiscal year ends. The reports filed by the hospitals shall be made available to the public by the office. Hospitals under the common control of a single corporation or another entity may file a consolidated report.

127355. The hospital shall include all of the following elements in its community benefits plan:

(a) Mechanisms to evaluate the plan's effectiveness including, but not limited to, a method for soliciting the views of the community served by the hospital and identification of community groups and local government officials consulted during the development of the plan.

(b) Measurable objectives to be achieved within specified timeframes.

(c) Community benefits categorized into the following framework:

(1) Medical care services.

(2) Other benefits for vulnerable populations.

(3) Other benefits for the broader community.

(4) Health research, education, and training programs.

(5) Nonquantifiable benefits.

127360. Nothing in this article shall be construed to authorize or require specific formats for hospital needs assessments, community benefit plans, or reports until recommendations pursuant to Section 127365 are considered and enacted by the Legislature.

Nothing in this article shall be used to justify the tax-exempt status of a hospital under state law. Nothing in this article shall preclude the office from requiring hospitals to directly report their charity activities.

127365. The Office of Statewide Health Planning and Development shall prepare and submit a report to the Legislature by October 1, 1997, including all of the following:

(a) The identification of all hospitals that did not file plans on a timely basis.

(b) A statement regarding the most prevalent characteristics of plans in terms of identifying and emphasizing community needs.

(c) Recommendations for standardization of plan formats, and recommendations regarding community benefits and community priorities that should be emphasized. These recommendations shall be developed after consultation with representatives of the hospitals, local governments, and communities. http://www.leginfo.ca.gov/bilinfo.html

Appendix C. Patient Financial Assistance Program Policy; Full Charity Care and Discount Partial Charity Care Policies

SUBJECT: Patient Financial Assistance Program Policy
Full Charity Care and Discount Partial Charity Care Policies

Purpose:
Pomona Valley Hospital Medical Center (PVHMC) serves all persons in the Pomona Valley and greater Inland Empire community. As a community hospital provider, Pomona Valley Hospital Medical Center strives to provide healthcare services within a high quality and customer service oriented environment. Providing patients with opportunities for financial assistance coverage for healthcare services is an essential element of fulfilling the Pomona Valley Hospital Medical Center mission. This policy defines the PVHMC Financial Assistance Program; its criteria, systems, and methods.

California acute care hospitals must comply with Health & Safety Code requirements for written policies providing discounts and charity care to financially qualified patients. This policy is intended to exceed such legal obligations and provides for both charity care and discounts to patients who financially qualify under the terms and conditions of the Pomona Valley Hospital Medical Center Financial Assistance Program.

The finance department has responsibility for general accounting policy and procedure. Included within this purpose is a duty to ensure the consistent timing, recording and accounting treatment of transactions at PVHMC. This includes the handling of patient accounting transactions in a manner that supports the mission and operational goals of Pomona Valley Hospital Medical Center.

Policy:
This policy pertains to financial assistance provided by Pomona Valley Hospital Medical Center. All requests for financial assistance from patients, patient families, physicians or hospital staff shall be addressed in accordance with this policy.

Introduction
Pomona Valley Hospital Medical Center strives to meet the health care needs of all patients who seek inpatient, outpatient and emergency services. PVHMC is committed to providing access to financial assistance programs when patients are uninsured or underinsured and may need help in paying their hospital bill. These programs include government sponsored coverage programs, charity care and discount partial charity care as defined herein.

Full Charity Care and Discount Partial Charity Care Defined Full
Charity Care is defined as any necessary1 inpatient or outpatient hospital service provided to a patient who is unable to pay for care and who has established qualification in accordance with requirements contained in the PVHMC Financial Assistance Policy.

Discount Partial Charity Care is defined as any necessary inpatient or outpatient hospital service provided to a patient who is uninsured or underinsured and 1) desires assistance with paying their hospital bill; 2) has an income at or below 500% of the federal poverty level; and 3) who has established qualification in accordance with requirements contained in the PVHMC Financial Assistance Policy.

Depending upon individual patient eligibility, financial assistance may be granted for full charity care or discount partial charity care. Financial assistance may be denied when the patient or other responsible family representative does not meet the PVHMC Financial Assistance Policy requirements.

Full Charity Care and Discount Partial Charity Care Reporting
PVHMC will report actual Charity Care provided in accordance with regulatory requirements of the Office of Statewide Health Planning and Development (OSHPD) as contained in the Accounting and Reporting Manual for Hospitals, Second Edition. To comply with regulation, the hospital will maintain written documentation regarding its Charity Care criteria, and for individual patients, the hospital will maintain written documentation regarding all Charity Care determinations.

As required by OSHPD, Charity Care provided to patients will be recorded on the basis of actual charges for services rendered.

PVHMC will provide OSHPD with a copy of this Financial Assistance Policy which includes the full charity care and discount partial charity care policies within a single document. The Financial Assistance Policy also contains: 1) all eligibility and patient qualification procedures; 2) the unified application for full charity care and discount partial charity care; and 3) the review process for both full charity care and discount partial charity care. These documents shall be supplied to OSHPD every two years or whenever a significant change is made.

Full and Discount Eligibility: General Process and Responsibilities

Eligibility is defined for any patient whose family2 income is less than 500% of the current federal poverty level, if not covered by third party insurance or if covered by third party insurance and unable to pay the patient liability amount owed after insurance has paid its portion of the account.

The PVHMC Financial Assistance Program utilizes a single, unified patient application for both Full Charity Care and Discount Partial Charity Care. The process is designed to give each applicant an opportunity to receive the maximum financial assistance benefit for which they may qualify. The financial assistance application provides patient information necessary for determining patient qualification by the hospital and such information will be used to qualify the patient or family representative for maximum coverage under the PVHMC Financial Assistance Program.

1 Necessary services are defined as any entity inpatient, outpatient, or emergency medical care that is not entirely elective for patient comfort and/or convenience.

2 A patient's family is defined as: 1) For persons 18 years of age and older, spouse, domestic partner and dependent children under 21 years of age, whether living at home or not; and 2) For persons under 18 years of age, parent, caretaker relatives and other children under 21 years of age of the parent of caretaker relative.

Eligible patients may qualify for the PVHMC Financial Assistance Program by following application instructions and making every reasonable effort to provide the hospital with documentation and health benefits coverage information such that the hospital may make a determination of the patient's qualification for coverage under the program. Eligibility alone is not an entitlement to coverage under the PVHMC Financial Assistance Program. PVHMC must complete a process of applicant evaluation and determine coverage before full charity care or discount partial charity care may be granted.

The PVHMC Financial Assistance Program relies upon the cooperation of individual patients who may be eligible for full or partial assistance. To facilitate receipt of accurate and timely patient financial information, PVHMC will use a financial assistance application. All patients unable to demonstrate financial coverage by third party insurers will be offered an opportunity to complete the financial assistance application. Uninsured patients will also be offered information, assistance and referral to government sponsored programs for which they may be eligible. Insured patients who are unable to pay patient liabilities after their insurance has paid, or those who experience high medical costs may also be eligible for financial assistance. Any patient who requests financial assistance will be asked to complete a financial assistance application.

The financial assistance application should be completed as soon as there is an indication the patient may be in need of financial assistance. The application form may be completed prior to service, during a patient stay, or after services are completed and the patient has been discharged.
Completion of a financial assistance application provides:

- Information necessary for the hospital to determine if the patient has income sufficient to pay for services;
- Documentation useful in determining qualification for financial assistance; and
- An audit trail documenting the hospital's commitment to providing financial assistance.

However, a completed financial assistance application is not required if PVHMC determines it has sufficient patient financial information from which to make a financial assistance qualification decision.

PROCEDURES

Qualification: Full Charity Care and Discount Partial Charity Care

Qualification for full or discount partial financial assistance shall be determined solely by the patient's and/or patient family representative's ability to pay. Qualification for financial assistance shall not be based in any way on age, gender, sexual orientation, ethnicity, national origin, veteran status, disability or religion.

The patient and/or patient family representative who requests assistance in meeting their financial obligation to the hospital shall make every reasonable effort to provide information necessary for the hospital to make a financial assistance qualification determination. The hospital will provide guidance and/or direct assistance to patients or their family representative as necessary to facilitate completion of program applications. Completion of the financial assistance application and submission of any or all required supplemental information may be required for establishing qualification for the Financial Assistance Program.

Financial Assistance Program qualification is determined after the patient and/or patient family representative establishes eligibility according to criteria contained in this policy. While financial assistance shall not be provided on a discriminatory or arbitrary basis, the hospital retains full discretion, consistent with laws and regulations, to establish eligibility criteria and determine when a patient has provided sufficient evidence of qualification for financial assistance.

Patients or their family representative may complete an application for the Financial Assistance Program. The application and required supplemental documents are submitted to the Patient Financial Services department at PVHMC. This office shall be clearly identified on the application instructions.

PVHMC will provide personnel who have been trained to review financial assistance applications for completeness and accuracy. Application reviews will be completed as quickly as possible considering the patient's need for a timely response.

A financial assistance determination will be made only by approved hospital personnel according to the eligibility criteria specific to the patient and the amount of financial assistance requested.

Patients that are documented as homeless registered with PVHMC's address because the patient's primary address is unknown, parent/guarantor information is unknown, patient resides at a shelter or if patient submits proof of general relief eligibility, request for financial assistance will be approved by the following levels of authority:

Supervisor of Credit & Collections: Accounts less than $15,000
Director of Patient Financial Services: Accounts less than $100,000
Executive Director of Finance: Accounts greater than $100,000

Due to the potential complexities of a patient's financial situation, all other requests will be prepared by staff, reviewed by the Supervisor of Credit & Collections, approved by the Director of Financial Services with final approval by the Executive Director of Finance.

Factors considered when determining whether an individual is qualified for financial assistance pursuant to this policy may include:

- No insurance under any government coverage program or other third party insurer;
- Family income based upon tax returns or recent pay stubs
- Family size
- Monetary Assets

Qualification criteria are used in making each individual case determination for coverage under the PVHMC Financial Assistance Program. Financial assistance will be granted based upon each individual determination of financial need in accordance with the Financial Assistance Program eligibility criteria contained in this policy.

Financial Assistance Program qualification may be granted for full charity care (100% free services) or discount partial charity care (charity care of less than 100%), depending upon the patient or family representative's level of eligibility as defined in the criteria of this Financial Assistance Program Policy.

Once determined, Financial Assistance Program qualification will apply to the specific services and service dates for which application has been made by the patient and/or patient family representative. In cases of continuing care relating to a patient diagnosis which requires on-going, related services, the hospital, at its sole discretion, may treat continuing care as a single case for which qualification applies to all related on-going services provided by the hospital. Other pre-existing patient account balances outstanding at the time of qualification determination by the hospital most likely will be included as eligible for write-off but will be reviewed by management to validate qualification.

Patient obligations for Medi-Cal/Medicaid share of cost payments will not be waived under any circumstance. However, after collection of the patient share of cost portion, any other unpaid balance (i.e., days denied by the State) relating to a Medi-Cal/Medicaid share of cost patient may be considered for Charity Care.

Patients at or below 400% of the FPL will not pay more than Medicare would typically pay for a similar episode of service. Patients at 400% but below 500% of the FPL will not pay more than 200% of Medicare would typically pay. This shall apply to all necessary hospital inpatient, outpatient and emergency services provided by PVHMC.

Full and Discount Partial Charity Care Income Qualification Levels

1. If the patient's family income is 200% or less of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the entire (100%) patient liability portion of the bill for services will be written off.

2. If the patient's family income is between 201% and 500% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the following will apply:

- Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, the patient's payment obligation will be based upon a sliding scale discount after considering family income and family size relative to the Federal Poverty Limits, service classification (Inpatient versus Outpatient) AND the existing cash prices established by the Hospital.. (See Exhibit A for income levels and discount rates and Exhibit B for the current cash prices.)

- Patient's care is covered by a payer. If the services are covered by a third party payer and the patient qualifies for full or partial charity, the patient's obligation will be limited to the amount expected after applying the applicable charity discount less the total payments received from the third party payer. If the payment from the third party payer exceeds the amount expected after applying the applicable charity discount, the hospital will consider the account paid in full and the patient will not be required to pay any amount.

- The discounted rate is subject to the lesser of the rate determined above or the current cash price.

- For patients covered under the Medicare program, refer to the "Special Circumstances" section within this policy for additional qualifications.

3. If the patient's family income is greater than 500% of the established poverty income level, based upon current FPL Guidelines, and the patient meets all other Financial Assistance Program qualification requirements, the patient will qualify for the following policy discount (See the Discounted Pricing Program Policy)

4. The average HMO/PPO rate will be determined annually by PVHMC on July 1, of each calendar year. The average HMO/PPO rate will be calculated by computing a weighted average rate based upon all HMO/PPO contracts to which PVHMC is a party on July 1.

- Patient's care is not covered by a payer. If the services are not covered by any third party payer so that the patient ordinarily would be responsible for the full-billed charges, for outpatient services, the total patient payment obligation will be the hospital specific total gross amount that would be paid for the services under the average HMO/PPO payment rate3, if the patient were an HMO/PPO beneficiary. For inpatient services, the total patient payment obligation will be the inpatient Medicare DRG amount. This discount is contingent upon the Hospital receiving payment in full within 30 days from the date of service.

- The discounted rate is subject to the lesser of the average HMO/PPO rate for outpatient services and the Medicare DRG amount for inpatient services, or the current cash price.

Full Charity Monetary Assets Qualification

Monetary Assets shall be considered in qualifying a patient for full charity care. Monetary assets shall include assets that are readily convertible to cash, such as bank accounts and publicly traded stock. It does not include assets which are not liquid such as real property.

The following assets shall not be included in the determination of monetary assets:

- Retirement funds and accounts
- Deferred compensation plans qualified under the Internal Revenue Code
- Nonqualified deferred compensation plans
- The first $10,000 of qualified monetary assets
- 50% of monetary assets after the first $10,000

Qualified monetary assets will be considered when evaluating a patient's ability to pay in addition to family income. The Hospital may require waivers of releases from the patient or the patient's family authorizing the hospital to obtain account information from financial or commercial institutions or other entities including but not limited to credit reporting entities, that hold or maintain the monetary assets in an attempt to verify information the patient has provided on the charity care application.

Information obtained pursuant to this paragraph regarding assets of the patient or the patient's family shall not be used for collection activities.

Payment Plans

When a determination of discount partial charity has been made by the hospital, the patient shall have the option to pay any or all outstanding amount due in one lump sum payment, or through a scheduled term payment plan.

The hospital will discuss payment plan options with each patient that requests to make arrangements for term payments. Individual payment plans will be arranged based upon the patient's ability to effectively meet the payment terms. As a general guideline, payment plans will be structured to last no longer than 12 months. The hospital shall negotiate in good faith with the patient; however there is no obligation to accept the payment terms offered by the patient. No interest will be charged to the patient for the duration of any payment plan arranged under the provisions of the Financial Assistance Policy.

Special Circumstances

Any evaluation for financial assistance relating to patients covered by the Medicare Program must include a reasonable analysis of all patient assets, liabilities, income and expenses, prior to eligibility qualification for the Financial Assistance Program. Such financial assistance evaluations must be made prior to service completion by PVHMC.

If the patient is determined to be homeless he/she will be deemed eligible for the Financial Assistance Program.
Patients seen in the emergency department, for whom the hospital is unable to issue a billing statement, may have the account charges written off as Charity Care. All such circumstances shall be identified on the patient's account notes as an essential part of the documentation process.

Other Eligible Circumstances

PVHMC deems those patients that are eligible for government sponsored low-income assistance program (e.g. Medi-Cal/Medicaid, Healthy Families, California Children's Services and any other applicable state or local low-income program) to be indigent. Therefore such patients are eligible under the Financial Assistance Policy when payment is not made by the governmental program. For example, patients who qualify for Medi-Cal/Medicaid as well as other programs serving the needs of low-income patients (e.g. CHDP, Healthy Families, and CCS) where the program does not make payment for all services or days during a hospital stay, are eligible for Financial Assistance Program coverage. Under the hospital's Financial Assistance Policy, these types of non-reimbursed patient account balances are eligible for full write-off as Charity Care. Specifically included as Charity Care are charges related to denied stays, denied days of care, and non-covered services. All Treatment Authorization Request (TAR) denials and any lack of payment for non-covered services provided to Medi-Cal/Medicaid and other patients covered by qualifying low-income programs, and other denials (e.g. restricted coverage) are to be classified as Charity Care.

The portion of Medicare patient accounts (a) for which the patient is financially responsible (coinsurance and deductible amounts), (b) which is not covered by insurance or any other payer including Medi-Cal/Medicaid, and (c) which is not reimbursed by Medicare as a bad debt, may be classified as charity care if:

1. **The patient is a beneficiary under Medi-Cal/Medicaid or another program serving the health care needs of low-income patients; or**

2. **The patient otherwise qualifies for financial assistance under this policy and then only to the extent of the write-off provided for under this policy.**

Any patient whose income exceeds 500% and experiences a catastrophic medical event may be deemed eligible for financial assistance. Such patients, who have high incomes do not qualify for routine full charity care or discount partial charity care. However, consideration as a catastrophic medical event may be made on a case-by-case basis. The determination of a catastrophic medical event shall be based upon the amount of the patient liability at billed charges, and consideration of the individual's income and assets as reported at the time of occurrence. Management shall use reasonable discretion in making a determination based upon a catastrophic medical event. As a general guideline, any account with a patient liability for services rendered that exceeds $75,000 may be considered for eligibility as a catastrophic medical event.

Any account returned to the hospital from a collection agency that has determined the patient or family representative does not have the resources to pay his or her bill, may be deemed eligible for Charity Care. Documentation of the patient or family representative's inability to pay for services will be maintained in the Charity Care documentation file.

Criteria for Re-Assignment from Bad Debt to Charity Care

All outside collection agencies contracted with PVHMC to perform account follow-up and/or bad debt collection will utilize the following criteria to identify a status change from bad debt to charity care:

- Patient accounts must have no applicable insurance (including governmental coverage programs or other third party payers); and

- The patient or family representative has not made a payment within 150 days of assignment to the collection agency;

- The patient's credit & behavior score is within the lowest 25th percentile (As of November 2007, PVHMC's secondary agency has determined the credit and behavior score representing the lowest 25th percentile is 547 or lower as reported by TransUnion.

- The collection agency has determined that the patient/family representative is unable to pay; and/or

- The patient or family representative does not have a valid Social Security Number and/or an accurately stated residence address in order to determine a credit score

All accounts returned from a collection agency for re-assignment from Bad Debt to Charity Care will be evaluated by hospital personnel prior to any re-classification within the hospital accounting system and records.

Dispute Resolution

In the event that a dispute arises regarding qualification, the patient may file a written appeal for reconsideration with the hospital. The written appeal should contain a complete explanation of the patient's dispute and rationale for reconsideration. Any or all additional relevant documentation to support the patient's claim should be attached to the written appeal.

Any or all appeals will be reviewed by the hospital director of patient financial services. The director shall consider all written statements of dispute and any attached documentation. After completing a review of the patient's claims, the director shall provide the patient with a written explanation of findings and determination.

In the event that the patient believes a dispute remains after consideration of the appeal by the director of patient financial services, the patient may request in writing, a review by the hospital executive director of finance. The executive director of finance shall review the patient's written appeal and documentation, as well as the findings of the director of patient financial services. The Vice President of finance shall make a determination and provide a written explanation of findings to the patient. All determinations by the executive director of finance shall be final. There are no further appeals.

Public Notice

PVHMC shall post notices informing the public of the Financial Assistance Program. Such notices shall be posted in high volume inpatient, and outpatient service areas of the hospital, including but not limited to the emergency department, inpatient admission and outpatient registration areas or other common patient waiting areas of the hospital. Notices shall also be posted at any location where a patient may pay their bill. Notices will include contact information on how a patient may obtain more information on financial assistance as well as where to apply for such assistance.
These notices shall be posted in English and Spanish and any other languages that are representative of 5% or greater of patients in the hospital's service area. The notice states the following:

Pomona Valley Hospital Medical Center provides financial assistance to our patients who qualify. Contact our Business Office at (909) 865-9100 to speak with a representative to obtain more information.

A copy of this Financial Assistance Policy will be made available to the public on a reasonable basis.

Confidentiality

It is recognized that the need for financial assistance is a sensitive and deeply personal issue for recipients. Confidentiality of requests, information and funding will be maintained for all that seek or receive financial assistance. The orientation of staff and selection of personnel who will implement this policy should be guided by these values.

Good Faith Requirements

PVHMC makes arrangements for financial assistance for qualified patients in good faith and relies on the fact that information presented by the patient or family representative is complete and accurate.

Provision of financial assistance does not eliminate the right to bill, either retrospectively or at the time of service, for all services when fraudulent, or purposely inaccurate information has been provided by the patient or family representative. In addition, PVHMC reserves the right to seek all remedies, including but not limited to civil and criminal damages from those patients or family representatives who have provided fraudulent or purposely inaccurate information in order to qualify for the PVHMC Financial Assistance Program.

OSHPD Policy Submission

In compliance with OSHPD adopted regulations approved by the Office of Administrative Law on August 8, 2007 (Title 22, Sections 96040-96050), PVHMC will submit an electronic copy of its discount payment and charity care policies, eligibility procedures and review process (as defined and documented in one, comprehensive Financial Assistance Program Policy) and its application form to OSHPD at least every other year by January 1 beginning January 1, 2008, or whenever a significant change is made.

POMONA VALLEY HOSPITAL
MEDICAL CENTER

HOSPITAL WIDE POLICY
Policy #:
Page#: 1 of 10
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