



Sharp HealthCare Community Benefits Plan and Report Fiscal Year 2013

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

Commitment

SHARP[®]

Sharp HealthCare
Community Benefits Plan and
Report
Fiscal Year 2013

Submitted to:

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

Contents

Section	Description	Page
	Preface	i
	Glossary of Terms and Abbreviations.....	iii
1	An Overview of Sharp HealthCare.....	1
2	Executive Summary.....	33
3	Community Benefits Planning Process.....	41
4	Sharp Chula Vista Medical Center.....	49
5	Sharp Coronado Hospital and Healthcare Center	73
6	Sharp Grossmont Hospital	87
7	Sharp HospiceCare.....	127
8	Sharp Metropolitan Medical Campus.....	143
9	Sharp Mary Birch Hospital for Women & Newborns	145
10	Sharp Memorial Hospital	163
11	Sharp Mesa Vista Hospital and Sharp McDonald Center	201
12	Sharp Health Plan	221
Appendices		
A	Sharp HealthCare Involvement in Community Organizations.....	225
B	Map of Sharp HealthCare Locations.....	231
C	Map of Community and Region Boundaries in San Diego County	233

Community. It's a powerful word. It means different things to different people.

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

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

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

Since that time, Sharp HealthCare has held true to its commitment, and has expanded to serve San Diego County with four acute care and three specialty care hospitals, two affiliated medical groups and nearly 16,000 employees. In addition, Sharp has pledged to our community an extraordinary standard of care through The Sharp Experience – bringing focus and alignment in all we do to the most basic and critical element of the health care equation: the people.

Each page of our Fiscal Year 2013 *Sharp HealthCare Community Benefits Plan and Report* reflects a commitment to the community that is stronger than ever. This commitment is represented not only by uncompensated care dollars, but also by hundreds of thousands of hours devoted by Sharp team members and volunteers to programs beyond our medical facilities – including free screenings, resources and transportation to those in need, mentorship and training for students, and education and support to members of our community.

In Fiscal Year 2013, Sharp's community benefit contributions totaled \$331,338,317 and included such vital community support as uncompensated care, benefits for vulnerable populations, and health research and education activities.

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



Michael W. Murphy
President and CEO

Preface

Sharp HealthCare (Sharp or SHC) prepared this Community Benefits Report for Fiscal Year 2013 (FY 2013) in accordance with the requirements of Senate Bill 697, community benefits legislation.¹

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

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

Glossary of Terms and Abbreviations

A

AACN

American Association of Critical Care Nurses

AARP

American Association of Retired Persons

ACHE

American College of Healthcare Executives

ACNL

Association of California Nurse Leaders

ACP

Advance Care Planning

ACPE

Association for Clinical Pastoral Education

ACS

American Cancer Society

ADA

American Diabetes Association

AFPJ

American Family Physician Journal

AHA

American Heart Association

AhA

American Hospital Association

AIR

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

AIS

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

ANCC

American Nurses Credentialing Center

AORN

Association of periOperative Registered Nurses

APA

American Psychological Association

APU

Azusa Pacific University

Are You OK?

A component of San Diego County's Project CARE program where daily phone calls are made to individuals who have signed up for this service. A computer automatically makes the calls at a regularly scheduled time selected by the participant. If the call goes unanswered, volunteers check to ensure the individual is OK.

AWHONN

Association of Women's Health, Obstetric and Neonatal Nurses

B

BFHI

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

BLS

Bureau of Labor Statistics

BMI
Body Mass Index

BU
Boston University

C

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

CCCC
Coalition for Compassionate Care of
California

CCT
Compassion Cultivation Training

CDC
Centers for Disease Control and
Prevention

CDPH
California Department of Public Health

CHA
California Hospital Association

CHAMPVA
Civilian Health and Medical Program of
the Department of Veterans Affairs

CHAPCA
California Hospice and Palliative Care
Association

CHCF
California Healthcare Foundation

CHF
Congestive Heart Failure

CHIP
San Diego Community Health
Improvement Partners

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

CHNA
Community Health Needs Assessment –
a report on the current health status and
health-related needs of San Diego
County residents, as well as changes
and trends in resident health status. The
needs assessment began in 1995 to
comply with state community benefits
legislation (SB 697), and is an integral
part of the community benefits process.
The most recent CHNA was completed
in collaboration with HASD&IC in 2013.

CLABSI
Central line associated bloodstream
infections

CME
Continuing Medical Education

CMMS
Centers for Medicare and Medicaid
Services

CNA
Certified Nursing Assistant

CNI
Community Need Index

COBRA
Consolidated Omnibus Budget
Reconciliation Act

CoC

Commission on Cancer Program

COPA

Campeonata Sudamericano de Futbol

CPR

Cardiopulmonary Resuscitation

CPSP

Comprehensive Perinatal Services Program

CRC

Caregiver Resource Center

CSUSM

California State University San Marcos

CT

Computed Tomography Scan

C-TAC

Coalition to Transform Advanced Care

CTIS

California Teratogen Information Service

CWISH

Council of Women's and Infants' Specialty Hospitals

CWSG

Challenged Women's Support Group

D**DBT**

Dialectical Behavioral Therapy

DME

Durable medical equipment

E**EAPA**

Employee Assistance Professionals Association

EBPI

Evidence-Based Practice Institute

ECIN

Extended Care Information Network

ECSSP

East County Senior Service Providers

ECP

Endoscopic Cyclophotocoagulation

ECT

Electroconvulsive therapy

ED

Emergency Department

EEG

Electroencephalography

EKG

Electrocardiogram

EMCC

Emergency Medical Care Committee

EMS

Emergency Medical Services

EMSA

Emergency Medical Services Authority

EMT

Emergency Medical Technician

ENT

Ears, Nose and Throat

EPA
Environmental Protection Agency

ES
Energy Star, an international standard for energy efficiency

EVC
Electric vehicle chargers

F

FAC
Family Assistance Center

FHCSD
Family Health Centers of San Diego

First Touch
Model of care where caregivers establish a personal connection with the patient before starting clinical activities. First Touch provides caregivers with training and skills to help put patients at ease and reduce their fears and anxiety while increasing trust in their caregiver.

FY
Fiscal Year

G

GC
Grossmont College

GPA
Grade Point Average

GUHSD
Grossmont Union High School District

GWTG
American Heart Association's Get With the Guidelines – a national effort focused on ensuring evidence-based

therapies are used with heart attack and congestive heart failure patients.

H

HASD&IC
Hospital Association of San Diego and Imperial Counties

HASPI
Health and Science Pipeline Initiative

HESI
Health-Careers Exploration Summer Institute

HHSA
County of San Diego Health and Human Services Agency

HICAP
Health Insurance Counseling and Advocacy Program

HICS
Hospital Incident Command System

HIPAA
Health Insurance Portability and Accountability Act of 1996

HIV/AIDS
Human immunodeficiency virus/acquired immunodeficiency syndrome

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

and designed to measure programs over time.

HPP

Hospital Preparedness Program

HRET

Heath Research and Educational Trust

HSHMC

Health Sciences High and Middle College

HVAC

Heating, ventilation and air conditioning

I

ICS

Incident Command System

ICU

Intensive Care Unit

IDT

Interdisciplinary team

IGRT

Image-guided radiation therapy

IHN

Integrated Healthcare Network

ILCA

International Lactation Consultant Association

ILA

Independent Living Association

ILF

Independent living facilities

IMRT

Intensity-modulated radiation therapy

IOM

Institute of Medicine

IPH

Institute for Public Health

IRB

Institutional Review Board

IV rt-PA

Intravenous tissue plasminogen activator

J

JAMA

Journal of the American Medical Association

K

KC

Kaplan College

L

LBP

Low Back Pain

LBW

Low Birth Weight

LEED

Leadership in Energy and Environmental Design

LGBT

Lesbian, Gay, Bisexual and Transgender

LLC

Limited Liability Company

M

MAGNET Recognition Program®

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

MC

San Diego Mesa College

MCAS

Marine Corps Air Station

Medi-Cal

California's Medicaid program

MFT

Marriage and Family Therapy

MFH

Mobile Field Hospital

MHA

Mental Health America

MICN

Mobile Intensive Care Nurse

MICU

Medical Intensive Care Unit

MRI

Magnetic Resonance Imaging

N

NAMI

National Alliance on Mental Illness

NANN

National Association of Neonatal Nurses

NAPBC

National Accreditation Program for Breast Centers

NBCF

National Breast Cancer Foundation

NCHS

National Center for Health Statistics

NCTI

National College of Technical Instruction

NHPCO

National Hospice and Palliative Care Organization

NHTSA

National Health and Transportation Safety Administration

NICHQ

National Initiative for Children's Healthcare Quality

NICU

Neonatal Intensive Care Unit

NIH

National Institutes of Health

NIMS

National Incident Management System

NU

National University

O

OB/GYN

Obstetrics and Gynecology

OPP

Sharp Memorial Outpatient Pavilion

ORI
Outcomes Research Institute

OSHPD
California Office of Statewide Health
Planning and Development

P

Pac-Arts
Pacific Arts Movement, formerly the San
Diego Asian Film Foundation

PACU
Post-anesthesia care unit

PAES
Pre-anesthesia education services

A New PATH
Parents for Addiction Treatment and
Healing

(The) Pavilion
Sharp Memorial Outpatient Pavilion

PCN
Perinatal Care Network

PET
Psychiatric Evaluation Team

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

PLNU
Point Loma Nazarene University

POLST
Physician Orders for Life Sustaining
Treatment

PON
Professional Oncology Network

PPD
Postpartum depression

PPE
Personal protective equipment

Project 25
A program sponsored by the United
Way to reduce the use of emergent and
other front-line public resources by the
chronically homeless.

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

Project HELP
Project HELP – Sharp HealthCare
hospital funds that provide monies for
medications, transportation and other
needs to assist patients who cannot
afford to pay.

PSCU
Perinatal Special Care Unit

PSSIs
Peer Support Specialist Interns

PTSD
Post-traumatic stress disorder

Q

QRM

Quarterly Research Meetings

R

RICA

Recovery Innovations of California

RN

Registered nurse

RPS

Regional Perinatal System

RT

Respiratory Therapist

S

SANDAG

San Diego Association of Governments

SanDi-CAN

San Diego Community Action Network

SB 697

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

SBRT

Stereotactic body radiation therapy

SCHHC

Sharp Coronado Hospital and Healthcare Center

SCI

Spinal Cord Injury

SCVMC

Sharp Chula Vista Medical Center

SDC

San Diego County

SDCCEOL

San Diego County Coalition for Improving End-of-Life Care

SDCCOA

San Diego County Council on Aging

SDCTP

San Diego Care Transitions Partnership

SDG&E

San Diego Gas & Electric

SDHC

San Diego Housing Commission

SDi

San Diego Imaging

SDMGMA

San Diego Medical Group Management Association

SDRHCC

San Diego Regional Home Care Council

SDSU

San Diego State University

SGH

Sharp Grossmont Hospital

Sharp

Sharp HealthCare

Sharp Rehab

Sharp Rehabilitation Services

SHC

Sharp HealthCare

SHP

Sharp Health Plan

SICU

Surgical Intensive Care Unit

SIDS

Sudden Infant Death Syndrome

SIOP

Senior Intensive Outpatient Program

SLAH

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

SMBHWN

Sharp Mary Birch Hospital for Women & Newborns

SMC

Sharp McDonald Center

SMH

Sharp Memorial Hospital

SMMC

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

SMV

Sharp Mesa Vista Hospital

SNF

Skilled Nursing Facility

SoCAN

South County Action Network

SOHL

San Diego Organization of Healthcare Leaders

SRS

Sharp Rees-Stealy Medical Centers

START

Simple Triage and Rapid Treatment

STD

Sexually transmitted disease

STEMI

ST Elevation Myocardial Infarction – acute heart attack

SUHSD

Sweetwater Union High School District

SWC

Southwestern College

T**TACO**

Third Avenue Charitable Organization

ThinkFirst/Sharp on Survival

ThinkFirst/Sharp on Survival Institute for Injury and Violence Prevention

TLC

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

TRICARE

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

U

UCSD

University of California, San Diego

UNICEF

United Nations Children's Fund

USD

University of San Diego

US

United States of America

V

VA

Veterans Affairs

VEST

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

VIPs

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

VOICE

Vascular Outcomes Improvement Collaborative

W

WET

County of San Diego Mental Health Services Workforce Education and Training

WHI

West Health Institute

WHO

World Health Organization

WIC

Women, Infants, and Children Program

WME

World's Most Ethical

WRAP

RICA's Wellness Recovery Action Plan

Y

YESS

Young Enthusiastic Stroke Survivors

YMCA

Young Men's Christian Association

YWCA

Young Women's Christian Association



Transforming the Health Care Experience

As a not-for-profit organization, Sharp HealthCare places great value on the health of our community. Our mission is to improve the health of those we serve with a commitment to excellence in all that we do. Using advanced medical skill, the latest technology, and kindness and compassion, the people of Sharp are dedicated to providing health care the way it should be. This extraordinary level of care, called The Sharp Experience, helps make Sharp not only the best place to work and practice medicine, but also the best place for members of our community to receive care.

Sharp's commitment to improve the health of the San Diego community included a systemwide effort to take health screenings directly to community members. Throughout the year, Sharp team members provided health screenings for cholesterol, blood sugar, body mass index (BMI), blood pressure and tobacco use at sites across the county. Thousands of individuals received their screening results and personalized strategies to empower them to improve their overall health and well-being.

Commitment

1 An Overview of Sharp HealthCare

An exceptional community citizen does whatever is possible to improve the community. This includes providing exceptional patient care, providing trauma services, providing services that may not generate margins but are needed within the community (e.g., behavioral health), and recycling all that is possible to reduce our footprint on the community in landfills and power usage. - Ann Pumpian, Senior Vice President and Chief Financial Officer, Sharp HealthCare

Sharp HealthCare (Sharp or SHC) is an integrated, regional health care delivery system based in San Diego, Calif. The Sharp system includes four acute care hospitals; three specialty hospitals; two affiliated medical groups; 20 medical clinics; five urgent care facilities; three skilled nursing facilities; two inpatient rehabilitation centers; home health, hospice, and home infusion programs; numerous outpatient facilities and programs; and a variety of other community health education programs and related services. Sharp offers a full continuum of care, including: emergency care, home care, hospice care, inpatient care, long-term care, mental health care, outpatient care, primary and specialty care, rehabilitation, and urgent care. Sharp also has a Knox-Keene-licensed care service plan, Sharp Health Plan (SHP). Serving a population of approximately 3 million in San Diego County (SDC), as of September 30, 2013, Sharp is licensed to operate 2,110 beds, and has approximately 2,600 Sharp-affiliated physicians and more than 16,000 employees.

FOUR ACUTE CARE HOSPITALS:

Sharp Chula Vista Medical Center (343 beds)

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

Sharp Coronado Hospital and Healthcare Center (181 beds)

Sharp Coronado Hospital and Healthcare Center (SCHHC) provides services that include sub-acute and long-term care, rehabilitation therapies, joint replacement surgery, and hospice and emergency services. SCHHC is the largest provider of total joint surgeries in all of SDC.

Sharp Grossmont Hospital (540 beds)

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

Sharp Memorial Hospital (675 beds)

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

THREE SPECIALTY CARE HOSPITALS:

Sharp Mary Birch Hospital for Women & Newborns (206 beds)

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

Sharp Mesa Vista Hospital (149 beds)

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

Sharp McDonald Center (16 beds)¹

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

Collectively, the operations of SMH, SMBHWN, SMV and SMC are reported under the not-for-profit public benefit corporation of SMH, and are referred to herein as The Sharp Metropolitan Medical Campus (SMMC). The operations of Sharp Rees-Stealy Medical Centers (SRS) are included within the not-for-profit public benefit corporation of Sharp, the parent organization. The operations of SGH are reported under the not-for-profit public benefit corporation of Grossmont Hospital Corporation.

Mission Statement

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

Vision

Sharp's vision is to become the best health system in the universe. Sharp will attain this position by transforming the health care experience through a culture of caring, quality, service, innovation and excellence. Sharp will be recognized by employees, physicians, patients, volunteers and the community as the best place to work, the best place to practice medicine and the best place to receive care. Sharp will be known as an

¹ As a licensed chemical dependency recovery hospital, SMC is not required to file a community benefits plan. However, SMC is committed to community programs and services and has presented community benefits information in Section 11: SMV and SMC.

excellent community citizen, embodying an organization of people working together to do the right thing every day to improve the health and well-being of those it serves.

Values

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



Culture: The Sharp Experience

For more than 13 years, Sharp has been on a journey to transform the health care experience for patients and their families, physicians and staff. Through a sweeping organization-wide performance and experience improvement initiative called The Sharp Experience, the entire Sharp team has recommitted to purpose, worthwhile work, and creating the kind of health care people want and deserve. This work has added discipline and focus to every part of the organization, helping to make Sharp one of the nation's top-ranked health care systems. Sharp is San Diego's health care leader because it remains focused on the most important element of the health care equation: the people.

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

- *The best place to work:* Attracting and retaining highly skilled and passionate staff members who are focused on providing quality health care and building a culture of teamwork, recognition, celebration, and professional and personal growth. This commitment to serving patients and supporting one another will make Sharp “the best health system in the universe.”

- *The best place to practice medicine:* Creating an environment in which physicians enjoy positive, collaborative relationships with nurses and other caregivers; experience unsurpassed service as valued customers; have access to state-of-the-art equipment and cutting-edge technology; and enjoy the camaraderie of the highest-caliber medical staff at San Diego's health care leader.
- *The best place to receive care:* Providing a new standard of service in the health care industry, much like that of a five-star hotel; employing service-oriented individuals who see it as their privilege to exceed the expectations of every patient – treating them with the utmost care, compassion and respect; and creating healing environments that are pleasant, soothing, safe, immaculate, and easy to access and navigate.

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

Pillars of Excellence

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



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



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



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



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



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



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

Awards

Sharp has received the following recognition:



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



Sharp was recognized as one of the 2013 World's Most Ethical (WME) Companies by the Ethisphere Institute, the leading business ethics think-tank. The list highlights companies that outperform industry peers when it comes to ethical behavior. The 2013 WME companies are those that truly embrace ethical business practices and demonstrate industry leadership, forcing peers to follow suit or fall behind. Sharp was the only San Diego company named to the list.



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



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



SGH and SMH have both received MAGNET[®] Designation for Nursing Excellence by the American Nurses Credentialing Center (ANCC). The Magnet Recognition Program is the highest level of honor bestowed by the ANCC and is accepted nationally as the gold standard in nursing excellence. SMH was re-designated in March 2013.



Sharp was named one of the nation’s “Most Wired” health care systems in 2012 and 2013, as well as 1999 – 2009, by *Hospitals & Health Networks* magazine in the annual Most Wired Survey and Benchmark Study. “Most Wired” hospitals are committed to using technology to enhance quality of care for both patients and staff.



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



In 2012, SMH was designated as a Planetree Patient-Centered Hospital, joining SCHHC as the second hospital in the state to earn the honor. SMH is the largest and most complex hospital in the world to receive designation. SCHHC was originally designated in 2007 and is the only hospital in the state to be re-designated twice, occurring in both 2010 and 2013. Additionally, SCHHC was named a Planetree Hospital with Distinction for its leadership and innovation in patient-centered care. Planetree is a coalition of more than 100 hospitals worldwide that is committed to improving medical care from the patient’s perspective.



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



In FY 2013, SCHHC received Energy Star designation from the US Environmental Protection Agency (EPA) for outstanding energy efficiency for the fourth consecutive year. Buildings that are awarded the designation use an average of 40 percent less energy than other buildings and release 35 percent less carbon dioxide into the atmosphere. SCVMC also received the designation in 2013, and had received the award in previous years (2009-2011).



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



In 2013, multiple SHC entities were recognized by the Press Ganey organization for achievement of the Guardian of Excellence AwardsSM in: Employee Engagement (recipients were: SCVMC, SCHHC, SMBHWN, SMV, SRS and SHC); Patient Satisfaction (SMH – Sharp Senior Health Centers); and Physician Engagement (SCHHC, SMV). This designation recognizes awardees for having reached the 95th percentile for patient satisfaction, employee engagement, physician engagement surveys or clinical quality performance – based on one year of data.



In 2013, multiple SHC entities were recognized by the Press Ganey organization for achievement of the Beacon of Excellence AwardsSM in: Employee Engagement (SHC); Patient Satisfaction (SMH); and Physician Engagement (SCHHC and SMV). This designation recognizes awardees for maintaining consistently high levels of excellence in patient satisfaction (based on a three-year period), employee engagement, or physician engagement (the latter two based on the two most recent survey periods).

Patient Access to Care Programs

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

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

reference and accessibility. The results of the questionnaire allow SHC staff to have an informed discussion about coverage options with the patient, empowering the patient with options. By September 2013, Sharp helped guide approximately 56,700 self-pay patients through the maze of government health coverage programs while maintaining the patient's dignity through this program. In addition, Sharp has three hospitals that qualify as covered entities for the 340B Drug Pricing Program administered by the Health Resources and Services Administration (HRSA). Participation in the 340B Drug Pricing Program allows SMH, SCVMC and SGH to purchase outpatient drugs at reduced prices. The savings from this program are utilized to offset patient care costs for the most vulnerable patient populations and assist patients in obtaining access to medications through the Patient Assistance Team.

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

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

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

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

Sharp also continued to collaborate with the United Way's Project 25 program to provide financial information that will help the program gauge the effectiveness of its interventions to reduce use of emergent and other front line public resources. Project 25 is a partnership between United Way of San Diego County and the City and County of San Diego with a goal to provide permanent housing (via the San Diego Housing

Commission) and supportive services (via the County of San Diego) to at least 25 of San Diego County's chronically homeless, who are often the most frequent users of public resources.

Community Health Screenings

Sharp's commitment to improving community health extends beyond the walls of its health care facilities, and beginning in FY 2013, Sharp provided free health screenings directly to community members at sites throughout San Diego. Screenings were open to adults over the age of 18, and were completely confidential – only community members retained a copy of their results.

Throughout the year, Sharp health care professionals offered health screenings for cholesterol, blood sugar, body mass index (BMI), blood pressure and tobacco use. Approximately 50 screening events were held at nearly 20 sites across the County, and thousands of community members received screening results as well as personalized strategies to improve their overall health and well-being.

In the upcoming year, Sharp will continue its community health screenings with the goal of screening 5,000 community members throughout San Diego.

Health Professions Training

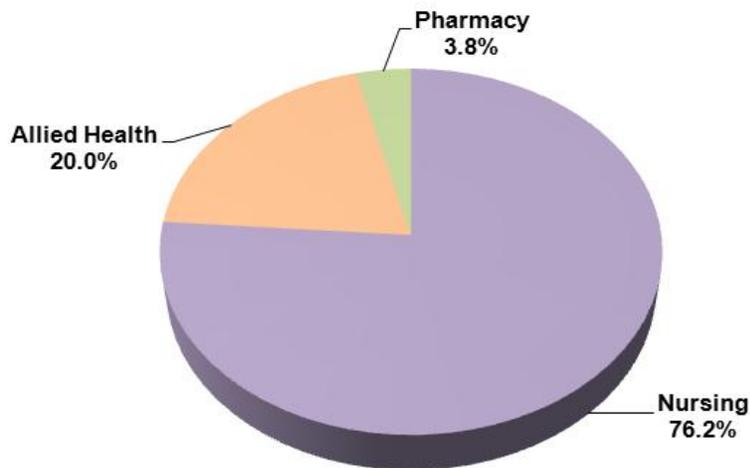
Internships

Students and recent health care graduates are a valuable asset to the community, and Sharp demonstrates a deep investment in these potential and newest members of the health care workforce through internships, financial aid and career pipeline programs. In FY 2013, there were more than 4,000 student interns within the Sharp system, providing nearly 550,000 hours in disciplines that included nursing, allied health and professional educational programs. Sharp provides education and training programs for students across the continuum of nursing (e.g., critical care, medical/surgical, behavioral health, women's services and wound care) and allied health professions such as rehabilitation therapies (speech, physical, occupational and recreational therapy), pharmacy, respiratory therapy, dietetics, lab, radiology, social work, psychology, business, health information management, and public health. Students from local community colleges such as Grossmont College (GC), San Diego Mesa College (MC), and Southwestern College (SWC); local and national university campuses such as San Diego State University (SDSU), University of California, San Diego (UCSD), University of San Diego (USD), and Point Loma Nazarene University (PLNU); and vocational schools such as Kaplan College (KC) participate in Sharp's health professions training. **Table 1** presents the students and student hours at each of the Sharp entities in FY 2013, and **Figure 1** presents the distribution of students at Sharp HealthCare by internship type in FY 2013.

Table 1: Sharp HealthCare Internships – FY 2013

Sharp HealthCare Entity	Nursing			Ancillary		Total	
	Students	Group Hours	Precepted Hours	Students	Hours	Students	Hours
Sharp Chula Vista Medical Center	837	56,252	21,107	165	39,053	1,002	116,412
Sharp Coronado Hospital and Healthcare Center	496	76,219	2,636	110	21,121	606	99,976
Sharp Grossmont Hospital	565	38,754	13,570	210	48,273	775	100,597
Sharp Mary Birch Hospital for Women & Newborns	195	14,420	4,456	23	4,864	218	23,740
Sharp Memorial Hospital	393	28,370	16,462	305	56,276	698	101,108
Sharp Mesa Vista Hospital	307	23,628	3,272	26	10,708	333	37,608
Sharp Hospice Care	87	0	696	2	650	89	1,346
Sharp HealthCare	230	0	35,665	132	32,138	362	67,803
Total	3,110	237,643	97,864	973	213,083	4,083	548,590

Figure 1: Sharp HealthCare Interns by Student Type – FY 2013



Health Sciences High and Middle College

Sharp has teamed up as an industry partner with charter school Health Sciences High and Middle College (HSHMC) to provide students broad exposure to careers available in health care. During FY 2013, more than 330 HSHMC students spent thousands of hours on various Sharp campuses. The collaboration between Sharp and HSHMC prepares high school students to enter health science and medical technology careers in the following five career pathways: biotechnology research and development, diagnostic services, health informatics, support services and therapeutic services.

Throughout the school year, supervised HSHMC students rotated through instructional pods in various departments such as nursing, OB/GYN, occupational and physical therapy, behavioral health, Surgical Intensive Care Unit (SICU), Medical Intensive Care Unit (MICU), imaging, rehabilitation, laboratory, pharmacy, engineering, pulmonary, cardiac services, and operations. The students not only had the opportunity to observe patient care, but also received guidance from Sharp staff on career ladder development and job/education requirements. HSHMC students earn high school diplomas, complete college entrance requirements and have opportunities to earn community college credits, degrees or vocational certificates.

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

Lectures and Continuing Education

Sharp contributes to the academic environment of many colleges and universities in San Diego. In FY 2013, Sharp staff committed hundreds of hours to the academic community by providing lectures, courses and presentations on numerous college/university campuses throughout San Diego. Through the delivery of a variety of guest lectures, including pharmacy practice lectures, health information technology lectures at MC, clinical nurse specialist education at PLNU, and a variety of health administration lectures to public health graduate students at SDSU, Sharp staff remain active and engaged with San Diego's academic health care community.

Sharp's Continuing Medical Education (CME) department assesses, designs, implements and evaluates educational initiatives for Sharp's affiliated physicians, pharmacists and other health care professionals to better serve the health care needs of the San Diego community. In FY 2013, the professionals at Sharp HealthCare CME invested more than 2,200 hours in numerous CME activities open to San Diego health care providers, ranging from conferences on patient safety, readmissions, breast cancer, orthopedics, kidney transplant and diabetes, to presentations on the hospitalist's experience and hospital overcrowding.

Research

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

Sharp HealthCare Institutional Review Board

Sharp HealthCare's Institutional Review Board (IRB) seeks to promote a culture of safety and respect for individuals who choose to participate in research for the greater good of the community. All proposed Sharp entity research studies with human participants are required to be reviewed by the Sharp HealthCare IRB. The purpose of this review is to protect participant safety and maintain responsible research conduct. In FY 2013, a dedicated IRB committee of 12 individuals – including physicians, psychologists, research nurses and pharmacists – devoted hundreds of hours to the review and analysis of both ongoing and new research studies.

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

Outcomes Research Institute

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

Among its current and future goals, the ORI aims to ensure patient care produces outcomes consistent with evidence-based medical literature; to analyze the relationships between processes and outcomes for treatments, interventions and quality improvement initiatives; to establish associations between practice, costs and outcomes

for patient care; and to develop and disseminate effective approaches to quality care delivery in the health care community. The ORI has completed a number of pilot studies to collect data on optimal sample sizes and variables for expanded research measuring long-term influence of quality interventions on: heart failure readmission, optimal glycemic control in the hospital setting, and inpatient complication rates and length of stay after bowel surgery. Currently the ORI has 12 active studies in various phases of development and analysis.

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

Additionally, the ORI collaborates with SDC education and research communities to develop and strengthen those connections. The ORI Student Research Intern Program offers advanced nursing and public health students an opportunity to learn about and become involved in outcomes research. Since its inception in 2011, the program has enrolled 11 students (approximately two per semester). The interns learn about outcomes research, and produce presentations that document their research study experience. Furthermore, the ORI has reached out to the academic community to foster partnership for outcomes research. As a result, the ORI currently is in discussion with researchers at National University (NU), SDSU's Cancer Center Comprehensive Partnership, and the Health Research and Educational Trust to develop common themes as the basis for future research collaborations.

Evidence-Based Practice Institute

Sharp participates in the Evidence-Based Practice Institute (EBPI), which prepares teams of staff fellows (interprofessional staff) and mentors to change and improve clinical practice and patient care. This change occurs through identifying a care problem, developing a plan to solve it, and then incorporating the new knowledge into practice. The EBPI is part of the Consortium of Nursing Excellence, San Diego, which promotes evidence-based practice in the nursing community. The consortium is a partnership between SCVMC, SGH, SMBHWN, SMH, Scripps Health, Rady Children's Hospital – San Diego, UC San Diego Health System, San Diego VA Medical Center and Elizabeth Hospice, as well as PLNU, SDSU, Azusa Pacific University (APU), and USD.

In FY 2013, the EBPI consisted of a nine-month program culminating with a community conference and graduation ceremony in November. The project results of all EBPI fellows are shared at the ceremony. EBPI fellows partner with their mentors and participate in a variety of learning strategies. Mentors facilitate the process of conducting an evidence-based practice change and navigating the hospital system to support the fellow through the process of evidence-based practice. Mentors also assist the fellow in working collaboratively with other key hospital leadership personnel.

The San Diego EBPI includes six full-day class sessions that incorporate group activities, as well as self-directed learning programs outside of the classroom, in addition to the structured mentorship provided throughout the program. In FY 2013, 42 fellows graduated from the EBPI program, and completed projects that addressed compelling issues in the health care community, such as: reducing ED recidivism in the homeless and underinsured population, pain reduction in the post-surgical open heart cardiac patients, noise reduction in the Intensive Care Unit (ICU) setting; and early mobilization of mechanically ventilated patients in the ICU setting. Sharp actively participates in the EBPI through the provision of instructors and mentors, as well as administrative coordination.

Volunteer Service



Sharp Lends a Hand

In FY 2013, Sharp continued its systemwide community service program, Sharp Lends a Hand (SLAH), to further support the San Diego communities it serves. In October, Sharp team members suggested project ideas that: focused on improving the health and well-being of San Diego in a broad, positive way; relied on Sharp for volunteer labor; supported nonprofit initiatives, community activities or other programs that serve the residents of SDC; and could be completed by September 30, 2013.

Eleven projects were selected: Stand Down for Homeless Veterans; San Diego Food Bank; Serra Mesa Food Pantry; Feeding America San Diego; Life Rolls On – They Will Surf Again; Just in Time for Foster Youth; Helen Woodward Animal Center: Puppy Love 5K Run/Walk; USS Midway Foreign Object Damage Walk-Down; San Diego River Park Foundation – Habitat Restoration; San Diego River Park Foundation – River Mouth Restoration; and Waste Collection. In support of these projects, more than 1,400 Sharp employees, family members and friends volunteered over 4,600 hours.¹

During eight days in June and July, more than 375 Sharp employees, family members and friends volunteered at Veterans Village of San Diego and San Diego High School. The volunteers sorted and organized clothing donations and provided on-site support, medical services and companionship to hundreds of homeless veterans at Stand Down for Homeless Veterans, an annual event sponsored by Veterans Village of San Diego.

The San Diego Food Bank feeds people in need throughout SDC, and advocates and educates the public about hunger-related issues. During ten days in March, April, May,

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

June and August, more than 560 SLAH volunteers inspected and sorted donated food, assembled boxes, and cleaned the San Diego Food Bank warehouse.

The Serra Mesa Food Pantry was created to provide food to individuals and families who live in the Serra Mesa area and who are experiencing temporary struggles in obtaining basic necessities during illness, unemployment, or other crisis. In April and May, 20 SLAH volunteers participated in the Serra Mesa Food Pantry to help lessen the impact of hunger in our community.

Feeding America San Diego is SDC's largest distributor of food and the only Feeding America affiliate in the county. In partnership with more than 160 local school districts, agencies and a network of volunteers, the organization serves 73,000 children, families and seniors in need each week. In June, more than 120 SLAH volunteers joined Feeding America in an effort to create a hunger-free and healthy San Diego.

More than 75 SLAH volunteers provided assistance to Life Rolls On – They Will Surf Again in September. The Life Rolls On Foundation is dedicated to improving the quality of life for young people affected by spinal cord injury (SCI) through action sports. The award-winning series of bi-coastal events empowers paraplegics and quadriplegics to experience mobility through surfing, with support from adaptive equipment and volunteers.

In June, nearly 20 SLAH volunteers joined Just in Time for Foster Youth, an organization dedicated to helping foster youth achieve self-sufficiency and well-being as they transition into adulthood. Each year, Just in Time volunteers come together to give dozens of transitioning foster youth the resources and encouragement they need to begin a new life chapter as college students. Participating youth connect with potential lifelong mentors and successful Just in Time alumni, receive laptops and printers, learn valuable tips on money management, legal matters and practical purchases, and pair up with a volunteer shopper to buy essential dorm furnishings and school supplies.

During two days in February, nearly 30 SLAH volunteers provided support for the Helen Woodward Animal Center's Puppy Love 5K Run/Walk on Highway 101 in Solana Beach, including setting up exhibit booths, assisting with registration and working as route/road marshals. The Helen Woodward Animal Center is a San Diego-based nonprofit organization committed to saving the lives of animals by providing humane care, animal adoption, and other programs and resources for individuals who care for animals.

In April, approximately 20 SLAH volunteers helped keep the USS Midway decks clean during the USS Midway Foreign Object Damage Walk-Down, a routine activity on an active aircraft carrier to prevent debris from getting sucked into and damaging the aircraft engines.

Founded in 2001, the San Diego River Park Foundation is a community-based grassroots nonprofit organization that works to protect the greenbelt from the mountains

to the ocean along the 52-mile San Diego River. The Foundation works with community groups and other organizations dedicated to the San Diego River, the River Park, and its wildlife, recreation, water, cultural and community values. In January and May, nearly 80 SLAH volunteers joined the San Diego River Park Foundation's Habitat and River Mouth Restoration efforts.

In support of waste reduction for a healthier environment, 16 SLAH volunteers participated in Sharp HealthCare's Waste Collection event for the community during Earth Week in April. At the event, community members and employees recycled approximately 150 pounds of pharmaceutical waste, 3,250 pounds of electronic waste and 1,200 pounds of shredded paper documents. Volunteers assisted attending collection agencies with set-up, clean-up, traffic control, and guiding event visitors.

Sharp Humanitarian Service Program

In FY 2013, the Sharp Humanitarian Service Program funded 50 Sharp employees, enabling them to participate in service programs that provide health care or other supportive services to underserved or adversely affected populations, including residents of Haiti, rural Guatemala and other impoverished areas. Sharp employees devoted their time and expertise to a variety of humanitarian organizations, including Camp Beyond the Scars, an effort of the San Diego Burn Institute that has been offered since 1994, and that provides one week of free summer camp in July for approximately 50 children between the ages of 5 and 17 with burn injuries.

Another Sharp team member traveled to impoverished communities in India to assess the needs of the Tibetans, which included an interview with the Health Kalon for the Tibetan people living in exile in North India and Nepal. The trip also included time volunteering to provide Math and English lessons at a local school called "Shrestra," which translates to the idea that every child is a container of possibilities. In addition to providing academic lessons, the school serves as a safe haven for these children, providing some nutrition, care, and a refuge from their impoverished living conditions. The experience was not only beneficial for the children, but also inspiring and life-changing for the volunteers.

Sharp staff also participated in multiple week-long medical/surgical mission trips to the northwest mountains of Guatemala in FY 2013. This included teams of 60 to 100 individuals consisting of Sharp-affiliated physicians, surgeons, anesthesiologists, nurses, technical staff, therapists, students, chaplains, and many others. Teams participated in this effort in partnership with the Ioamai Medical Ministries and Helps International. Over the course of each trip – about ten days – the teams provided surgeries under different specialties, such as General Surgery, OB/GYN, Plastics, ENT, Cleft Palate Repair, and Urology. Basic clinic and dentistry services were also available. In addition, a team built stoves in rural houses to keep fires off the floor and reduce burns and smoke inhalation exposure, and other teams provided a water purification unit.

In the five days provided as a functioning temporary hospital, teams performed an average of 100 to 150 surgeries and saw 1,000 to 2,000 patients in clinic. The teams served rural and urban populations surrounding the sites at no cost, and in some cases, members of the impoverished mountain community traveled many hours to receive care at the hospital. Sharp also donated numerous supplies and equipment to this life-changing experience for both patients and participants.



Community Walks HEART WALK

For the past 18 years, Sharp has proudly supported the American Heart Association® (AHA) annual San Diego Heart & Stroke Walk. In September 2013, more than 1,000 walkers represented Sharp at the 2013 San Diego Heart & Stroke Walk held at Petco Park in the downtown area. Sharp was the No. 1 team in San Diego and the AHA Western Region Affiliates, raising nearly \$205,000.

Sharp Volunteers

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

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

In FY 2013, Sharp HospiceCare provided extensive training for nearly 50 new volunteers in FY 2013. Volunteers underwent a rigorous 32-hour training program to confirm their understanding of and commitment to hospice care prior to serving as part of the hospice interdisciplinary team. Once trained, volunteers devoted their time to both patient care and clerical and administrative support. In addition, Sharp HospiceCare offered its Teen Volunteer Program, training five teenagers in FY 2013. Through the program, teens are assigned special projects in the office or patient assignments at Sharp HospiceCare's LakeView and ParkView homes, including simple acts of kindness such as sitting with patients, listening to their stories, providing grooming and hygiene tasks, and being a comforting presence by just holding their hand. Sharp HospiceCare also hosted a student volunteer from San Diego Metropolitan Regional & Technical High School during FY 2013. The student spent time in both Sharp HospiceCare's administrative office and a Sharp HospiceCare home, and experienced hospice care

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

through case conferences, interdisciplinary team (IDT) meetings and a variety of other tasks.

Sharp HospiceCare also coordinates a volunteer-run wig donation program for community members who suffer from hair loss. In FY 2013, Sharp HospiceCare and its volunteers met with 29 individuals and provided approximately 58 wigs, as well as donated wigs to patients at the Douglas and Nancy Barnhart Cancer Center at SCVMC. Volunteers also participated in the Sharp HospiceCare Memory Bear Program to support community members who have lost a loved one. Through the program, volunteers sew teddy bears out of garments of those who have passed on, which serve as special keepsakes and permanent reminders of the grieving family member's loved one. In FY 2013, Sharp HospiceCare volunteers devoted approximately 3,400 hours to handcraft more than 750 bears for more than 260 families. Sharp HospiceCare recognized its volunteers by providing a monthly volunteer support group and acknowledging their valuable contribution during National Volunteer Month and National Hospice Month.

At Sharp Metropolitan Medical Campus (SMMC), the volunteer-run Arts for Healing program was established to improve the spiritual and emotional health of patients that face significant medical challenges by utilizing the power of art and music to enhance the healing process. The program provides services at SMH, SMH Outpatient Pavilion (OPP), SMBHWN, SMV and SMC. Since the inception of the program in 2007, more than 36,000 patients and their families, guests and staff have benefitted from the time and talent provided by Arts for Healing staff and volunteers. Trained volunteers are the primary providers of the program, which is coordinated by a chaplain of the Spiritual Care program. In FY 2013, 50 volunteers, including several students from PLNU and San Diego Mesa College (MC), supported Arts for Healing by facilitating art activities for patients and their loved ones.

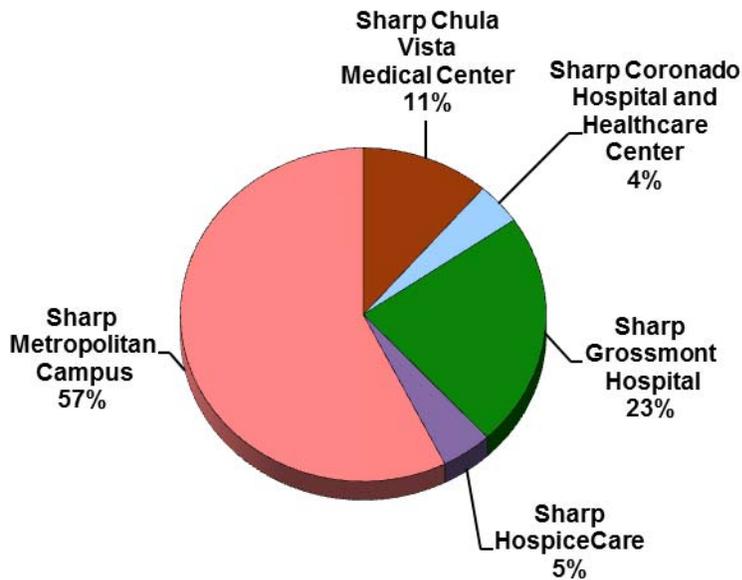
In FY 2013, nearly 3,400¹ individuals volunteered for various programs across the Sharp system, contributing more than 247,000 hours of their time in service to Sharp and its initiatives. This includes more than 930 auxiliary members and thousands more individual volunteers from the San Diego community. More than 9,800 of these hours were provided externally to the community through activities such as delivering meals to homebound seniors and assisting with health fairs and events. **Table 2** details the number of individual volunteers and the hours provided in service to each of Sharp's entities, specifically for patient and community support. **Figure 2** displays the percent of these volunteers at each entity. Volunteers also spent additional hours supporting Sharp's three foundations for events like the Grossmont Hospital Foundation's annual Golf Tournament; galas held for SCHHC and SGH, and other events in support of Sharp entities and services.

¹ This total includes Sharp board members, and volunteers from Sharp Rees-Stealy Medical Group. Information on Sharp board members is detailed on the following page but is not included in the table below. Sharp executives and staff serving on Sharp boards are excluded from this total.

Table 2: Sharp Individual Volunteers and Volunteer Hours – FY 2013

Sharp HealthCare Entity	Individual Volunteers	Volunteer Hours
Sharp Chula Vista Medical Center	368	4,935
Sharp Coronado Hospital and Healthcare Center	132	8,394
Sharp Grossmont Hospital	738	112,309
Sharp HospiceCare	146	12,356
Sharp Metropolitan Medical Campus	1,862	100,733
TOTAL	3,246	238,727

Figure 2: Sharp Individual Volunteers by Entity – FY 2013



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

Volunteers on Sharp’s auxiliary boards and the various Sharp entity Boards volunteer their time to provide program oversight, administration and decision making regarding financial resources. In FY 2013, 138 community members contributed their time to Sharp’s boards.

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

Other Sharp Volunteer Efforts

In FY 2013, Sharp staff volunteered their time and passion to a number of unique initiatives, underscoring Sharp's commitment to the health and welfare of San Diegans. Below are just a few examples of how Sharp employees gave of themselves to the San Diego community.

SGH's Engineering Department participated in a number of initiatives in FY 2013, including the This Bud's for You program. The program brought comfort to unsuspecting patients and their loved ones with the delivery of hand-picked flowers from the medical campus's abundant gardens. The SGH landscape team grew, cut, bundled and delivered colorful bouquets each week, bringing an element of natural beauty to patients and visitors of both the hospital and Sharp's hospice homes. The team also regularly offered single-stem roses in a small bud vase to passers-by. In its third year, This Bud's for You has become a natural part of the landscape team's day, an act that is simply part of what they do to enhance the experience of visitors to the hospital.

SGH also continued to provide the Shirt Off Our Backs program during the 2012 holiday season. Also in its third year, this program brought clothing, shoes, blankets and household items directly to San Diego's homeless population. The SGH landscape team and Engineering Department, the SGH Auxiliary and local businesses collaborated to implement the program, while SGH's Waste Management team provided ancillary support with loaner recycle bins to use for collection. Hundreds of pounds of clothing, shoes, towels, blankets, toiletries and other items that could be put to use immediately were collected, washed, folded, boxed/bagged and prepared for delivery to the San Diego population in need. This year three pickup trucks were required to deliver the collected items. The efforts provided food and comfort to all who expressed need – ranging from small children to adults of all sizes.

The SGH Engineering Department also participated in the Food Bank's Food 4 Kids Backpack program in FY 2013. The goal of the program is to provide a backpack full of child-friendly, shelf-stable food for elementary school children who receive a free meal at school, but are suffering from hunger over the weekends when little or no food is available. The objective of the program is to alleviate hunger, improve school performance, improve health and provide additional information to parents about other local community services. Through hospital-wide support at SGH, approximately 2,000 pounds of food were collected, filling more than 200 backpacks for chronically hungry elementary school students.



As San Diego's largest private employer, Sharp recognizes that the health of its patients, employees and the community is directly tied to the health of their environment. Sharp promotes a culture of environmental responsibility by providing education and outreach to employees to improve their health and the health of those they serve. Sharp created its All Ways Green™ logo to brand its environmental activities and communicate sustainable activities throughout Sharp and the San Diego community. Sharp's systemwide All Ways Green™ Committee is charged with evaluating opportunities and recognizing best practices in seven distinct areas: (1) energy efficiency, (2) alternative energy generation, (3) water conservation, (4) waste minimization, (5) cleaner means of transportation, (6) green building design, and (7) sustainable food practices. Established Green Teams at each entity are responsible for developing new programs that educate Sharp employees to conserve natural resources and reduce, reuse and recycle. Sharp has also partnered with its vendors and other organizations in the community to develop new programs and initiatives to help achieve its environmental goals. Sharp's Environmental Policy serves to affirm its commitment to improving the health of the environment and therefore the communities it serves.

According to the US Environmental Protection Agency (EPA), inpatient hospital facilities are the second-most energy-intensive industry after food service and sales, with energy utilization rates 2.7 times greater than that of office buildings on a square-foot basis. Unlike other industries, hospitals must operate 24 hours a day, seven days a week, and must provide service during power outages, natural disasters and other emergencies. Given this reality, Sharp has embarked on several green initiatives to enhance energy efficiency, including: retro-commissioning of heating, ventilation and air conditioning (HVAC) systems; lighting retrofits; pipe insulations; infrastructure control initiatives; occupancy sensor installation; energy audits; energy-efficient motor and pump replacements; equipment modernization; and development of a Sharp HealthCare Energy Guideline to help manage energy utilization practices throughout the system. In FY 2013, Sharp underwent a significant lighting retrofit project that resulted in energy savings of more than 1.7 million kilowatt hours, and decreased carbon dioxide production by nearly 1,305 tons that year. Furthermore, Sharp was awarded a Certificate of Recognition from the EPA for instituting a power management program on more than 10,000 computers within the system in May. This effort enables computers and monitors to go into a low-power sleep mode after a period of inactivity, and has the potential for an annual savings of up to \$50.00 per computer by conserving unnecessary electricity. All Sharp entities participate in the EPA's Energy Star (ES) database and monitor their ES scores on a monthly basis. ES is an international standard for energy efficiency created by the EPA. Buildings that are certified by ES must earn a 75 or higher on the EPA's energy performance scale, indicating that the building performs better than at least 75 percent of similar buildings nationwide, without sacrifices in comfort or quality. According to the EPA, buildings that qualify for the ES typically use 35 percent or less energy than buildings of similar size and function. As a result of Sharp's commitment to superior energy performance and responsible use of natural resources, SCHHC first earned the ES certification in 2007, and then again each

year from 2010 through 2013, while SCVMC received ES certification in 2009, 2010, 2011 and 2013. In addition, Sharp's new SRS Downtown medical office building is the first Leadership in Energy and Environmental Design (LEED) gold-certified medical office building in San Diego.

According to the EPA, hospital water use constitutes seven percent of the total water used in commercial and institutional buildings in the US. In an effort to conserve water, Sharp has researched and implemented numerous infrastructure changes and best practices to ensure Sharp's facilities are optimally operated while monitoring and measuring water consumption, including: installation of motion-sensing faucets and toilets in public restrooms; low-flow showerheads and toilets in patient rooms and locker rooms; drip irrigation systems; mist eliminators; micro-fiber mops; water-saving devices and equipment; water monitoring and control systems; water practice and utilization evaluations; regular rounding to identify leaks; reduced landscape watering times; hardscaping; and redesigning areas with low-water plant species.

The EPA and Hospitals for a Healthy Environment report that each patient generates approximately 15 pounds of waste each day, while US medical centers generate approximately two million tons of waste each year. Sharp has implemented a comprehensive waste minimization program to significantly reduce the waste generated at each entity, including single-stream recycling; reprocessing of surgical instruments; use of reusable sharps and pharmaceutical waste containers; hard-sided surgical cases to reduce blue wrap used during the instrument sterilization process; use of recyclable paper for printing brochures, newsletters and other marketing materials; electronic patient bills and paperless payroll; recycling of exam table paper; repurposing of supplies, equipment and furniture; encouragement of reduced paper use at meetings through electronic correspondence; and use of one-at-a-time paper napkin and plastic cutlery dispensers.

To reduce their carbon footprint, Sharp's primary office supply vendor, Office Depot, created the GreenerOffice™ Delivery Service in which they replaced its small and mid-sized cardboard boxes with paper bags composed of 40 percent post-consumer recycled material. The paper bags are protected during shipping by reusable plastic totes, which are returned to Office Depot for reuse. Sharp was an early adopter of the program in an effort to make their delivery requests more environmentally friendly. Sharp's participation in this program will result in an estimated annual reduction of 22,000 less pounds of wood, 24,000 pounds of CO₂, 82,000 gallons of wastewater and 8,000 pounds of solid waste. Furthermore, Office Depot and Sharp have arranged for 30 percent recycled copy paper to be used at all Sharp entities.

In April, Sharp was named Recycler of the Year at the City of San Diego's 21st annual Waste Reduction and Recycling Award program for SMH and SMBHWN. Also in April, Sharp held its fourth-annual systemwide All Ways Green Earth Week event, including Earth Fairs at each of the Sharp entities. During the fairs, employees learned how they can contribute to recycling, waste minimization, healthy eating practices and other

sustainability efforts. Many of Sharp's key vendor partners participated in the Earth Fairs to help raise awareness of green initiatives and how they involve Sharp. During Earth Week Sharp hosted a free community waste collection event at their corporate office location where community members and employees recycled approximately 150 pounds of pharmaceutical waste, 3,250 pounds of electronic waste and 1,200 pounds of shredded paper documents.

Throughout FY 2013 Sharp continued its recycling efforts with the Lion's Club Recycle Sight program, through which employees recycle their personal eyeglasses and sunglasses by donating them to people in need both locally and globally. On average, Sharp employees donated approximately 250 pairs of glasses through the program in FY 2013. Sharp also recognizes America Recycles Day each November through a systemwide electronic announcement highlighting Sharp's recycling efforts and accomplishments, and offering reminders for proper workplace recycling.

The impact of Sharp's waste reduction programs has been significant. In FY 2013, Sharp facilities diverted over 7.6 million pounds of paper, cardboard, glass, metals, polystyrene, batteries, ink and toner, medical equipment and electronic waste from local landfills. This included, but was not limited to 36,827 pounds of waste diverted through utilization of reusable sharps and pharmaceutical waste containers at SCHHC and SMMC, as well as systemwide recycling of 210,694 pounds of hazardous and universal waste (e.g., batteries, solvents and fluorescent light bulbs), and 37,246 pounds of waste diverted through surgical device reprocessing. **Table 3** presents the quantity of waste diversion at Sharp shown as pounds (lbs.) diverted. In the coming year, Sharp aims to reduce its waste generation by two percent, or approximately 430,000 pounds.

Table 3: Sharp HealthCare Waste Diversion – FY 2013

Sharp HealthCare Entity	Recycled Waste Per Year (lbs.)	Total Waste Per Year (lbs.)	Percent Recycled
Sharp Chula Vista Medical Center	713,872	2,513,406	28%
Sharp Coronado Hospital and Healthcare Center	229,586	1,307,361	18%
Sharp Grossmont Hospital	1,617,209	4,887,676	33%
Sharp Metropolitan Medical Campus	2,335,655	6,814,358	34%
Total Sharp HealthCare¹	7,649,727	20,580,271	37%

Sharp implements sustainable food practices throughout the system, including removal of styrofoam from cafeterias; use of green-label kitchen soaps and cleansers; electronic café menus; recycling of all cardboard, cans and grease from cafés; and partnering with

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

vendors who are committed to reducing product packaging. Other sustainable food practices include organic markets at each of Sharp's hospitals and corporate office; Meatless Mondays, purchasing of hormone-free milk; and increased purchasing of locally grown fruits and vegetables, approaching 65 percent at some entities. Both SMH and SCHHC have also created the first County-approved organic gardens with produce to be used at employee cafés.

Since 2012, SMH and SMBHWN have partnered with the City of San Diego to implement a Food Waste Composting Program, making Sharp the first San Diego health care organization to join the city's initiative. Through this program, food waste is picked up weekly by EDCO, a solid waste vendor, for transport to the Miramar Greenery, a 74-acre facility located at the Miramar Landfill in Kearny Mesa. The composted rich soil is sold to commercial landscapers and non-city residents, and provided at no charge to city residents at volumes of up to two cubic yards. According to the City of San Diego, such waste diversion programs contribute to the landfill's lifespan being extended from 2012 to at least 2022. Sharp continues to work with the City to expand food waste composting to other Sharp entities.

Ride sharing, public transit programs and other transportation efforts contribute to the reduction of Sharp's transportation emissions. Sharp uses centralized patient scheduling to improve patient vanpools, and has replaced higher fuel-consuming cargo vans with economy Ford transit vehicles, saving approximately five miles per gallon. Sharp also ensures carpool parking spaces, designated bike racks and motorcycle spaces are available at each employee parking lot, as well as offers discounted monthly bus passes for purchase by employees. Throughout the year, Sharp's Commuter Solutions Sub-Committee works to develop new programs and marketing campaigns to educate employees on the benefits of ride sharing to further reduce the number of cars on the road.

In partnership with the San Diego Association of Governments (SANDAG), a vanpool and carpool match-up program exists at Sharp to help employees find convenient ride share partners. Sharp employees also utilize SANDAG's online iCommute TripTracker tool to monitor the cost and carbon savings of their alternate methods of commuting. In FY 2013, Sharp employees saved more than two million miles and reduced more than 1,383,000 pounds of carbon dioxide through carpooling, vanpooling, biking, walking, telecommuting and the use of public transportation. Through these efforts, Sharp achieved second place in the Mega Employer category through the SANDAG Rideshare 2013 Corporate Challenge. In March, Sharp was the only health care organization in SDC to be named an All-Star Award winner in SANDAG's 2013 Diamond Award program, which recognizes participants in SANDAG's iCommute program for their outstanding contributions to reducing traffic congestion and greenhouse gases in SDC.

Sharp furthered its support of green transportation through several bike to work initiatives in FY 2013. In October, nearly 130 Sharp employees pedaled to work for Sharp HealthCare's first Bike to Work Day, while in May, Sharp encouraged employees to ride their bikes to work in recognition of National Bike to Work Day. In fact, Sharp

participated in the 4th annual iCommute Bike to Work 2013 Corporate Challenge for the entire month of May (National Bike Month), competing with similar-sized organizations for the highest percentage of bike ridership for the month. In June, Sharp also promoted National Dump the Pump Day to employees by sharing special Dump the Pump Day promotions from iCommute, such as vanpool discounts and gift card drawings, for individuals who pledged to “Dump the Pump” and make green transportation choices.

As part of the nationwide Electric Vehicle Project, Sharp has installed electric vehicle chargers (EVCs) at its corporate office location and SMMC. Sharp is the first health care system in San Diego to offer EVCs, supporting the creation of a national infrastructure required for the promotion of EVCs to reduce carbon emissions and dependence on foreign oil. Sharp will continue its efforts to expand EVCs at other entities.

In FY 2013, Sharp hosted two community workshops to share its waste minimization best practices. SMH and SMBHWN partnered with the City of San Diego to host a workshop for local companies to learn about the hospitals’ food waste composting experiences and exploring composting at their own organizations. Sharp also partnered with SDC to host a complimentary community workshop on proper disposal of pharmaceuticals, including pharmaceutical waste liability, regulatory compliance and cost effective disposal strategies. Participants included hospital and pharmacy personnel, and medical providers who handle pharmaceuticals.

Sharp’s waste minimization initiatives have been recognized by several publications, including *BioCycle*, a national magazine about composting, renewable energy and sustainability; *San Diego Business Journal*; and by the California State CalRecycle website, which cited Sharp HealthCare as one California’s models for health care industry food scraps management.

Table 4 below highlights the All Ways Green™ efforts at Sharp entities.

Going forward, Sharp remains committed to the All Ways Green™ initiative and will continue to investigate opportunities to reduce its carbon footprint. Sharp’s All Ways Green™ Committee continues to work with system employees, physicians and corporate partners to develop new and creative ways to reduce Sharp’s impact on the environment and meet their goal of being an outstanding community citizen through environmental responsibility.

Table 4: All Ways Green Initiatives by Sharp Entity – FY 2013

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

Entity	Energy Efficiency	Water Conservation	Waste Minimization	Education and Outreach
SGH	Energy audits Energy Star participation HVAC projects Lighting retrofits Retro-commissioning	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Electronic café menus Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling Surgical instrument reprocessing	Earth Week activities Environmental policy Green Team No Smoking Policy Organic farmer's market Recycling education Ride share promotion
Sharp System Services	Electric vehicle chargers Energy audits Energy efficient chillers/motors Energy Star participation HVAC projects Lighting retrofits Occupancy sensors Thermostat control software	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Mist eliminators	Electronic patient bills and paperless payroll Electronic and pharmaceutical waste recycling events Green Grocer's market Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling	Earth Week activities Environmental policy Green Team No Smoking Policy Recycling education Ride share promotion
SHP	Energy audits HVAC projects Lighting retrofits Occupancy sensors	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices	Single-serve paper napkin and plastic cutlery dispensers Single-stream recycling Spring cleaning events	Earth Week activities Environmental policy Green Team No Smoking Policy Recycling education

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

Entity	Energy Efficiency	Water Conservation	Waste Minimization	Education and Outreach
SRS	Energy audits Energy Star participation Lighting retrofits	Drip irrigation Drought-tolerant plants and bark-covered ground Electronic faucets Evaluation of water utilization practices Hardscaping Landscape water reduction systems Low-flow systems Mist eliminators	Single-serve paper napkin and plastic cutlery dispensers Recycling of exam paper Single-stream recycling Styrofoam elimination	Contractor education Earth Week activities Environmental policy Green Team No Smoking Policy Recycling education Ride share promotion

Emergency and Disaster Preparedness

Sharp contributes to the health and safety of the San Diego community through essential emergency and disaster planning activities and services. Throughout FY 2013, Sharp provided education to community members, staff and other health care professionals on emergency and disaster preparedness.

Sharp’s disaster preparedness team offered several disaster education courses to first responders, health care providers and community members across SDC. The Hospital-Based First Receiver Awareness Course and First Receiver Operations Course were offered as a two-part series to educate and prepare hospital staff for a decontamination event. Course topics included decontamination principles and best practices, basic hazards, utilization of appropriate Personal Protective Equipment (PPE), response concepts, containment, decontamination and recovery. A standardized, on-scene federal emergency management training for hospital management entitled, NIMS (National Incident Management System)/ ICS (Incident Command System)/ HICS (Hospital Incident Command System), was also offered by Sharp’s disaster team, as well as a START (Simple Triage and Rapid Treatment) Triage/ Jump START Triage class to train emergency responders at all levels to triage a large volume of trauma victims within a short period of time. Sharp’s disaster team also led a Pediatric/Burn Surge course to train hospital staff, health care providers and other emergency responders to effectively manage specific patient populations during a surge or abnormal event.

In October 2012, Sharp's disaster preparedness team hosted a Domestic Chemical All-Hazards Conference for approximately 90 community health care and emergency preparedness professionals. The conference included a key note speaker from San Diego's Hazardous Materials (HAZMAT) Team, as well as presentations including Current Trends in Hazardous Material Response, Chemical Suicide, Chemical Agents Review, and Personal Readiness During Chemical Events. That same month, Sharp's disaster leadership presented at a statewide conference of more than 900 hospital staff, state and local officials, and key preparedness and response partners at the California Hospital Association's (CHA) eighth annual Disaster Planning for California Hospitals Conference in Sacramento, Calif. Presentations aimed at helping hospitals strengthen their disaster planning efforts, and included Business Continuity Planning Tips, Tools and Implementation, and Continuing Care During Loss of Power.

In FY 2013, Sharp's disaster leadership donated their time to state and local organizations and committees, including Southern California Earthquake Alliance, County of San Diego Emergency Medical Care Committee (EMCC), San Diego Disaster Committee, and the County of San Diego Healthcare Disaster Council, a group of representatives from SDC hospitals, other health care delivery agencies, county officials, fire agencies, law enforcement, American Red Cross and others who meet monthly to share best practices for emergency preparedness. In addition, Sharp's disaster leadership served on the Statewide Medical Health Exercise work group that designed training materials, including an exercise guidebook and other resources, for the 2013 California Statewide Medical Health Training and Exercise Program through the California Department of Public Health (CDPH) and the Emergency Medical Services Authority (EMSA). The program is designed to guide local emergency planners in developing, planning and conducting emergency responses. Furthermore, Sharp disaster leadership is part of the San Diego Patient Tracking Committee, which is designing a Family Assistance Center (FAC) for the county in an effort to aid community members in finding their loved ones during a disaster event.

Sharp supports safety efforts of the state and the City of San Diego through maintenance and storage of a county decontamination trailer at SGH, to be used in response to a mass decontamination event. In addition, Sharp stores and maintains 24 state hospital ventilators at three of its hospitals, and is exploring opportunities to join the EMSA Mobile Field Hospital (MFH) program to provide maintenance and storage for a state MFH. The MFH is designed to increase disaster preparedness by rapidly responding to emergencies such as earthquakes, fires and floods that impact hospital surge needs. Within 72 hours of an emergency, the MFH can provide up to 600 acute care hospital beds for patient treatment and transport anywhere in the state. Additionally, all Sharp hospitals are prepared for an emergency with backup water supplies that last up to 96 hours in the event the system's normal water supply is interrupted.

As part of its participation in the US Department of Health & Human Services Public Health Emergency Hospital Preparedness Program (HPP) grant, Sharp created the Sharp HealthCare HPP Disaster Preparedness Partnership (the Partnership). The

Partnership includes SCVMC, SCHHC, SGH, SMH, SRS Urgent Care Centers and Clinics, San Diego's Ronald McDonald House, Rady Children's Hospital, Scripps Mercy Hospital, Kaiser Hospital, Alvarado Hospital, Paradise Valley Hospital, the Council of Community Clinics, Naval Air Station North Island/Naval Medical Services, San Diego County Sheriffs, MCAS Miramar Fire Department and Fresenius Medical Centers. The Partnership seeks to continually identify and develop relationships with health care entities, nonprofit organizations, law enforcement, military installations and other organizations that serve SDC and are located near partner health care facilities. Through networking, planning, and the sharing of resources, trainings and information, the partners will be better prepared for a collaborative response to an emergency or disaster affecting SDC. In FY 2013, the Partnership drafted a SDC NICU Evacuation Plan to guide health care providers in the safe evacuation of the neonatal patient population during a disaster. Next, the Partnership will begin drafting a similar evacuation plan for the maternal and newborn patient population.

In FY 2014, Sharp will host a Household Disaster Preparedness Expo to educate San Diego community members on effective disaster preparedness and response in the event of an earthquake, fire, power outage, or other emergency. The expo will include a variety of local disaster vendors and emergency personnel, and include valuable disaster education and emergency demonstrations. Sharp also plans to collaborate with other SDC hospitals to create regional decontamination teams of health care personnel trained to respond to a community decontamination event. Internally, Sharp plans to develop employee disaster teams who will be trained to provide leadership, order and safety during an emergency or disaster.



Addressing the Community's Needs

In fiscal year 2013, Sharp HealthCare provided unreimbursed community benefits programs and services, including unreimbursed medical care services; benefits for vulnerable populations and the broader community; and health research, education and training programs. *The Sharp HealthCare Community Benefits Plan and Report, Fiscal Year 2013*, addresses the following community needs: access to care for individuals without a medical provider and other vulnerable populations; education, screening

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

Commitment

2 Executive Summary

To have a positive impact requires a conscious effort to think of the needs of others around us and make sure these needs are met to the best of our ability.

– Susan Stone, Chief Executive Officer, Sharp Coronado Hospital and Healthcare Center

This Executive Summary provides an overview of community benefits planning at Sharp HealthCare (Sharp), a listing of community needs addressed in this Community Benefits Report, and a summary of community benefits programs and services provided by Sharp in Fiscal Year (FY) 2013 (October 1, 2012, through September 30, 2013). In addition, the summary reports the economic value of community benefits provided by Sharp, according to the framework specifically identified in SB 697, for the following entities:

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

Community Benefits Planning at Sharp HealthCare

Sharp bases its community benefits planning on its triennial community health needs assessments (CHNA) combined with the expertise in programs and services of each Sharp hospital.

Listing of Community Needs Addressed in this Community Benefits Report

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

- Access to care for individuals without a medical provider, and support for high-risk, underserved and underfunded patients
- Education and screening programs on health conditions such as heart and vascular disease, stroke, cancer, diabetes, preterm delivery, unintentional injuries and behavioral health
- Health education and screening activities for seniors
- Special support services for hospice patients and their loved ones, and for the community
- Support of community nonprofit health organizations
- Education and training of health care professionals
- Collaboration with local schools to promote interest in health care careers
- Welfare of seniors and disabled people
- Cancer education, patient navigator services, and participation in clinical trials
- Women's and prenatal health services and education
- Meeting the needs of new mothers and their loved ones
- Mental health and substance abuse education for the community

Highlights of Community Benefits Provided by Sharp in FY 2013

The following are examples of community benefits programs and services provided by Sharp hospitals and entities in FY 2013.

- Unreimbursed **Medical Care Services** included uncompensated care for patients who are unable to pay for services, and the unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA), and TRICARE – the regionally managed health care program for active-duty and retired members of the uniformed services, their loved ones and survivors; and

unreimbursed costs of workers' compensation programs. This also included financial support for on-site workers to process Medi-Cal eligibility forms.

- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; financial and other support to community clinics to assist in providing health services, and improving access to health services; Project HELP; Project CARE; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; financial and other support to the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information, and participation in community health fairs and events addressing the unique needs of the community, as well as providing flu vaccinations, health screenings and support groups to the community. Sharp collaborated with local schools to promote interest in health care careers; made Sharp facilities available for use by community groups at no charge; and executive leadership and staff actively participated in numerous community organizations, committees and coalitions to improve the health of the community. See **Appendix A** for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.
- **Health Research, Education and Training Programs** included education and training programs for medical, nursing and other health care professionals, as well as student and intern supervision and time devoted to generalizable, health-related research projects that were made available to the broader health care community.

Economic Value of Community Benefits Provided in FY 2013

In FY 2013, Sharp provided a total of **\$331,338,317** in community benefit programs and services that were unreimbursed. **Table 1** displays a summary of unreimbursed costs based on the categories specifically identified in SB 697. **Figure 1** presents the percentage distribution by each category, and **Figure 2** presents the percentage distribution within the Medical Care Services category.

Table 1: Total Economic Value of Community Benefits Provided¹
Sharp HealthCare Overall – FY 2013

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ²	\$78,779,825
	Shortfall in Medicare ²	144,932,844
	Shortfall in San Diego County Indigent Medical Services ²	37,738,890
	Shortfall in CHAMPVA/TRICARE ²	4,374,145
	Shortfall in Workers' Compensation ²	228,311
	Charity Care and Bad Debt ³	54,315,585
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ⁴	2,336,152
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ⁴	2,019,316
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ⁴	6,613,249
TOTAL		\$331,338,317

¹ Economic value is based on unreimbursed costs.

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp HealthCare Overall - FY 2013

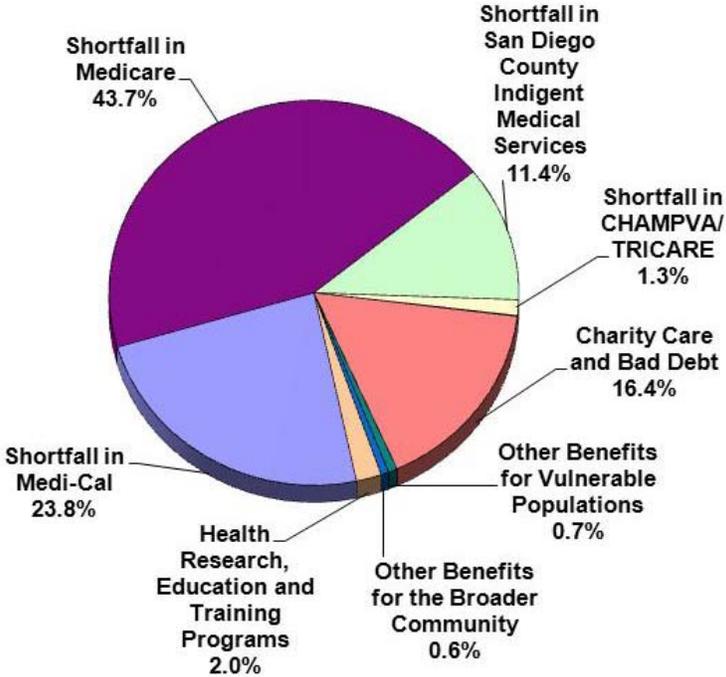


Figure 2: Percentage of Unreimbursed Medical Care Services
 Sharp HealthCare Overall - FY 2013

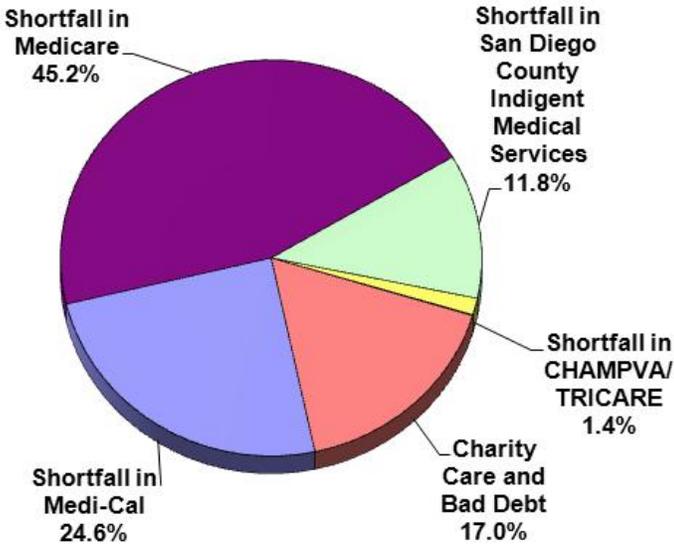
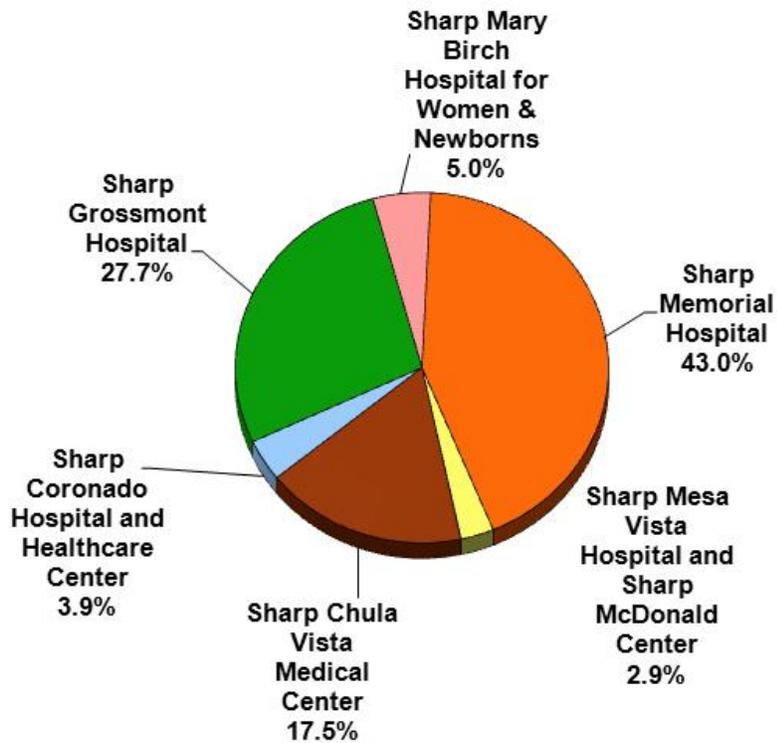


Table 2 shows a listing of these unreimbursed costs provided by each Sharp entity and **Figure 3** shows the percentage distribution by Sharp entity.

Table 2: Total Economic Value of Community Benefits Provided¹
By Sharp HealthCare Entities – FY 2013

Sharp HealthCare Entity	Estimated FY 2013 Unreimbursed Costs
Sharp Chula Vista Medical Center	\$58,068,422
Sharp Coronado Hospital and Healthcare Center	12,816,465
Sharp Grossmont Hospital	91,752,299
Sharp Mary Birch Hospital for Women & Newborns	16,555,900
Sharp Memorial Hospital	142,526,818
Sharp Mesa Vista Hospital and Sharp McDonald Center	9,506,932
Sharp Health Plan	111,481
ALL ENTITIES	\$331,338,317

Figure 3: Percentage of Community Benefits Provided by Entity
Sharp HealthCare Entities – FY 2013



¹ Economic value is based on unreimbursed costs.

Table 3 includes a summary of unreimbursed costs for each Sharp entity based on the categories specifically identified in SB 697. In FY 2012, Sharp lead the community in unreimbursed medical care services among San Diego County’s SB 697 hospitals and health care systems. For a detailed summary of unreimbursed costs of community benefits provided by each Sharp entity in FY 2013, see tables presented in **Sections 4** through **11**.

Table 3: FY 2013 Detailed Economic Value of Community Benefits at Sharp HealthCare Entities Based on Senate Bill 697 Categories¹

Sharp HealthCare Entity	SENATE BILL 697 CATEGORY				Estimated FY 2013 Unreimbursed Costs
	Medical Care Services	Other Benefits for Vulnerable Populations	Other Benefits for the Broader Community	Health Research, Education and Training Programs	
Sharp Chula Vista Medical Center	\$55,459,890	\$298,638	\$357,808	\$1,952,086	\$58,068,422
Sharp Coronado Hospital and Healthcare Center	11,632,883	45,919	73,897	1,063,766	12,816,465
Sharp Grossmont Hospital	89,362,696	714,579	675,348	999,676	91,752,299
Sharp Mary Birch Hospital for Women & Newborns	16,080,737	43,972	130,528	300,663	16,555,900
Sharp Memorial Hospital	139,240,414	742,030	563,455	1,980,919	142,526,818
Sharp Mesa Vista Hospital and Sharp McDonald Center	8,592,980	484,130	113,683	316,139	9,506,932
Sharp Health Plan	-	6,884	104,597	0	111,481
ALL ENTITIES	\$320,369,600	\$2,336,152	\$2,019,316	\$6,613,249	\$331,338,317

¹ Economic value is based on unreimbursed costs.



Designing the Community Benefits Strategy

Since 1995, Sharp HealthCare has participated in a countywide collaboration with hospitals, health care organizations and community agencies to conduct a triennial community health needs assessment (CHNA). In preparation of Sharp's annual Community Benefits Plan and Report, each Sharp-affiliated organization reviews community needs identified in the CHNA, updates its community benefits objectives in response to those identified needs, reports and categorizes the economic value of community benefits provided according to Senate Bill 697, and creates a community benefits plan for the upcoming fiscal year.

In 2013, Sharp participated in a new CHNA process with the Hospital Association of San Diego and Imperial Counties, the Institute for Public Health at San Diego State University and local hospitals to identify health needs for San Diego County. The results of this collaborative, countywide CHNA process provided the foundation to develop CHNAs for each Sharp entity in fiscal year 2013. For the *Sharp HealthCare Community Benefits Plan and Report*, Fiscal Year 2013, Sharp hospitals utilized the results of their individual 2013 CHNAs to help identify and address the needs of their communities.

3 Community Benefits Planning Process

When I think about making a difference in our community, I think about making things better. Whether it is individuals or organizations in need, it isn't about being a hero; rather, it's simply about leaving things in a better state than when you found them. Making an impact on the community is about making a difference in the lives of community members. - Alison Fleury, Senior Vice President of Business Development, Sharp HealthCare

For the past 17 years, Sharp HealthCare (Sharp or SHC) has based its community benefits planning on findings from a triennial Community Health Needs Assessment (CHNA) process, as well as the combination of expertise in programs and services of each Sharp hospital and knowledge of the populations and communities served by those hospitals.

Methodology to Conduct the 2013 Sharp HealthCare Community Health Needs Assessments

Since 1995, Sharp has participated in a countywide collaborative that includes a broad range of hospitals, health care organizations, and community agencies to conduct a triennial CHNA. Findings from the CHNA, the program and services expertise of each Sharp hospital, and knowledge of the populations and communities served by those hospitals combine to provide a foundation for community benefits planning and program implementation.

To address the new requirements under Section 501(r) within Section 9007 of the Affordable Care Act, and IRS Form 990, Schedule H for not-for-profit hospitals, San Diego County (SDC) hospitals engaged in a new, collaborative CHNA process. This process gathered both salient hospital data and the perspectives of community health leaders and residents in order to identify and prioritize health needs for community members across the county, with a particular focus on vulnerable populations. Additionally, the process aimed to highlight health issues that hospitals could impact through programs, services and collaboration.

In this endeavor, Sharp collaborated with the Hospital Association of San Diego and Imperial Counties (HASD&IC), the Institute for Public Health (IPH) at San Diego State University (SDSU), and SDC hospital systems including: Kaiser Foundation Hospital, San Diego; Palomar Health; Rady Children's Hospital; Scripps Health; Tri-City Medical Center and UC San Diego Health System. The complete report of this collaborative process – the HASD&IC 2013 CHNA – is available for public viewing at <http://www.hasdic.org>.

The results of this collaborative CHNA process significantly informed the 2013 CHNAs for each Sharp hospital, and individual hospital assessments were further supported by additional data collection and analysis and community outreach specific to the primary communities served by each Sharp hospital. Additionally, in accordance with federal regulations, the Sharp Memorial Hospital (SMH) 2013 CHNA also includes needs identified for communities served by Sharp Mary Birch Hospital for Women & Newborns (SMBHWN), as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). As such, the SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities.

The 2013 CHNAs for each Sharp hospital will guide current and future community benefit programs and services, especially for high-need community members. This section describes the general methodology employed for each of Sharp HealthCare's 2013 CHNAs.

Data Collection and Analysis

As the study area for both the collaborative HASD&IC 2013 CHNA and the Sharp 2013 CHNAs cover SDC, the HASD&IC 2013 CHNA process and findings significantly informed Sharp's CHNA process and as such, are described as applicable throughout the various CHNA reports. For complete details on the HASD&IC 2013 CHNA process, please visit the HASD&IC website at: <http://www.hasdic.org> or contact Lindsey Wade, Vice President, Public Policy at HASD&IC at lwade@hasdic.org.

For the HASD&IC 2013 CHNA process, the IPH employed a rigorous methodology using both community input (primary data sources) and quantitative analysis (secondary data sources) to identify and prioritize the top health conditions in SDC. These health needs were prioritized based on the following criteria:

- Has a significant prevalence in the community
- Contributes significantly to the morbidity and mortality in SDC
- Disproportionately impacts vulnerable communities
- Reflects a need that exists throughout SDC
- Can be addressed through evidence-based practices by hospitals and health care systems

Figure 1: HASD&IC 2013 CHNA Framework



Source: www.hasdic.org

Quantitative data (secondary sources) for both the HASD&IC 2013 CHNA and the individual Sharp hospital CHNAs included 2011 calendar year hospital discharge data at the ZIP code level, health statistics from the San Diego County Health and Human Services Agency (HHSA), the US Census Bureau, the Centers for Disease Control and Prevention, and others. The variables analyzed are included in **Table 1** below, and were analyzed at the ZIP code level wherever possible:

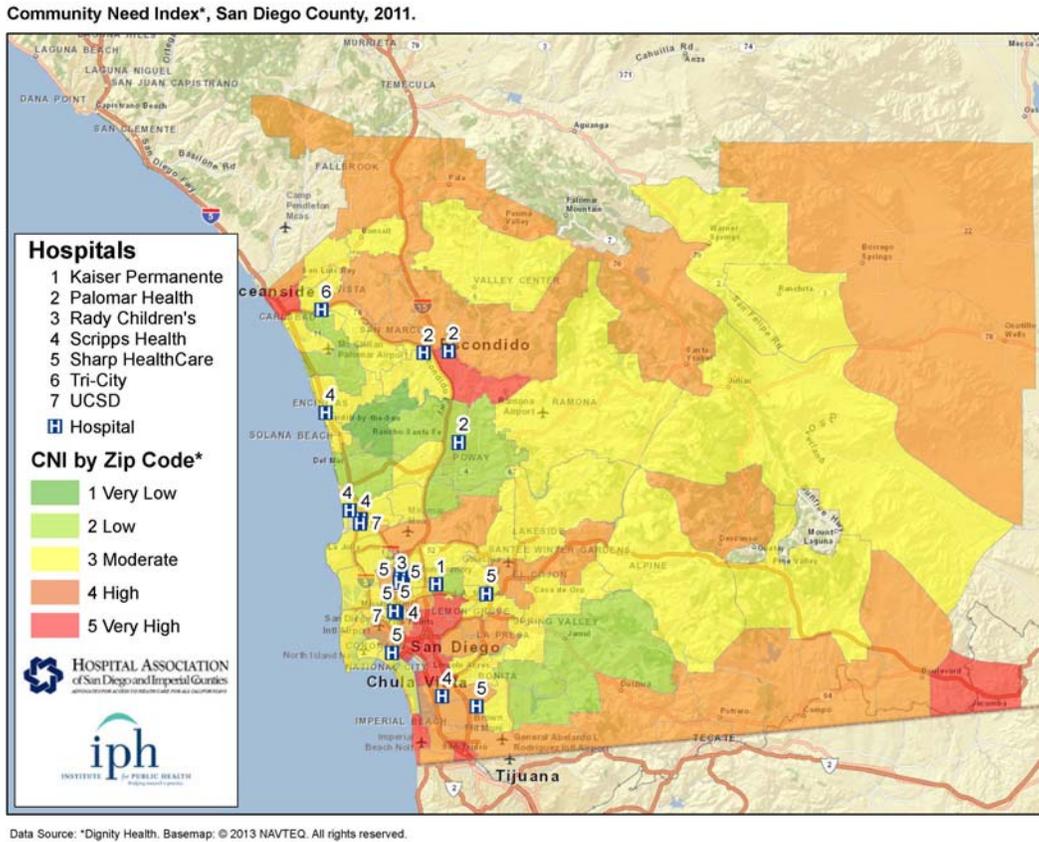
Table 1: Variables Analyzed in the HASD&IC and Sharp HealthCare 2013 CHNAs

Secondary Data Variables
Inpatient Hospitalizations by Cause
Emergency Department Visits by Cause
Demographic Data (socio-economic indicators)
Mortality Data
Regional Disease-Specific Health Data (County HHSA)
Self-Reported Health Data (California Health Interview Survey)
Specialized Health Data /Reports (various)

Recognizing that health needs differ across the region and that socioeconomic factors impact health outcomes, both HASD&IC’s 2013 CHNA and Sharp’s 2013 CHNA processes utilized the Dignity Health/Truven Community Need Index (CNI) to identify communities in SDC with the highest level of health disparities and needs. Residents in five of these high-need neighborhoods across SDC were asked to provide input in a community forum setting. **Figure 1** below presents a map based on CNI score for SDC:

areas of high need (CNI score of 4-5) are indicated with red/orange while areas of lower need (CNI score of 1-3) are yellow and green. The CNI tool is publicly accessible at http://www.dignityhealth.org/Who_We_Are/Community_Health/STGSS044508.

Figure 1: CNI Map of SDC



For the HASD&IC 2013 CHNA, IPH conducted primary data collection through three methods: an online community health leader/health expert survey, key informant interviews and community forums. The community health leader/health expert survey was completed by 89 members of the health care community, including health care and social service providers, academics, community-based organizations assisting the underserved and other public health experts. Over the winter and spring of 2013, five community forums were held in communities of high need across SDC, reaching a total of 106 community residents. In addition, IPH conducted five key informant interviews with individuals chosen by virtue of their professional discipline and knowledge of health issues in SDC. Key informants included county public health officers, health care and social service providers, and members of community-based organizations.

Following consultation with the CHNA Planning Teams at each Sharp hospital, additional, specific feedback from additional key informants and community residents was also collected. Community members were asked for open-ended feedback on the health issues of greatest importance to them, as well as any significant barriers they face in maintaining health and well-being.

Findings

Through the combined analyses of the results for all the data and information gathered, the following conditions were identified as priority health needs for the primary communities served by Sharp hospitals (listed in alphabetical order):

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular Disease
- Diabetes, Type II
- High-Risk Pregnancy
- Obesity
- Orthopedics
- Senior Health (including end-of-life care)

As the CHNAs were hospital-specific, not all of Sharp's hospitals identified all of the above priority health needs through their CHNA process, given the specific services the individual hospitals provide to the community. For instance, Sharp Mesa Vista Hospital, the largest provider of mental health, chemical dependency and substance abuse treatment in SDC, identified behavioral health as a priority health need for the community members it serves, however it did not identify other needs such as cancer, high-risk pregnancy, etc.

In addition, as part of the collaborative CHNA process, the IPH conducted a content analysis of all qualitative feedback collected through the HASD&IC 2013 CHNA process – key informants, online survey respondents and community members – and found that the input fell into one of the following five categories:

- Access to Care or Insurance
- Care Management
- Education
- Screening Services
- Collaboration

Sharp is committed to the health and well-being of the community, and the findings of Sharp's 2013 CHNAs will help to inform the activities and services provided by Sharp to improve the health of the community members it serves. The 2013 CHNA process also generated a list of currently existing resources in SDC, an asset map, that address the health needs identified through the CHNA process. While not an exhaustive list of the available resources in San Diego, this map will serve as a resource for Sharp to help

continue, refine and create programs that meet the needs of their most vulnerable community members.

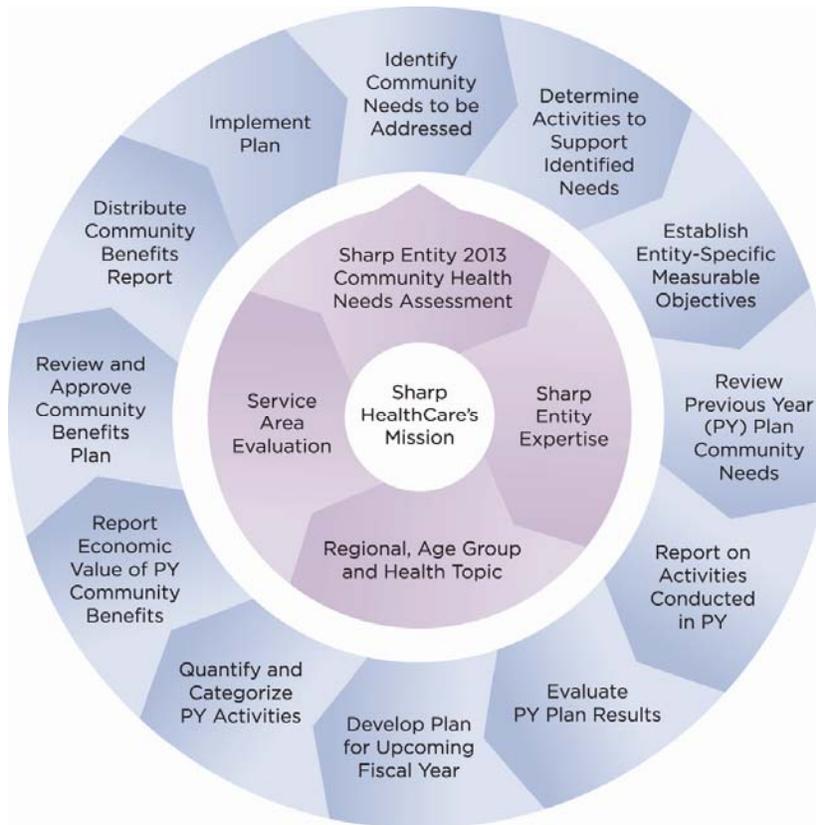
With the challenging and uncertain future of health care, there are many factors to consider in the development of programs to best serve members of the San Diego community. The health conditions and health issues identified in this CHNA, including, but not limited to health care and insurance access and education and information for all community members, will not be resolved with a quick fix. On the contrary, these resolutions will be a journey requiring time, persistence, collaboration and innovation. It is a journey that the entire Sharp system is committed to making, and Sharp remains steadfastly dedicated to the care and improvement of health and well-being for all San Diegans.

The 2013 CHNAs for each Sharp hospital are available online at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm> or by contacting Sharp HealthCare Community Benefits at communitybenefits@sharp.com.

Determination of Priority Community Needs: Sharp HealthCare

Sharp entities reviewed their 2013 CHNAs and used these assessments to help determine priority needs for the communities served by their hospitals. In identifying these priorities, Sharp entities also considered the expertise and mission of its programs and services, in addition to the needs of the unique, ever-changing demographics and health topics that comprise Sharp's service area and region.

Figure 1: Sharp HealthCare Community Benefits Plan and Process



Steps Completed to Prepare an Annual Community Benefits Report

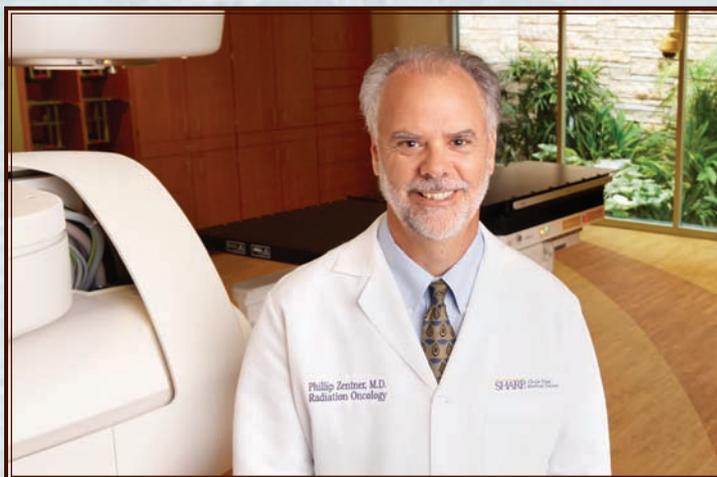
On an annual basis, each Sharp hospital performs the following steps in preparation of its Community Benefits Report, illustrated in **Figure 1** above:

- Establishes and/or reviews hospital-specific **measurable objectives** taking into account results of the entity CHNA and evaluation of the entity’s service area and expertise/services provided to the community
- Verifies the need for an ongoing focus on identified community needs and/or adds new identified community needs
- Reports on activities conducted in the prior fiscal year – **FY 2013 Report of Activities**
- Develops a plan for the upcoming fiscal year, including specific steps to be undertaken – **FY 2014 Plan**
- Reports and categorizes the **economic value of community benefits provided in FY 2013**, according to the framework specifically identified in SB 697

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

Ongoing Commitment to Collaboration

In support of its ongoing commitment to working with others on addressing community health priorities to improve the health status of SDC residents, Sharp executive leadership, operational experts and other staff are actively engaged in the national American Hospital Association, statewide California Hospital Association, HASD&IC, and other local collaboratives such as Combined Health Agencies and the Community Health Improvement Partners Behavioral Health Work Team.



Supporting the South Bay

~ SHARP CHULA VISTA MEDICAL CENTER ~

Sharp Chula Vista Medical Center is committed to the health and well-being of the South Bay community. Through free support groups, the hospital offers a comforting environment for people to discuss a variety of health topics.

Heart disease support groups led by Sharp professionals offer those living with cardiovascular disease the opportunity to not only receive education and helpful information regarding their care, but also to connect with community members experiencing the same health issues. Breastfeeding support groups in

both English and Spanish allow new parents to share the joys and challenges of breastfeeding with other parents in the community. And residents whose lives have been touched by cancer can find support through the Douglas & Nancy Barnhart Cancer Center, including support groups for breast and prostate cancer as well as caregivers of people facing cancer. New teleconferencing technology even helps women participate in a breast cancer support group from the comfort of their own home via computer.

4 Sharp Chula Vista Medical Center

Giving back to our community means that we are trying to improve the health and welfare of people who live in our community. Everyone has to do a little and get involved. – Pablo Velez, Chief Executive Officer, Sharp Chula Vista Medical Center

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

FY 2013 Community Benefits Program Highlights

SCVMC provided a total of **\$58,068,422** in community benefits in FY 2013. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697.

Table 1: Economic Value of Community Benefits Provided
Sharp Chula Vista Medical Center – FY 2013

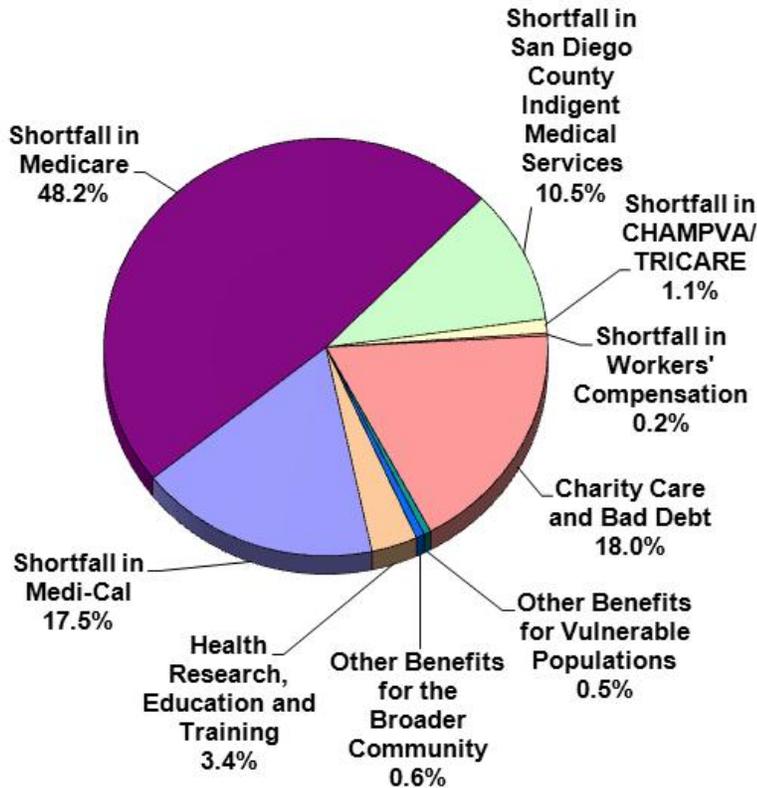
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$10,184,784
	Shortfall in Medicare ¹	27,970,108
	Shortfall in San Diego County Indigent Medical Services ¹	6,070,966
	Shortfall in CHAMPVA/TRICARE ¹	630,753
	Shortfall in Workers' Compensation ¹	126,020
	Charity Care and Bad Debt ²	10,477,259
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	298,638
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	357,808
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,952,086
TOTAL		\$58,068,422

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Chula Vista Medical Center – FY 2013



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services; and financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included insulin and other diabetes treatment for underserved, uninsured individuals to care for their diabetes at home; van transportation for patients to and from medical appointments; Project HELP that provides funding for medications, transportation and other needs to assist patients who cannot afford to pay; programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; support of the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics in English and Spanish; participation in community

health fairs and events; Spanish and English support groups; flu vaccinations and health screenings for blood glucose, blood pressure, cholesterol, stroke, body mass index (BMI), bone density, balance, foot drop treatment, breast cancer and prostate cancer; the Breast Cancer Patient Navigator Program; and SCVMC's collaboration with local schools to promote interest in health care careers. SCVMC also offered meeting room space at no charge to community groups. In addition, hospital staff actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS), Kiwanis Club of Bonita, Chula Vista Chamber of Commerce, Chula Vista Rotary, Susan G. Komen Breast Cancer Foundation and the South Bay YMCA. See **Appendix A** for a listing of Sharp's community involvement. Additionally, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; and time devoted to generalizable, health-related research projects that were made available to the broader health care community.

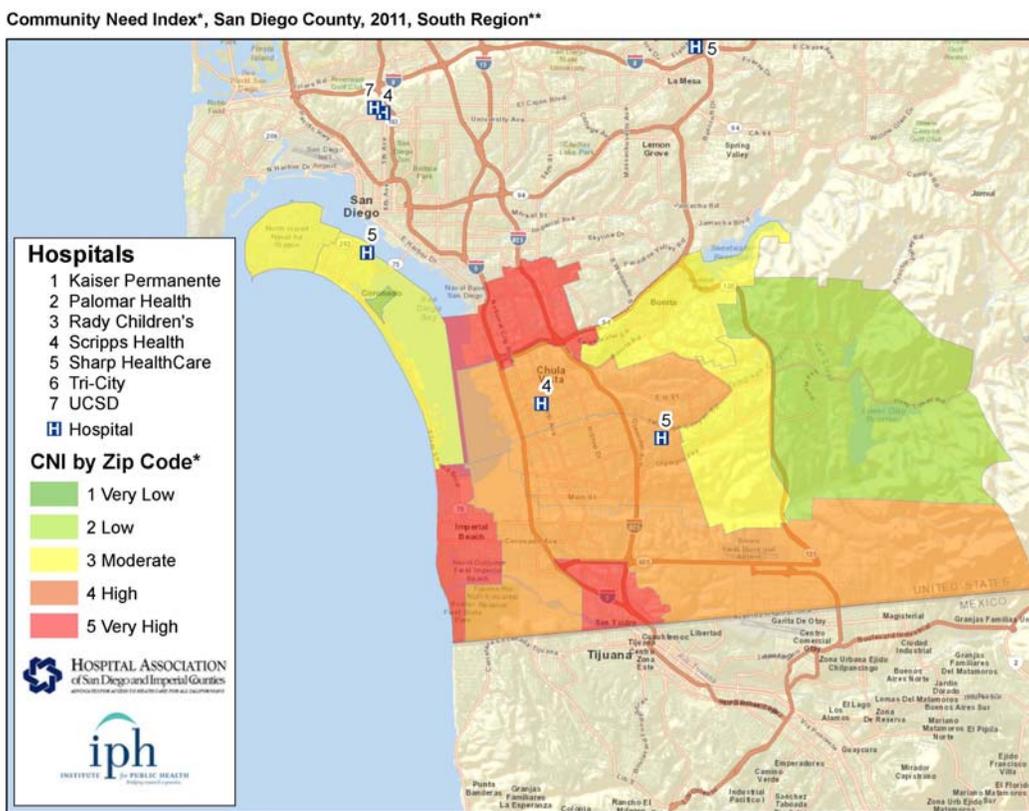
Definition of Community

The community served by SCVMC encompasses the south region of San Diego County (SDC), including the sub-regional areas of Chula Vista, Imperial Beach, Otay Mesa, Bonita, Sweetwater, National City and Coronado. See **Appendix B** for a map of community and region boundaries in SDC. Notably, most residents of Coronado utilize Sharp Coronado Hospital and Healthcare Center.

For SCVMC's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to Dignity Health's CNI, communities served by SCVMC with especially high need include: Imperial Beach, National City, and Southeast San Diego. **Figure 2** below presents a map of the CNI scores across San Diego's south region.

Figure 2: CNI Map – SDC’s South Region



Data Source: *Dignity Health, **Regions obtained by using Health and Human Services Agency Regional breakdown. Basemap: © 2013 NAVTEQ. All rights reserved.

In the County's south region in 2011, 96.4 percent of children ages 0 to 11 years, 95.1 percent of children ages 12 to 17, and 75.7 percent of adults had health insurance, failing to meet the HP 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

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

Table 2: Health Care Access in SDC's South Region, 2011

Description	Rate		Year 2020 Target
Current Health Insurance Coverage			
Children 0 to 11 Years	96.4%	■	100%
Children 12 to 17 Years	95.1%	■	100%
Adults 18 and Older	75.7%	■	100%
Regular Source of Medical Care			
Children 0 to 11 Years	95.2%	■	100%
Children 12 to 17 Years	83.9%	■	100%
Adults 18 and Older	84.5%	■	89.4%
Not Currently Insured			
Adults 18 to 64 Years	23.8%	■	

Source: 2011-2012 Community Health Interview Survey (CHIS)

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC's South Region (Adults Ages 18 to 64 Years), 2011

Description	Rate
Medi-Cal Eligible	5.5%
Healthy Families Eligible	0.0%
Not Eligible	94.5%

Source: 2011-2012 CHIS

Cancer and heart disease were the top two leading causes of death in the County's south region. See **Table 4** for a summary of leading causes of death in the south region. For additional demographic and health data for communities served by SCVMC, please refer to the SCVMC 2013 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 4: Leading Causes of Death in SDC's South Region, 2011

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	706	25.9%
Diseases of heart	693	25.4
Alzheimer's disease	148	5.4
Cerebrovascular diseases	131	4.8
Chronic lower respiratory disease	129	4.7
Diabetes mellitus	117	4.3
Accidents (unintentional injuries)	110	4.0
Intentional self-harm	51	1.9
Chronic liver disease and cirrhosis	50	1.8
Influenza and pneumonia	38	1.4
All other causes	557	20.4
Total Deaths	2,730	100.0%

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

Community Benefits Planning Process

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

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

Priority Community Needs Addressed in Community Benefits Report – SCVMC 2013 CHNA

Through the SCVMC 2013 CHNA, the following priority health needs were identified for the communities served by SCVMC (in alphabetical order):

- Behavioral Health (Mental Health)
- Cancer
- Cardiovascular disease
- Diabetes, Type II
- Obesity
- Senior Health (including end-of-life care)

In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease (as part of education and screening activities), cancer, diabetes and senior health (as part of education and screening activities).

Through social services staff, SCVMC provides comprehensive behavioral health services to safety net patients. Individuals who present in the emergency department (ED) with severe mental illness receive a Psychiatric Evaluation Team (PET) assessment and are provided mental health placement, information and resources as needed. SCVMC's social services also provide ongoing counseling, crisis intervention, debriefing for patients, as well as staff as needed throughout the hospital and at Birch Patrick Skilled Nursing Facility. SCVMC provides 24/7 both on site and on-call social services support in these areas.

Beyond these clinical services, SCVMC does not have the resources to comprehensively address the elements of community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

Obesity is addressed through general nutrition and exercise education and resources provided at SCVMC, as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs.

In addition, through further analysis of SCVMC's community programs and consultation with SCVMC's community relations team, this section also addresses the following priority health needs for community members served by SCVMC:

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

For each priority community need identified above, subsequent pages include a summary of the rationale for and importance of the need, measurable objective(s), FY 2013 Report of Activities conducted in support of the objective(s), and FY 2014 Plan of Activities.

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the Sharp Chula Vista Medical Center (SCVMC) 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SCVMC 2013 CHNA identified cancer as one of six top priority health issues for members of the community served by SCVMC.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified various types of cancer as priority health conditions seen in SDC hospitals.
- Key informant interviews in the SCVMC 2013 CHNA process identified the following chief concerns for cancer patients in SDC's south region: consistent access to care, navigation of the health care system throughout treatment, education and screening for community members, general cultural competence in treatment, and effective communication.
- In 2011, cancer was the leading cause of death in SDC's south region, responsible for nearly 26 percent of deaths.
- In 2011, there were 705 deaths due to cancer (all sites) in SDC's south region. The region's age-adjusted death rate due to cancer was 150.2 deaths per 100,000 population, close to the SDC age-adjusted rate of 155.2 deaths per 100,000 population.
- From 2009 to 2011, cancer was the leading cause of death in SDC, responsible for 14,394 deaths overall.
- According to the 2011 Susan G. Komen for the Cure[®] San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California. In addition, of the estimated 12,490 new cases of all cancers in SDC for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has a higher incidence rate for

breast cancer (163.95 per 100,000) than the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000).

- In SDC, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report. In addition, Latinas were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.
- According to a survey of San Diego providers in the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, the majority of providers identified Mexicans as the ethnic and the immigrant group most in need of additional resources (the survey separated Mexicans from other Latinos in order to collect more specific information).
- Findings from the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report identified the following barriers for San Diego community members in accessing breast health care: lack of awareness and knowledge; financial barriers including insurance, transportation and childcare; emotional factors such as fear, denial and stigma; and cultural barriers. Findings from the study also proposed the following recommendations from stakeholders and breast cancer survivors: increased advocacy and education; increased funding for services, particularly transportation and screening; and increased knowledge and training for providers.
- According to the ACS, a total of 1,665,540 new cancer cases and 585,720 cancer deaths are projected to occur in the US in 2014. California is projected to have the most new cancer cases (171,730) and the highest number of deaths (57,950) (January, 2014).
- According to the Centers for Disease Control and Prevention (CDC), cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.

Measurable Objective

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

FY 2013 Report of Activities

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

In FY 2013, SCVMC hosted three free cancer-related health seminars, including a one-year anniversary celebration and expo at the Douglas & Nancy Barnhart Cancer Center (the Cancer Center), a "Date Night" couples' screening event for breast and prostate

cancer, and a Spanish-language Women's Cancer Expo. Through these events, approximately 150 attendees received screenings or education about the awareness and prevention of various cancers, including ovarian, cervical, uterine, breast, colorectal, lung and prostate cancer. Through grant funds from the National Breast Cancer Foundation (NBCF), the Women's Cancer Expo provided 50 clinical breast exams, 26 screening mammograms, eight diagnostic mammograms and two ultrasounds to attendees. Women without a medical home were referred to a community clinic in the South Bay, and as a result of these various screenings, eight women were referred for follow-up mammograms, and two were referred for follow-up ultrasounds. Also in FY 2013, patients newly diagnosed with breast cancer were invited to attend bimonthly Meet the Pathologist presentations. These hour-and-a-half educational presentations by a SCVMC pathologist provided detailed, personal information about a woman's diagnosis by reviewing her pathology report and explaining it in layman's terms. These presentations reached 35 women in FY 2013.

In response to community needs, SCVMC conducted three cancer support groups in FY 2013, including weekly breast cancer support groups in English and Spanish, a men's cancer support group, as well as a monthly Spanish cancer caregiver support group for individuals battling any type of cancer. The cancer support groups reached a total of 70 individuals. In addition, Sharp Rehabilitation Services (Sharp Rehab) provided a presentation on lymphedema, and a nutritionist from the Cancer Center delivered a presentation on nutrition to attendees of the community breast cancer support group. The hospital utilized grant funding from the Susan G. Komen Breast Cancer Foundation to conduct additional outreach and educational services among Latinas, and patient navigator services for breast cancer patients.

SCVMC also provided free healing touch energy therapy for cancer patients and caregivers in FY 2013. Through healing touch therapy, practitioners use their hands in a heart-centered way to promote relaxation, decrease pain and stress, and support the body's natural healing process, leading to increased support of the patient and caregiver's physical, emotional, mental and spiritual health. In addition, SCVMC provided quarterly Look Good...Feel Better classes to women with cancer who are undergoing treatment. The Look Good...Feel Better program is offered by the ACS to teach women with cancer beauty techniques to help manage the appearance of side-effects related to cancer treatment. SCVMC also offered a wig and prosthesis bank in FY 2013, providing cancer patients with a variety of donated wigs and prosthetic devices at no cost.

The hospital's cancer patient navigator program has specialized training, certification and experience to assist patients from early detection through diagnosis and treatment. This service allows cancer patients and their loved ones to receive personalized support, guidance and education. In FY 2013, 356 community members were assisted by SCVMC's cancer patient navigators. In addition, seven full-time volunteer patient navigators, including two cancer survivors, assisted the cancer patient navigator program by helping patients with wigs and prosthetics, and providing support and guidance on their first day of radiation. The SCVMC cancer patient navigator also

provides education and support through participation in events for the South Bay community and offers ongoing support at the Meet the Pathologist presentations. In FY 2013, SCVMC executive leadership and others donated their time to community cancer organizations including the Komen Latina Advisory Council, ACS and the Professional Oncology Network (PON), a local network of oncology professionals working together to improve psychosocial services, support and referrals for cancer patients and their families.

FY 2014 Plan

SCVMC will do the following:

- Continue to conduct comprehensive cancer health seminars with health screenings in English and Spanish
- Offer a Meet the Pathologist lecture bimonthly
- Offer cancer support groups for patients, community members, caregivers and their loved ones in English and Spanish
- Offer general cancer support groups for patients biweekly
- Offer caregiver support groups monthly
- Offer prostate cancer support groups for patients at least monthly
- Offer a new online support group for women in the community with breast cancer

Identified Community Need: Diabetes Education and Screening

Rationale references the findings of the SCVMC 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SCVMC 2013 CHNA identified diabetes as one of six top priority health issues affecting members of the communities served by SCVMC.
- The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC.
- Data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's south region (e.g., National City, Imperial Beach, San Ysidro, etc.).
- Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type II diabetes.
- According to data presented in the SCVMC 2013 CHNA, diabetes is a major cause of heart disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the US (CDC, 2011).
- In 2011, diabetes was the sixth leading cause of death for SDC's south region.

- In 2011, there were 117 deaths due to diabetes in SDC's south region. The region's age-adjusted death rate due to diabetes was 24.9 per 100,000 population, higher than the SDC age-adjusted rate of 18.8 deaths per 100,000 population.
- In 2011, there were 862 hospitalizations due to diabetes in SDC's south region. The rate of hospitalizations was 184.7 per 100,000 population, the second-highest rate in the county, and also higher than the age-adjusted rate of hospitalizations for SDC overall of 132.6 per 100,000 population.
- In 2011, there were 842 diabetes-related ED visits in the County's south region. The rate of visits was 179.4 per 100,000 population. The diabetes-related ED visit rate in the region was among the highest in SDC's regions and higher than the County average of 137.1 per 100,000 population.
- According to the California Health Interview Survey (CHIS) in 2011, 11 percent of adults ages 18 and up in SDC's south region indicated that they were "ever diagnosed with diabetes," higher than SDC at 7.8 percent.
- According to the *3-4-50 Chronic Disease 2010* report from the County's Health and Human Services Agency (HHS), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol. (Note: Two out of three Americans are now overweight or obese.)

Measurable Objective

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

FY 2013 Report of Activities

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

In FY 2013, the SCVMC Diabetes Education Program conducted three blood glucose screening events at hospital sites and off-site locations, screening 165 people. As a result of the screening events, 64 people were identified with elevated blood glucose levels and referred to follow-up resources. Of those individuals with elevated blood glucose levels, six had pre-existing cases of diabetes. Screenings were held at locations in the South Bay community, including the Cycle Eastlake bike fair and the St. Rose of Lima Parish Health Fair. The SCVMC Diabetes Education Program also provided diabetes education to more than 100 community members at the Union Bank Health Fair.

As part of these screening efforts, The SCVMC Diabetes Education Program provided education, screenings, and outreach specifically for women in the South Bay. At the SCVMC Women's Heart Expo, held in September, the SCVMC Diabetes Education Program provided approximately 100 women in the community with health education and resources. The expo targeted Spanish-speaking women in the community and covered topics such as diabetes prevention, management of diabetes, nutrition,

exercise, weight loss, and lipid control. Nearly 40 women were screened at the expo and three women were identified with elevated blood glucose levels. Screenings and education events were developed with input from the Behavioral Diabetes Institute, a San Diego-based organization that focuses on addressing the social, emotional, and psychological barriers in order to help individuals with diabetes live a long and healthy life.

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

In FY 2013, the SCVMC Diabetes Education Program continued to provide assistance for underserved, uninsured individuals in need of diabetes treatment. Individuals that both enrolled in and completed the SCVMC Diabetes Education Program received an outpatient number through the SCVMC Outpatient Pharmacy, which then allowed them to receive assistance for insulin and other treatments to maintain and care for their diabetes at home.

FY 2014 Plan

The SCVMC Diabetes Education Program will conduct the following activities:

- Coordinate and implement blood glucose screenings at the hospital and at community sites in the south region of SDC
- Conduct educational lectures at community venues
- Continue to support ADA's Step Out: Walk to Stop Diabetes
- Continue to collaborate with the Behavioral Diabetes Institute to host community lectures that will assist diabetes patients and their loved ones
- Conduct educational outpatient and inpatient symposiums for health care professionals
- Continue to provide educational lectures on healthy diet and weight management to multicultural elementary students
- Keep current on resources to give to the community for support of diabetes treatment and prevention
- Foster relationships with community clinics to provide education and resources to community members
- Develop partnerships with YMCAs in SDC's south region to provide screenings, education and resources to community members

Identified Community Need: Health Education and Screening Activities
Rationale references the findings of the SCVMC 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The HASD&IC 2013 CHNA process identified the following among priority health conditions seen in San Diego hospitals: diabetes; obesity; cardiovascular disease and stroke; mental health and mental disorders; unintentional injury; high-risk pregnancy; asthma; cancer; back pain; infectious disease; and respiratory diseases.
- Participants in the HASD&IC 2013 CHNA community forums recommended increased health information and community health education as the most important factor in maintaining health. There was particular emphasis on the need for health education at the community forum held in the south region.
- Generally speaking, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity in more vulnerable communities within SDC's south region (e.g., San Ysidro, National City, etc.).
- In 2011, heart disease was the second leading cause of death for SDC's south region and cerebrovascular disease was the fourth leading cause of death for the region. Together, these conditions were responsible for more than 30 percent of the region's deaths.
- According to data presented in the SCVMC 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.
- According to 2011 data from the CHIS, the self-reported obesity rate for adults (ages 18 and older) in SDC's south region was 26.6 percent, higher than the self-reported obesity rate of 22.1 percent for SDC overall.
- Also in 2011, 11.3 percent of adults (ages 18 and older) in SDC's south region self-reported eating at fast-food restaurants four or more times each week (CHIS, 2011).
- According to the CDC, obesity increases the risk of many health conditions, including the following: coronary heart disease, stroke, high blood pressure, Type II diabetes, various cancers, high total cholesterol, high levels of triglycerides, liver and gallbladder disease, sleep apnea and respiratory problems, osteoarthritis, mental health conditions and reproductive health complications such as infertility (CDC, 2011).
- In 2011, the leading causes of death among senior adults ages 65 years and older in SDC were heart disease; cancer; Alzheimer's disease; stroke; chronic lower respiratory diseases; diabetes; influenza and pneumonia; unintentional injuries; hypertension and hypertensive renal disease; chronic liver disease and cirrhosis; Parkinson's disease; and intentional self-harm.
- In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC. Seniors in SDC's south region experienced higher rates of hospitalization and ED visits for falls, coronary heart disease, stroke, diabetes, influenza, pneumonia and Chronic Obstructive Pulmonary Disease, when compared to SDC overall.

- In SDC's south region in 2011, the number of arthritis-related hospitalizations totaled 1,141 and the south region's rate of arthritis-related hospitalizations was 244.1 per 100,000 population.
- In SDC's south region in 2011, females had a higher hospitalization discharge rate for arthritis-related diagnosis than males.
- According to the National Institutes of Health (NIH), osteoporosis is responsible for more than 1.5 million fractures each year, including 250,000 wrist fractures, 300,000 hip fractures, 700,000 vertebral fractures, and 300,000 fractures at other sites (NIH, 2006).
- In SDC's south region in 2011, there were 555 low birth weight (LBW) births, which translates to 7.1 percent of total births for the region.
- There were 965 hospitalizations due to maternal complications in SDC's south region in 2011. The region's age-adjusted rate was 409.4 per 100,000 population, which was higher than the actual rate for SDC overall (307.9 per 100,000).

Measurable Objectives

- Provide health education classes, support groups and screening activities for the community, with a focus on health issues identified through the CHNA
- Participate in community-sponsored events and support nonprofit health organizations

FY 2013 Report of Activities

In FY 2013, SCVMC participated in numerous community health fairs and health screening events serving more than 950 community members. Events included Cycle EastLake, Caring Hearts Medical Clinic Health Fair, COPA soccer tournament, St. Rose of Lima Parish Health Fair, Walk a Day in Someone Else's Shoes Expo, the American Heart Association (AHA) Heart & Stroke Walk and the Susan G. Komen Race for the Cure[®] at Balboa Park. SCVMC provided a variety of health services during these events, including first aid booths and screenings for glucose, cholesterol, blood pressure, grip strength and bone density. Also in FY 2013, SCVMC held four flu vaccination events where it provided flu vaccinations to more than 600 community members, including seniors. Also in FY 2013, SCVMC conducted four blood drives where approximately 100 SCVMC team members donated blood, helping to increase the blood supply in SDC.

As part of the screenings provided to the community, SCVMC offered stroke screenings and education to the South Bay community, including the Kiwanis Club of Bonita, Imperial Beach Senior Center and the Chula Vista Chamber of Commerce. Through these events, more than 100 community members received education regarding risk factors for stroke, warning signs and appropriate interventions. Additionally, SCVMC provided education to the Veterans Home of Chula Vista which focused on spinal surgery and brain trauma/craniotomy.

In May, SCVMC offered an educational seminar for 20 national and community physicians, residents, interns and Navy physicians on hip arthroplasty total joint replacement. SCVMC also participated in the quarterly San Diego Stroke Consortium – a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. Further, SCVMC collaborated with SDC to provide data for their stroke registry.

In FY 2013, Sharp Rehab hosted a Rehabilitation Expo at SCVMC where the hospital's physical and occupational therapists provided information booths on outpatient rehabilitation services and provided physical therapy demonstrations to a total of 37 community members.

SCVMC provided community health education classes throughout the year on a variety of topics, including stroke, advance care planning, breast and prostate cancer, joint replacement, diabetes and proper use of medication, reaching approximately 200 community members through these events. As part of these efforts, SCVMC reached out to seniors in high-risk communities of the South Bay. SCVMC provided four educational sessions to senior community members at the Imperial Beach Senior Center, reaching more than 100 senior community members, and providing education and resources on topics such as stroke, advance care planning, arthritis and proper use of medication.

In FY 2013, SCVMC hosted two Women's Heart Health Expos, one in English and one in Spanish. These half-day events reached more than 100 community members and provided physician- and nurse-led cardiac education, including heart health and nutrition; healthy food; exercise; screenings for blood pressure, cholesterol, BMI, glucose and bone density; and giveaways. SCVMC also participated in the annual Sharp Women's Health Conference where they provided a breast model to demonstrate how to perform a breast self-exam, distributed a variety of health education materials, and conducted balance and bone density screenings for approximately 300 attendees.

To provide additional community education on a variety of health-related topics, SCVMC performed numerous public relations efforts in FY 2013. This included securing media coverage on cancer, heart health, women's health, and more, featuring a variety of SCVMC physicians and other health care providers in print and TV media outlets.

SCVMC Women's Health Services offered free weekly breastfeeding support groups throughout FY 2013. Held two times per week in order to serve working mothers, the groups were led by the hospital's lactation educators, offered in English and Spanish, and provided education, support and guidance to 520 breastfeeding mothers and their babies. In October, SCVMC Women's Services provided its 12th annual Baby Parade to approximately 35 mothers in the community. The parade provides mothers who attend the breastfeeding support groups with the opportunity to dress their infants in costumes and celebrate with other mothers in the community. SCVMC Women's Services was also actively involved in the San Diego County Breastfeeding Coalition, Association of

Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the Regional Perinatal System (RPS).

In FY 2013, SCVMC provided coordination, support and related fundraising activities for various nonprofit organizations, including the San Diego Immunization Coalition, AHA, South Bay Community Services, San Diego Science Alliance, Family Health Centers of San Diego (FHCS) and Combined Health Agencies.

FY 2014 Plan

SCVMC will do the following:

- Provide a variety of educational resources and health screenings at community health fairs and events
- Provide community outreach on stroke education and prevention including two stroke screening and education events in the South Bay
- Provide education for individuals with identified stroke and osteoporosis risk factors, including residents at the Veterans Home of Chula Vista
- Conduct two half-day comprehensive heart health seminars with health screenings in English and Spanish
- Conduct health education classes on a variety of topics
- Conduct quarterly blood drives
- Continue to assist community nonprofit organizations through coordination, support and fundraising activities
- Continue to collaborate with the Imperial Beach Senior Center to provide education and community resources for health issues of concern to seniors
- Participate with other SDC hospitals in the San Diego Stroke Consortium and continue to provide data to the SDC stroke registry

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

Rationale references the findings of the SCVMC 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2013 *Healthcare Shortage Areas Atlas* from the County of San Diego Health and Human Services Agency (HHS), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the US will increase due to the aging population, and nurses also will be needed to educate and to care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. In addition, the number of individuals who have access to health care

services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).

- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that health care support occupations (home health aides, etc.) will be the fastest growing occupational group from 2010 to 2020 (BLS, 2010).
- According to the San Diego Workforce Partnership 2011 report titled, *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds, as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objective

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

FY 2013 Report of Activities

Through affiliations with San Diego State University (SDSU), Point Loma Nazarene University (PLNU), University of San Diego (USD), Azusa Pacific University (APU), Southwestern College (SWC), Grossmont College (GC) and other colleges and universities, SCVMC provided training, leadership and facilities for more than 1,000 nursing and other health care students. Nursing programs ranged from associate degrees to Master of Science degrees in Nursing. In FY 2013, nursing students received more than 77,000 preceptor hours at SCVMC. SCVMC also hosted eight first-year postgraduate pharmacy residents, 37 pharmacy students in Advanced Pharmacy Practice Experience rotations, and four pharmacy tech students. In addition, SCVMC conducted 30 interviews and provided an open house to 120 pharmacy residency candidates. In total, SCVMC provided nearly 1,700 hours of supervision, lectures and

support to pharmacy students. In addition, SCVMC staff provided professional education lectures on pharmacy administration.

SCVMC also participated in the Health Sciences High and Middle College (HSHMC) program in FY 2013, providing early professional development and promoting student interest in health care careers through hospital tours and rotations for approximately 50 students. Students rotated through various hospital departments including pharmacy, radiology/oncology, pathology, nursing, respiratory, laboratory, bloodless medicine, medical/surgical, catheterization laboratory, operating room, ED and patient financial services.

SCVMC continued to foster student interest in health care careers by providing three hospital tours for high school students from the Sweetwater Union High School District (SUHSD), including San Ysidro High School, Southwest High School and Otay Ranch High School. Approximately 15-20 students participated in each tour. Two tours were also conducted for students from abroad – including a tour of the SCVMC ED, as well as a tour of the entire hospital that provided lectures on emergency services and pharmacy. More than 50 students participated in these two tours.

FY 2014 Plan

SCVMC will do the following:

- Continue to provide intern and professional development opportunities to health-profession students throughout SDC
- In collaboration with SUHSD and other organizations, continue to promote student interest in health care careers by providing hospital tours
- Continue participation in the HSHMC program – providing tours, job shadowing, mentorship and additional department rotations for high school students

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

Rationale references the findings of the SCVMC 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type II diabetes, mental/behavioral health, and obesity).
- Community members participating in the HASD&IC 2013 CHNA community forums throughout SDC also strongly aligned access to care and care management with maintaining health.

- According to the SCVMC 2013 CHNA, in 2011, nearly 20 percent of families in the south region received some form of cash public assistance, compared to 14.9 percent of families in SDC overall.
- In 2011, SDC's south region presented a higher rate of unemployment (10.1 percent) when compared to SDC overall (8.5 percent).
- According to 2011 CHIS data, 28.0 percent of those 18 to 64 years of age in SDC's south region were currently uninsured, which was higher than SDC overall (22 percent).
- In 2011, 13.3 percent of the population in SDC's south region was living below the poverty level, with more than 25 percent of those being families.
- According to 2011 CHIS data, 84.5 percent of adults in SDC's south region have a usual source of care. Among these adults, 31.5 percent utilize a community clinic, government clinic or community hospital as their usual source of care.
- According to 2011 CHIS data, in SDC's south region for those 18 to 65 years of age, the most common sources of health insurance coverage include employment-based coverage (52.4 percent) and public programs (14.5 percent).
- In a 2011 survey from the California Hospital Association (CHA) of California's hospital case managers, 97 percent reported that they have difficulty finding beds in Skilled Nursing Facilities (SNFs) for Medi-Cal beneficiaries. Three-quarters of respondents reported that they encounter delays all or most of the time when attempting to transfer patients to SNFs, and 38 percent of these facilities reported average delays of more than seven days. These difficulties have increased in recent years; 94 percent of case managers stated that it has become much harder or somewhat harder to discharge Medi-Cal patients to freestanding SNFs over the past three years (CHA Special Report, 2011).
- At SCVMC in FY 2013, of the 2,355 referrals to both skilled nursing facilities as well as custodial nursing facilities, 1,934 were rejected – an 82 percent rejection rate. Reasons for declined referrals included: no available beds, (63 percent of the rejections), insufficient funding, and care needs exceeding current capacity (ECIN/Allscripts).
- If current hospital-based SNFs close, long-term-care residents will either remain in acute-care beds or will need to be relocated. Many Medi-Cal beneficiaries will be transferred to SNFs that are significantly farther away, perhaps even out of state, causing additional burden on relatives and impacting care outcomes (CHA Special Report, 2011).
- Community clinics in California have experienced rising rates of primary care clinic utilization; the number of persons utilizing the clinics increased by 27.3 percent between 2007 and 2011 (OSHDP, 2010).

Measurable Objectives

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

FY 2013 Report of Activities

In FY 2013, SCVMC provided specialized programming to help establish medical homes for low-income, medically uninsured and underserved patients in the South Bay who are managed by SCVMC hospitalists. The program increased access and timely referrals to primary care and behavioral health services, and follow-up primary care services for safety net patients, as well as helped them to establish medical homes at community clinics, including Chula Vista Family Health Centers. SCVMC's programming provided care and resources to support safety net patients that suffered from chronic conditions so that they could better manage their pain, diseases and overall health care. In addition, the program provided safety net patients with resources for affordable medications through low-cost generic prescriptions available at Costco and Wal-Mart. The program provided additional pharmaceutical assistance via discount cards for select medications available through Sharp's pharmacy assistance program and other resources.

In addition, SCVMC provided comprehensive behavioral health services to safety net patients through the SCVMC social services staff. Individuals who presented in the ED with severe mental illness received a PET assessment and were provided mental health placement, information and resources as needed. In FY 2013, 2,685 social service interventions, including behavioral health interventions, were conducted throughout the ED. Of these interventions, nearly 70 family conferences were conducted, as well as more than 70 psychosocial assessments, and more than 875 staff consultations. In addition, more than 300 patients were seen for counseling, more than 120 patients were evaluated for substance abuse, and more than 475 individuals received information and referral resources. Nearly 170 individuals were also assessed due to suicidal and/or homicidal ideations and provided with outpatient resources or mental health treatment placement. The number of ED patients requiring PET evaluations has almost doubled from the previous year, and approximately one-third of these patients are adolescents. Another program initiated the previous year includes focused attention on those safety net patients who frequent the ED. This includes establishing outpatient treatment plans collaboratively with the patients, and adding a numerical identifier to their accounts so that social service referrals are automatically triggered in the event that these patients return to the ED for treatment.

SCVMC's specialized programming established a higher standard of care delivery for nurses and doctors that handle exceptionally vulnerable patients. In addition, the project also contributed to readmission reduction initiatives by helping to schedule appointments for patients at community clinics. Utilization of the ED as a source of primary care by such vulnerable populations has decreased dramatically due to the increased establishment of medical homes, and thus has improved access to and quality of care for these community members.

In addition, to assist economically disadvantaged individuals, in FY 2013 SCVMC provided nearly \$26,000 in free medications, transportation and financial assistance through its Project HELP funds. Additionally, during FY 2013, SCVMC provided more

than \$10,000 in post-acute care services, such as housing fees for homeless patients at the Recuperative Care facility run by the San Diego Rescue Mission, as well as durable medical equipment necessary for a safe discharge for unfunded patients.

FY 2014 Plan

SCVMC will do the following:

- Continue services for safety net patients in the South Bay by having SCVMC hospitalists work with local community clinics to schedule appointments
- Continue to collaborate with local community clinics to provide referrals and establish appointments for low-income, underserved and uninsured individuals in the South Bay
- Continue to provide safety net patients with opportunities for education on the proper use of the ED, as well as help them establish medical homes
- Continue to explore new funding opportunities for similar programs that assist safety net patients to establish a medical home
- Continue to administer Project HELP funds to those in need

SCVMC Program and Service Highlights

- 24-hour emergency services with heliport
- Acute inpatient medical care
- Bariatric surgery
- Birch Patrick Skilled Nursing Facility
- Bloodless Medicine and Surgery Center
- Brachytherapy
- Breast health, including mammography
- Breast Center – certified by National Accreditation Program for Breast Centers
- Cardiac catheterization laboratory
- Cardiac Intensive Care Unit (ICU)
- Cardiac program, including open-heart surgery and cardiac rehabilitation
- Care Transitions Intervention Program
- Chest Pain Center, specializing in emergency treatment of chest pain
- Community Hospital Cancer Program – certified by American College of Surgeons Commission on Cancer (CoC)
- Computed Tomography (CT) Scan
- Douglas & Nancy Barnhart Cancer Center – the only comprehensive cancer center in the South Bay, featuring the most advanced radiation treatment technology in the region: True Beam stereotactic radiosurgery
- Electrocardiogram (EKG)
- Electroencephalography (EEG)
- Endoscopy services
- Endovascular care
- Home health¹
- Hospice²
- Image-guided radiation therapy (IGRT)
- Imaging services, including interventional radiology
- Infusion therapy
- Intensity-modulated radiation therapy (IMRT)
- Laboratory services
- Minimally invasive surgery, including da Vinci
- Magnetic Resonance Imaging (MRI)
- Medical Intensive Care Unit (MICU) and Surgical Intensive Care Unit (SICU)
- Neonatal Intensive Care Unit (NICU)
- Nuclear medicine
- Orthopedics
- Outpatient diabetes services, recognized by American Diabetes Association
- Outpatient Imaging Center
- Outpatient nutrition counseling
- Outpatient pharmacy
- Outpatient Surgery Center
- Pathology services

¹ Provided through SMH Home Health Agency

² Provided through Sharp HospiceCare

- Pharmacy residency program
- Pulmonary care
- Rehabilitation services, including physical, occupational and speech therapy
- Stereotactic body radiation therapy (SBRT)
- Stereotactic radiosurgery
- Surgical services, including two dedicated open-heart surgical suites
- Ultrasound
- Van services
- Women's and infants' services



Developing Health Care Leaders of the Future

~ SHARP CORONADO HOSPITAL AND HEALTHCARE CENTER ~

Sharp Coronado Hospital and Healthcare Center is dedicated to providing learning opportunities for local high school students. In partnership with Coronado High School, the hospital provides a unique internship for students through the school's Advanced Sports Medicine program.

Each week during the school year, interns rotate through a variety of hospital departments including physical therapy, nutrition services, laboratory, pharmacy, radiology, pathology, wound care, emergency and administration.

This rotation gives students the opportunity to explore the wide range of careers available in the health care industry. While in the hospital, students witness real-world application of the skills they learn in the classroom, including the importance of safety, problem-solving and communication. For many students, the internship helps solidify their interest in furthering their education, pursuing a career in the field and potentially becoming a future health care leader.

Section

5 Sharp Coronado Hospital and Healthcare Center

The foundation of our society is based on community collaboration and partnership. When community partnerships are healthy, the people of the community flourish.

– Susan Stone, Chief Executive Officer, Sharp Coronado Hospital and Healthcare Center

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

FY 2013 Community Benefits Program Highlights

SCHHC provided a total of **\$12,816,465** in community benefits in FY 2013. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697.

Table 1: Economic Value of Community Benefits Provided
Sharp Coronado Hospital and Healthcare Center – FY 2013

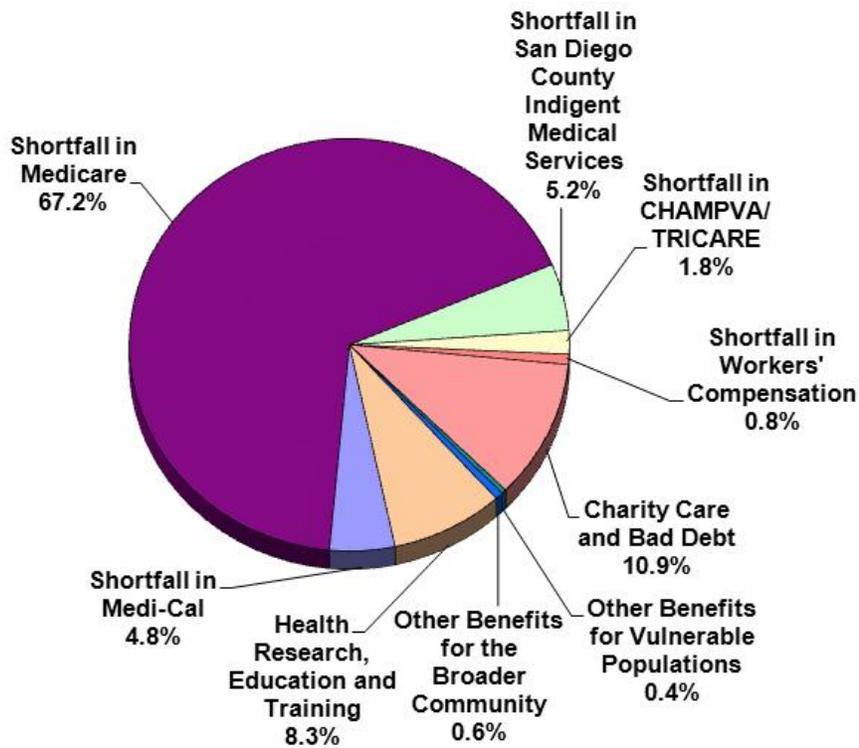
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$613,683
	Shortfall in Medicare ¹	8,611,772
	Shortfall in San Diego County Indigent Medical Services ¹	670,962
	Shortfall in CHAMPVA/TRICARE ¹	237,058
	Shortfall in Workers' Compensation ¹	102,289
	Charity Care and Bad Debt ²	1,397,119
Other Benefits for Vulnerable Populations	Project HELP, patient transportation, and other assistance for the needy ³	45,919
Other Benefits for the Broader Community	Health education and information, health screenings, flu vaccinations, support groups, meeting room space and donations of time to community organizations ³	73,897
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,063,766
TOTAL		\$12,816,465

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Coronado Hospital and Healthcare Center – FY 2013



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services, and unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE.
- **Other Benefits for Vulnerable Populations** included Project HELP, patient transportation for patients to and from medical appointments, contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank, support of the Sharp Humanitarian Service Program, Meals-on-Wheels, and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; health screenings for blood pressure, body mass index (BMI), and conditions of the hands, such as arthritis; and SCHHC's collaboration with local schools to promote interest in health care careers. SCHHC also offered meeting room space at no charge to community groups. In addition, hospital staff actively participated in community boards, committees, and other civic organizations such as the

Association of California Nurse Leaders (ACNL), California Action Coalition, Coronado Rotary, Coronado Senior Center, Emergency Medical Care Committee (EMCC), San Diego Eye Bank Nurses' Advisory Board, and the San Diego Stroke Consortium. See **Appendix A** for a listing of Sharp's community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; and time devoted to health-related research projects that were generalizable and made available to the broader health care community.

Definition of Community

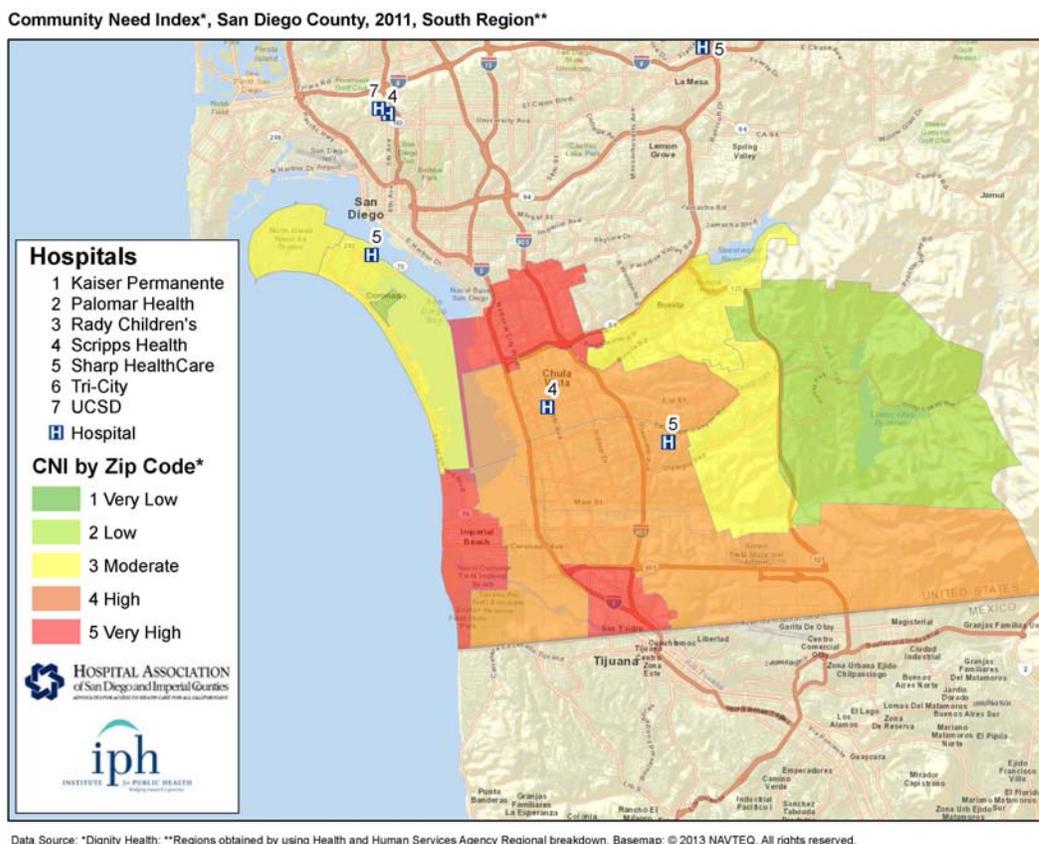
The communities served by SCHHC include the City of Coronado, Downtown San Diego and Imperial Beach, an incorporated city. Notably, most Coronado residents use SCHHC. Coronado is connected to central San Diego by a bridge to the east and an isthmus known as the Silver Strand to the south. SCHHC is geographically isolated and located in the central area of Coronado, which includes hotels, shops, single family homes, condominiums and apartments. Coronado also includes Coronado Cays, a marina community located on the isthmus.

In addition to these communities, there are six military sites in Coronado including one of the largest Naval Commands, with housing located both on- and off-base. Downtown San Diego and Imperial Beach are in close proximity to Coronado. Certain secondary data sources are not available at this level of specificity, and in these cases broader summaries of San Diego County's (SDC's) south region, which includes Coronado and many of the primary communities served by SCHHC, are provided. See **Appendix B** for a map of community and region boundaries in SDC.

For SCHHC's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to Dignity Health's CNI, communities served by SCHHC with especially high need include Imperial Beach, National City, and Southeast San Diego. **Figure 2** below presents a map of the CNI scores across SDC's south region

Figure 2: CNI Map – SDC’s South Region



Description of Community Health

In SDC’s south region in 2011, 96.4 percent of children ages 0 to 11 years, 95.1 percent of children ages 12 to 17, and 75.7 percent of adults had health insurance, failing to meet the HP 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

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

Table 2: Health Care Access in SDC's South Region, 2011

Description	Rate		Year 2020 Target
Current Health Insurance Coverage			
Children 0 to 11 Years	96.4%	■	100%
Children 12 to 17 Years	95.1%	■	100%
Adults 18 and Older	75.7%	■	100%
Regular Source of Medical Care			
Children 0 to 11 Years	95.2%	■	100%
Children 12 to 17 Years	83.9%	■	100%
Adults 18 and Older	84.5%	■	89.4%
Not Currently Insured			
Adults 18 to 64 Years	23.8%	■	

Source: 2011-2012 Community Health Interview Survey (CHIS)

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC's South Region (Adults Ages 18 to 64 Years), 2011

Description	Rate
Medi-Cal Eligible	5.5%
Healthy Families Eligible	0.0%
Not Eligible	94.5%

Source: 2011-2012 CHIS

Cancer and heart disease were the top two leading causes of death in SDC's south region. See **Table 4** for a summary of leading causes of death in the south region. For additional demographic and health data for communities served by SCHHC, please refer to the SCHHC 2013 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 4: Leading Causes of Death in SDC's South Region, 2011

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	706	25.9%
Diseases of heart	693	25.4
Alzheimer's disease	148	5.4
Cerebrovascular diseases	131	4.8
Chronic lower respiratory disease	129	4.7
Diabetes mellitus	117	4.3
Accidents (unintentional injuries)	110	4.0
Intentional self-harm	51	1.9
Chronic liver disease and cirrhosis	50	1.8
Influenza and pneumonia	38	1.4
All other causes	557	20.4
Total Deaths	2,730	100.0%

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

Community Benefits Planning Process

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

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

Priority Community Needs Addressed in Community Benefits Report – SCHHC 2013 CHNA

Through the SCHHC 2013 CHNA, the following priority health needs were identified for the communities served by SCHHC (in alphabetical order):

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type II

- Obesity
- Orthopedics
- Senior Health (including end-of-life care)

The following pages detail a variety of educational programs provided at SCHHC that address the needs identified for its community members, with a particular focus on orthopedics and senior health.

Senior community members, individuals ages 65 or older, make up 19.8 percent of the population of Coronado Island, while adults ages 45-64 make up 26.8 percent. Between 2013 and 2018, the senior population on Coronado Island is projected to grow by 9.9 percent. Between 2013 and 2018, the senior population in SDC's south region is expected to grow by 16.0 percent. Given the unique geography and demographic composition of SCHHC, many of the hospital's services address the health needs of older adults.

Additionally, SCHHC is a well-recognized community resource and provider of orthopedic services for the entire county. In response to the demand for orthopedic care in SDC, SCHHC is committed to providing community educational support. SCHHC also provides education and screening programs that address a healthy lifestyle and are an important factor in care for obesity, cardiovascular disease and Type II diabetes. However, it does not have the capacity to comprehensively address these health needs, nor does SCHHC have the resources to meet the need for community education and support in behavioral health. Community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

In addition, through further analysis of SCHHC's community programs and consultation with SCHHC's community relations team, this section also addresses professional education and health professions training as an identified community need.

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2013 Report of Activities conducted in support of the objective(s), and FY 2014 Plan of Activities.

Identified Community Need: Health Education, Screening and Support Activities

Rationale references the findings of the Sharp Coronado Hospital and Healthcare Center (SCHHC) 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SCHHC 2013 CHNA identified behavioral health, cardiovascular disease, Type II diabetes, obesity, orthopedics and senior health as the six priority health issues affecting members of the communities served by SCHHC.
- Participants in the Hospital Association for San Diego and Imperial Counties (HASD&IC) 2013 CHNA community forums recommended increased health information and community health education as a critical factor in maintaining health. There was particular emphasis on the need for health education at the community forum held in the south region.
- In general, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity in more vulnerable communities within SDC's south region (e.g., Imperial Beach, San Ysidro, etc.).
- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type II diabetes, mental/behavioral health, and obesity).
- Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- Key informants from the SCHHC 2013 CHNA process recommended the following potential activities and services to address senior health needs: additional educational classes for seniors at sites throughout the community to ease access challenges; increased transportation services to include educational programs, exercise classes, community senior centers and food banks; additional social workers for seniors in outpatient settings; and greater care management including follow-up after discharge to ensure compliance with medication and treatment and access to/affordability of medication and treatments.
- According to data presented in the SCHHC 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes, and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.
- In 2011, heart disease was the second leading cause of death for SDC's south region and cerebrovascular disease was the fourth leading cause of death for the region. Together, these conditions were responsible for more than 30 percent of the region's deaths.
- In 2011, the leading causes of death among senior adults ages 65 years and older in SDC were heart disease, cancer, Alzheimer's disease, stroke, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries,

hypertension and hypertensive renal disease, chronic liver disease and cirrhosis, Parkinson's disease, and intentional self-harm.

- In 2011, the number of arthritis-related hospitalizations in SDC totaled 9,553; a rate of 309.3 per 100,000 population for arthritis-related hospitalizations. In addition, adults ages 65 years and older presented much higher hospitalization rates for arthritis when compared to all other age groups, as well as SDC overall, with a rate of 1,400.9 per 100,000 population.

Measurable Objective

- Provide health education and screening activities for the community
- Assist economically disadvantaged individuals through meal delivery, transportation and financial assistance for pharmaceuticals

FY 2013 Report of Activities

In FY 2013, SCHHC actively supported the San Diego and Coronado communities through participation in the American Heart Association (AHA) Heart & Stroke Walk and the Coronado Fire Department Open House. SCHHC also provided BMI and blood pressure screenings to more than 300 Hotel Del Coronado staff members at the hotel's health fair. In addition, SCHHC staff attended Sharp's annual Women's Health Conference where they provided screenings to detect a variety of hand conditions, such as arthritis and trigger finger, as well as demonstrated proper hand hygiene including an ultraviolet germ light to reveal the germs that are often left behind after washing one's hands.

Throughout FY 2013, a variety of educational classes and lectures featuring physicians, nurses, specialists and end-of-life professionals were offered to more than 100 community members at the Sandermann Education Center at SCHHC. Yoga, Tai Chi, and Qi Gong were offered to promote wellness, while special physician lectures educated community members about treating chronic knee and hip pain. In addition, the Health Insurance Counseling and Advocacy Program (HICAP) provided community education on Medicare and other health insurance topics, and Sharp HospiceCare staff presented on advance care planning.

SCHHC continued to offer valet service to attendees at selected community events in FY 2013. The hospital also keeps the community regularly informed of upcoming health classes and events through local newspaper announcements, fliers within doctor's offices and other community organizations, and posters in the hospital lobby.

To assist economically disadvantaged individuals, SCHHC provided nearly \$5,400 in free medications and transportation through its Project HELP funds in FY 2013. In addition, SCHHC staff provided clothing, toys and other items to Family Health Centers of San Diego's (FHCS) Baby Boutique program.

Throughout the year, SCHHC ensured the daily delivery of hot lunch and boxed dinner meals to Coronado seniors in their homes through the Meals-on-Wheels Program, delivering more than 4,500 meals. The Meals-on-Wheels Program provides nutritious meals and other nutrition services to men and women who are elderly, homebound, disabled, frail or at risk. The program not only delivers nutritious meals, but also offers daily interaction with a caring volunteer. These services significantly improve the quality of life and health of the individuals they serve and help promote independence for as long as possible.

FY 2014 Plan

SCHHC will do the following:

- Participate in community events to provide free health information and screenings for community members
- Provide education on a variety of health topics, including at least one lecture each on diabetes and liver care
- Host ongoing physician lectures
- Provide at least one educational lecture and screening for fall prevention
- With the assistance of volunteers, continue to coordinate the delivery of hot lunches and boxed dinners to seniors and others in their homes through the Meals-on-Wheels Program
- Administer Project HELP funds to those in need
- Continue to support the FHCS D Baby Boutique program

Identified Community Need: Professional Education and Development
Rationale references the findings of the SCHHC 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2013 *Healthcare Shortage Areas Atlas* from the County of San Diego Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the US will increase due to the aging population, and nurses also will be needed to educate and to care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.

- The BLS projects that health care support occupations (home health aides, etc.) will be the fastest growing occupational group from 2010 to 2020 (BLS, 2010).
- According to the San Diego Workforce Partnership 2011 report titled, *Healthcare Workforce Development in SDC: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the- job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

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

FY 2013 Report of Activities

In FY 2013, SCHHC staff supervised and trained nearly 500 nursing students and 110 ancillary students, including 132 respiratory therapist (RT) students and 21 pharmacy students. Internships were completed at SCHHC by students from a variety of schools, including programs at National University (NU), San Diego Mesa College (MC), San Diego City College, Point Loma Nazarene University (PLNU), Azusa Pacific University (APU), Kaplan College (KC), Southwestern College (SWC), Western University, Utah State University (USU), Touro University, Pima Medical Institute (PMI), Concorde Career Colleges, San Diego City College, California State University-San Marcos, Duke University, California College San Diego, California Northstate University, University of San Diego (USD) and University of California San Diego (UCSD).

In FY 2013, SCHHC participated in the Health Sciences High and Middle College (HSHMC) program to provide professional development for students at the 10th grade level. Twenty students visited SCHHC every Wednesday during the school year, spending more than 100 hours at the hospital. Students shadowed staff in the following departments: physical therapy, long-term care, engineering, bio-med, laboratory, radiology, dietary, patient access services, medical records, information management, clinical nutrition, respiratory care, discharge planning and social services, wound care services, and human resources. Students also had the opportunity to spend time with

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

With funding from a state health science grant, SCHHC continued the Coronado High School – Sharp Coronado Hospital Internship Partnership. In FY 2013, seven students from Coronado High School's Advanced Sports Medicine program visited the hospital every Thursday during the school year, spending a total of 54 hours at the hospital. Students rotated through various departments including the laboratory, physical therapy, pathology, radiology, wound care, emergency, pharmacy, and administration. This unique learning experience allowed students to observe real world application of the skills they learned in the classroom, while exploring the range of potential career paths available to them in health care.

Throughout FY 2013, SCHHC shared its expertise on the Planetree philosophy of care to fellow industry professionals. The Planetree philosophy upholds that care should be organized first and foremost around the needs of the patient. SCHHC was California's first Planetree designated hospital and has maintained its designation from 2007. In 2012, the hospital received Designation with Distinction, Planetree's highest honor for patient- and person-centered care. Education on the Planetree philosophy of care was provided through hospital tours to health care professionals from the Samueli Institute and White Memorial Medical Center. In addition, SCHHC leadership provided a Planetree Live presentation at the annual Planetree conference in Palm Springs, CA in October 2012. Planetree Live presentations teach fellow conference attendees about the innovative patient-centered programs that are unique to the participating hospital, including the development and implementation processes. Furthermore, in January, SCHHC leadership provided a Planetree-sponsored webinar to approximately 30 fellow Planetree members, educating them about the break-time meditation respite program offered by the hospital to promote staff wellness.

SCHHC leaders and other staff also devoted their time to several community organizations, including ACNL, California Action Coalition, Coronado Rotary, Coronado Senior Center, EMCC, Nurses Advisory Board to the San Diego Eye Bank and the San Diego Stroke Consortium.

FY 2014 Plan

- Continue to collaborate with colleges and universities in the San Diego community on internships, externships and other opportunities for students
- Continue to participate in the HSHMC program by offering learning experiences for approximately 40 students
- Continue to collaborate with Coronado High School by offering learning experiences for 18 students in grades 10, 11 and 12

- Continue to provide education, training, and hospital tours for local and national health care professionals
- Continue to provide hospital tours and presentations to educate health care professionals about the Planetree philosophy of patient-centered care

SCHHC Program and Service Highlights

- 24-hour emergency services
- Acute care
- Advanced liver care
- Cardio-Pulmonary services
- Computed tomography (CT) Scan
- Digital Mammography
- Electrocardiogram (EKG)
- Electroencephalography (EEG)
- Endoscopic cyclophotocoagulation (ECP) for glaucoma (Laser Treatment for Glaucoma)
- Endoscopy
- Heart and Lung Services
- Home health¹
- Hospice²
- Imaging services
- Inpatient hospice unit
- Integrative therapies, including acupuncture, clinical aromatherapy and massage therapy
- Intensive Care Unit (ICU)
- Laboratory services
- Long-Term Care at Villa Coronado Skilled Nursing Facility
- Magnetic Resonance Imaging (MRI)
- Orthopedics, including total joint replacement
- Outpatient nutrition counseling
- Pathology services
- Pharmacy
- Primary care
- Rehabilitation services
- Senior services
- Sewall Healthy Living Center, providing integrative therapies and fitness programs
- Stroke care, recognized by the American Heart Association
- Sub-acute services
- Surgical services
- Ultrasound
- Women's services
- Wound Care Clinic

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare



Providing for San Diego's Caregivers

~ SHARP GROSSMONT HOSPITAL ~

Individuals who have cared for an elderly parent or loved one understand how challenging those responsibilities can be, especially when trying to balance the needs of their older and younger family members with their own emotional and physical needs.

The Sharp Grossmont Hospital Senior Resource Center offers caregivers a compassionate hand in the way of information, referrals and support.

In fiscal year 2013, the center held 32 complimentary classes for the community, including Resources and Tools for Family

Caregivers, and Caregiving at Home, a hands-on class taught by a registered nurse that focuses on physical care of elders. Classes on specific health issues and caregiving during the holidays are also offered.

The center is a member of the Caregiver Coalition of San Diego and partners with a number of organizations, including Sharp HospiceCare, Aging & Independence Services, Jewish Family Service, Southern Caregiver Resource Center, Alzheimer's Association and more.

Section

6 Sharp Grossmont Hospital

I define community as a feeling of fellowship with those among us. Sharing what we all have, helping those who need, and caring for each other. – Michele Tarbet, Chief Executive Officer, Sharp Grossmont Hospital

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

FY 2013 Community Benefits Program Highlights

SGH provided **\$91,752,299** in community benefits in FY 2013. See **Table 1** for a summary of unreimbursed costs based on the categories identified in SB 697.

Table 1: Economic Value of Community Benefits Provided
Sharp Grossmont Hospital – FY 2013

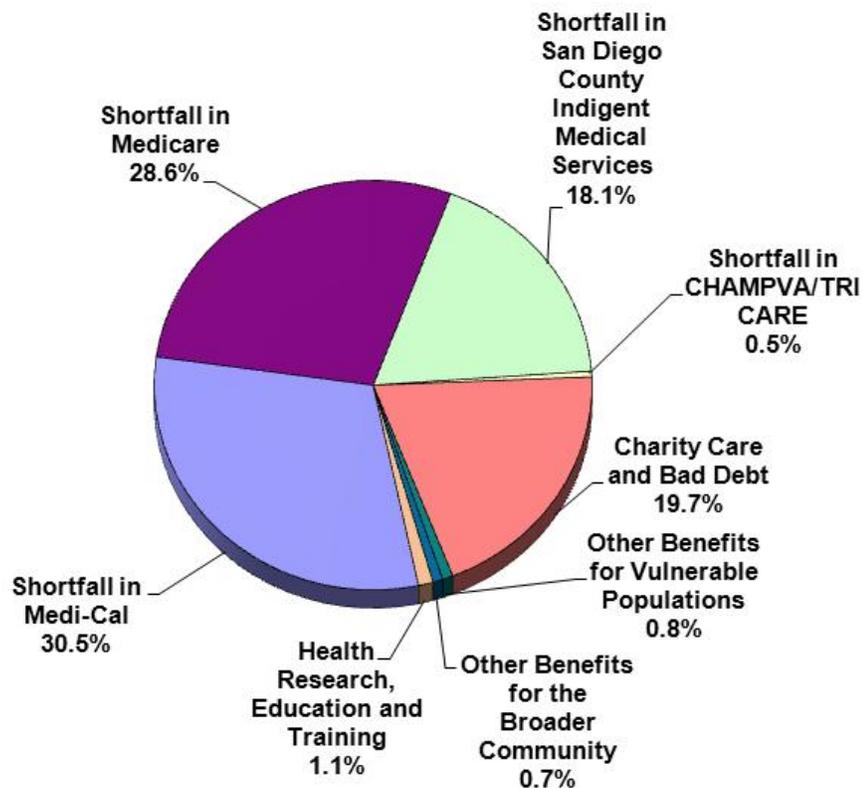
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for on-site workers to process Medi-Cal eligibility forms ¹	\$28,023,330
	Shortfall in Medicare ¹	26,211,316
	Shortfall in San Diego County Indigent Medical Services ¹	16,632,636
	Shortfall in CHAMPVA/TRICARE ¹	416,032
	Charity Care and Bad Debt ²	18,079,382
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	714,579
Other Benefits for the Broader Community	Health education and information, health screenings, health fairs, flu vaccinations, support groups, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	675,348
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	999,676
TOTAL		\$91,752,299

¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received.

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Grossmont Hospital – FY 2013



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; the unreimbursed costs of public programs such as Medi-Cal, Medicare, and San Diego County Indigent Medical Services; and financial support for onsite workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; comprehensive prenatal clinical and social services to low-income, low-literacy women with Medi-Cal benefits; financial and other support to Neighborhood Healthcare; Project HELP; Project CARE; flu vaccination clinics for high-risk adults, including seniors and heart disease patients; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; Meals-on-Wheels; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events and health screenings for stroke, blood pressure, glucose, balance/fall prevention, hand, depression, lung function, peripheral artery disease,

vascular disease and carotid artery disease; and the Breast Cancer Patient Navigator Program. The hospital's Senior Resource Center also offered flu vaccinations and specialized education and information. SGH staff collaborated with local schools to promote interest in health care careers. SGH also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees, and civic organizations, such as Aging and Independence Services (AIS), East County Chamber of Commerce Health Committee, Neighborhood Healthcare Community Clinics, Santee Chamber of Commerce, Meals-on-Wheels Greater San Diego Advisory Board, San Diego County Social Services Advisory Board, YMCA, Caregiver Coalition of San Diego, East County Senior Service Providers (ECSSP) and the Caregiver Education Committee. See **Appendix A** for a listing of Sharp's community involvement.

- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

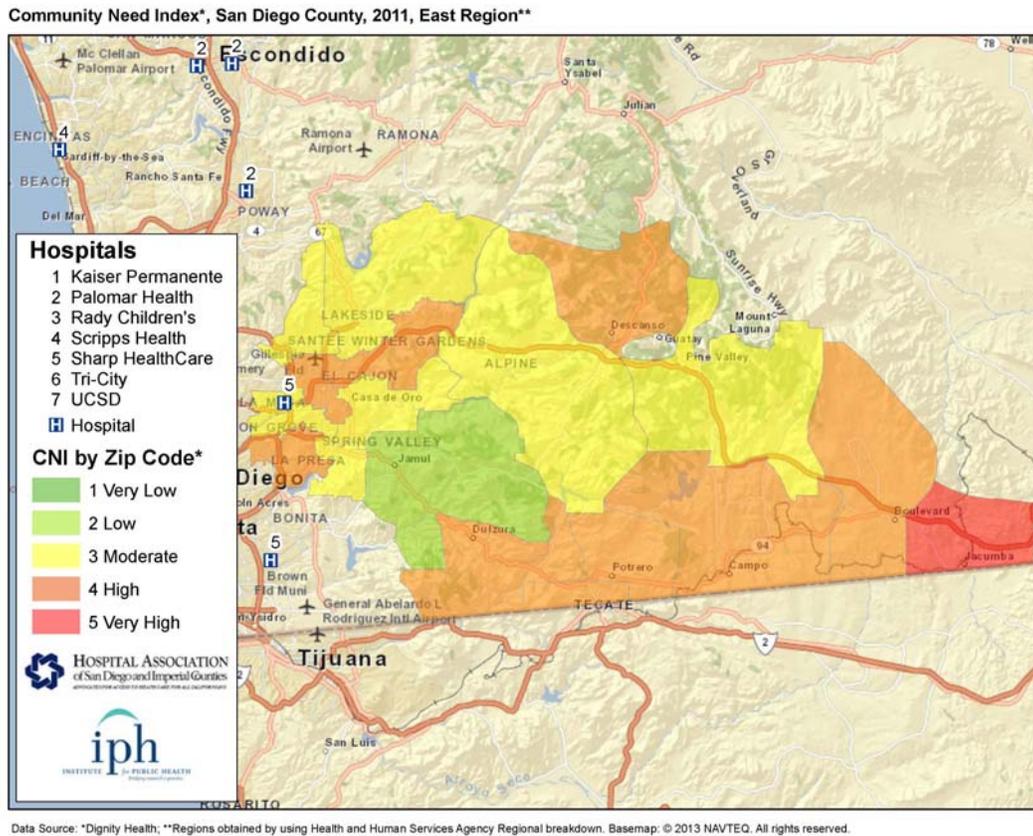
Definition of Community

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

For SGH's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to Dignity Health's CNI, communities served by SGH with especially high need include but are not limited to: Lemon Grove, Spring Valley and El Cajon. **Figure 2** below presents a map of the CNI scores across SDC's east region.

Figure 2: CNI Map – SDC’s East Region



Description of Community Health

In SDC’s east region in 2011, 93.6 percent of children ages 0 to 11, 95.7 percent of children ages 12 to 17 and 82.7 percent of adults ages 18 and older had health insurance – failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

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

Table 2: Health Care Access in SDC's East Region, 2011

Description	Rate		Year 2020 Target
Current Health Insurance Coverage			
Children 0 to 11 Years	93.6		100%
Children 12 to 17 Years	95.7		100%
Adults 18 + Years	82.7		100%
Regular Source of Medical Care			
Children 0 to 11 Years	98.8%		100%
Children 12 to 17 Years	89.3%		100%
Adults 18 + Years	87.1%		89.4%
Not Currently Insured			
Adults 18 to 64 Years	15.7%		

Source: 2011-2012 Community Health Interview Survey (CHIS)

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC's East Region (Adults ages 18- 64 yrs), 2011

Description	Rate
Medi-Cal Eligible	7.5%
Healthy Families Eligible	1.3%
Not Eligible	91.2%

Source: 2011-2012 CHIS

Heart disease and cancer were the top two leading causes of death in SDC's east region. See **Table 4** for a summary of leading causes of death in the east region. For additional demographic and health data for communities served by SGH, please refer to the SGH 2013 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 4: Leading Causes of Death in SDC's East Region, 2011

Cause of Death	Number of Deaths	Percent of Total Deaths
Diseases of heart	937	25.3%
Malignant neoplasms	863	23.3
Chronic lower respiratory disease	226	6.1
Cerebrovascular diseases	195	5.3
Accidents (unintentional injuries)	189	5.1
Alzheimer's disease	187	5.0
Diabetes mellitus	111	3.0
Intentional self-harm (suicide)	73	2.0
Chronic liver disease and cirrhosis	65	1.8
Influenza and pneumonia	62	1.7
All other causes	800	21.6
Total Deaths	3,708	100.0%

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

Community Benefits Planning Process

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

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

Priority Community Needs Addressed in Community Benefits Report – SGH 2013 CHNA

Through the SGH 2013 CHNA, the following priority health needs were identified for the communities served by SGH (in alphabetical order):

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type II
- Obesity
- Senior Health (including end-of-life care)

In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease, diabetes and senior health.

SGH provides behavioral health services to SDC's east region through clinical programs for adults and older adults, including individuals living with psychosis, depression, grief, anxiety, traumatic stress and other disorders. SGH also provides a dedicated psychiatric assessment team in the emergency department (ED) and acute care, as well as hospital-based outpatient programs that serve individuals dealing with a variety of behavioral health issues.

Beyond these clinical services, SGH does not have the resources to comprehensively meet the need for community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

Obesity is addressed through general nutrition and exercise education and resources provided at SGH, as well as programs that address a healthy lifestyle as part of care for heart disease, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs.

In addition, through further analysis of SGH's community programs and in consultation with SGH's community relations team, this section also addresses the following priority health needs for community members served by SGH:

- Cancer education and support, and participation in clinical trials
- Bone Health – Orthopedic / osteoporosis education and screening
- Women's and prenatal health services and education

- Prevention of unintentional injuries
- Support during the transition of care process for high-risk, underserved, and underfunded patients
- Collaboration with local schools to promote interest in health care careers

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2013 Report of Activities conducted in support of the objective(s), and FY 2014 Plan of Activities.

Identified Community Need: Stroke Education and Screening

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SGH 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of five priority health issues affecting members of the communities served by SGH.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of the top four priority health issues for community members in SDC.
- Feedback from key informant interviews conducted during the HASD&IC 2013 CHNA process aligned access to care and insurance coverage closely with care for cardiovascular disease.
- In 2011, heart disease was the leading cause of death for the east region of SDC. Cerebrovascular disease was the fourth leading cause of death for the region.
- In 2011, there were 195 deaths due to cerebrovascular diseases (stroke) in SDC's east region. The region's age-adjusted death rate due to cerebrovascular diseases was 38.2 deaths per 100,000 population. The region's age-adjusted death rate was the second highest of all regions and higher than the SDC age-adjusted rate of 32.2 deaths per 100,000 population.
- In 2011, there were 1,279 hospitalizations due to stroke in SDC's east region. The rate of hospitalizations in the east region was 274.1 discharges per 100,000 population, also higher than the SDC age-adjusted rate of 235.1 discharges per 100,000 population. The stroke hospitalization rate in the east region was the highest in comparison to all SDC's regions.
- In 2011, there were 279 stroke-related ED visits in the SDC's east region. The rate of visits was 59.8 per 100,000 population. The stroke-related ED visit rate in the region was comparable to the SDC average of 56.1 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, if no changes are made in risk behavior, based on current disease rates, it is projected

that by the year 2020, the total number of deaths from heart disease and stroke will both increase by 38 percent.

- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.
- According to the Centers for Disease Control and Prevention (CDC), nearly 1 in 3 deaths in the US each year is caused by heart disease and stroke. At least 200,000 of these deaths could have been prevented through changes in health habits, such as stopping smoking, more physical activity, and less salt in the diet; community changes to create healthier living spaces, such as safe places to exercise and smoke-free areas; and managing high blood pressure, high cholesterol, and diabetes (CDC, 2013).

Measurable Objective

- Provide stroke education and screening services for the community

FY 2013 Report of Activities

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

SGH's Stroke Center conducted stroke screening and educational events to educate the public on stroke risk factors, warning signs and appropriate interventions, including arrival at hospitals within early onset of symptoms. In FY 2013, the hospital conducted fourteen community screenings and educational events in SDC's east region, serving more than 1,000 attendees from the community. The events were held at various community sites, including but not limited to St. Michael's Parish, Waterford Terrace retirement community, Rancho San Diego YMCA, La Vida Real senior living community, First Presbyterian Church of El Cajon, Lakeside Fire Station, Grossmont District Library, and the 14th Annual Senior Health Fair at the Santee Trolley Square. In addition to offering stroke screenings at these events, SGH provided education and advised behavior modification, including smoking cessation, weight reduction and stress reduction for community members with health risk factors identified during the stroke screenings. In addition, in May SGH's Stroke Center presented to more than 50 community members at a Meet the Physician lecture entitled Stroke Is a Brain Attack organized through the SGH Senior Resource Center.

In June, Sharp's systemwide stroke program participated in the Strike Out Stroke Night at the Padres event, held at Petco Park. The event was a collaboration with the San Diego Stroke Consortium and the County of San Diego. Sharp participated along with Scripps Health, Palomar Health, Tri City Medical Center, Alvarado Hospital, Kaiser Foundation Hospital San Diego, UC San Diego Health System and the San Diego Padres to promote an evening of stroke awareness and survivor celebration. Stroke education was provided throughout the evening to the entire stadium of more than 43,000 community members via the prominently displayed JumboTron. In addition, in October Sharp provided stroke screening and risk education to more than 200 attendees at the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina.

In FY 2013, the SGH Outpatient Rehabilitation Department offered a stroke support group for stroke survivors and their family members at no charge. In addition, SGH actively participated in the quarterly San Diego Stroke Consortium, a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. Additionally, SGH collaborated with SDC to provide data for the County's stroke registry.

FY 2014 Plan

SGH Stroke Center will do the following:

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

Identified Community Need: Heart and Vascular Disease Education and Screening

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SGH 2013 CHNA identified cardiovascular disease as one of five priority health issues affecting members of the communities served by SGH.
- The HASD&IC 2013 CHNA identified cardiovascular disease as one of the top four priority health issues for community members in SDC.
- In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease in more vulnerable communities within SDC's east region.
- Feedback from key informant interviews conducted during the HASD&IC 2013 CHNA process aligned access to care and insurance coverage closely with care for cardiovascular disease.
- According to the SGH 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes, and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.
- In 2011, heart disease was the leading cause of death for the east region of SDC. Cerebrovascular disease was the fourth leading cause of death for the region.
- In 2011, there were 649 deaths due to heart disease in SDC's east region. The region's age-adjusted death rate due to heart disease was 139.1 per 100,000 population, and was the highest of all regions, as well as higher than the SDC age-adjusted rate of 104.4 deaths per 100,000 population, and higher than the HP 2020 target of 108.2 deaths per 100,000.
- In 2011, there were 1,577 hospitalizations due to coronary heart disease in SDC's east region. The rate of hospitalizations for coronary heart disease was 337.9 per 100,000 population. The hospitalization rate in the region was among the highest in SDC and higher than the County average of 283.4 coronary heart disease hospitalizations per 100,000 population.
- In 2011, there were 262 coronary heart disease-related ED visits in SDC's east region. The rate of visits was 56.1 per 100,000 population. The coronary heart disease-related ED visit rate in the region was the highest of the regions with a County average of 36.1 per 100,000 population.
- According to the *3-4-50 Chronic Disease in San Diego County 2010* report, if no changes are made in risk behavior, based on current disease rates, it is projected that by the year 2020, the total number of deaths from heart disease and stroke will both increase by 38 percent.

Measurable Objectives

- Provide heart and vascular education and screening services for the community, with an emphasis on adults, women and seniors

- Participate in programs to improve the care and outcomes of individuals with heart and vascular disease

FY 2013 Report of Activities

SGH is recognized as a Blue Distinction Center for Cardiac Care® by Blue Cross Blue Shield for demonstrated expertise in delivering quality cardiac health care.

In November, SGH provided a multicultural cardiopulmonary resuscitation (CPR) and automated external defibrillator training to approximately 15 community members in Ensenada, Mexico. The training focused on CPR techniques for the lay rescuer, including friends and family members. In March, SGH also provided a congestive heart failure (CHF) class covering topics such as exercise, nutrition, treatment plans and symptoms. In addition, SGH's Cardiac Rehabilitation Department served approximately 280 individuals through cardiac education classes throughout FY 2013. These classes, offered twice per month, were open to community members and provided education and resources on heart disease and its risk factors.

Throughout FY 2013 SGH's cardiac training department provided education and resources on cardiac health at various community events throughout San Diego, such as the Valley View Health Fair, the Union Tribune Health Expo, La Jolla Country Day School, Celebrando, December Nights, and the Sharp Women's Health Conference. Nearly 9,000 community members were reached through these and additional events attended by the SGH cardiac training program. The program offered education on critical issues of cardiac health, including prevention, evaluation and treatment. SGH also provided cardiovascular disease preventative screenings throughout FY 2013, serving approximately 90 community members. Additionally, SGH continued to provide meeting space for the La Mesa chapter of Mended Hearts – a cardiac support group for community members.

In addition, SGH's Cardiac Rehabilitation Program participated in the Summer Healthcare Saturday Health Fair at Grossmont Center, as well as the 14th Annual Senior Health Fair at the Santee Trolley Square, serving more than 200 community members through these events. In October, the SGH Cardiac Rehabilitation Program also conducted a flu vaccination clinic for heart disease patients and their family members, as well as seniors and high-risk adults, reaching approximately 45 individuals through these efforts.

Throughout the year, SGH provided expert speakers on heart disease and heart failure for various professional events, including SGH's Heart and Vascular Symposium. At this symposium, cardiac team members provided lectures on patient management. In addition, staff taught a class in cardiovascular health and treatment options to 40 senior community members at La Vida Real senior living community. In addition, in October SGH hosted the Southern California VOICe (Vascular Outcomes Improvement Collaborative) semi-annual meeting, which included regional vascular physicians,

nurses, epidemiologists, scientists and research personnel with a goal to collect common vascular datasets in order to pool information that will improve patient care.

SGH also participated in several programs to improve the care and outcomes of individuals with heart and vascular disease. To assist in improving care for acutely ill patients in the County, SGH provided data on STEMI (ST elevation myocardial infarction or acute heart attack) to San Diego County Emergency Medical Services (EMS). Starting in May, SGH began collaborating with Scripps Health providing STEMI data for a research study involving stem cell implantation in patients with low cardiac function. Also, Sharp HealthCare is now hosting the quarterly San Diego County Emergency Medical Services County Advisory Council for STEMI at Sharp's corporate office (Spectrum).

Also in 2013, SGH designed and implemented a Peripheral Arterial Disease Rehabilitation program, which involves teaching and exercise designed to keep patients – particularly low-income patients – at the highest functional level. This program is funded in part by donations contributed to the SGH Foundation, to help defray cost for patients with limited funding options.

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

FY 2014 Plan

SGH will do the following:

- Provide free bimonthly cardiac education classes by the Cardiac Rehabilitation Department
- Provide free CHF education classes, three times per year
- Provide cardiac and/or vascular risk factor education or screening through participation in one to two community events, including an education event for seniors
- Provide weekly preventive heart and vascular screenings
- In collaboration with the SGH Stroke Center, provide carotid artery screenings for community members
- Provide a complimentary flu vaccination clinic to cardiac rehabilitation patients and other senior community members
- Offer educational speakers to the professional community on topics such as performance improvements in CHF and acute myocardial infarction, and cardiovascular treatment options as invited

- Provide data on STEMI patients to San Diego County EMS
- Enroll patients in two new clinical trials: OVERPAR for popliteal aneurysm patients and Stentys APPOSITION V studying self-expanding coronary stents
- Pursue additional research opportunities to benefit patients and community members
- Provide a conference on heart and vascular disease for community nurses and physicians in fall 2014
- Continue to provide student learning opportunities

Identified Community Need: Diabetes Education and Screening

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SGH 2013 CHNA identified diabetes as one of five priority health issues for community members served by SGH.
- The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC.
- In general, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC's east region (e.g., El Cajon, Jacumba, etc.).
- Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type II diabetes.
- In 2011, diabetes was the seventh leading cause of death for community members in SDC's east region.
- In 2011, there were 111 deaths due to diabetes in SDC's east region. The region's age-adjusted death rate due to diabetes was 23.8 per 100,000 population, the second highest of all regions and higher than the SDC age-adjusted rate of 18.8 deaths per 100,000 population.
- In 2011, there were 825 hospitalizations due to diabetes in SDC's east region. The rate of hospitalizations for diabetes was 176.8 per 100,000 population. The hospitalization rate in the region was the highest in SDC's regions and higher than the SDC average of 132.6 diabetes hospitalizations per 100,000 population.
- In 2011, there were 722 diabetes-related ED visits in SDC's east region. The rate of visits was 154.7 per 100,000 population. The diabetes-related ED visit rate in the east region was among the highest in SDC and higher than the County average of 137.1 per 100,000 population.
- According to the California Health Interview Survey (CHIS), in 2011, 15.3 percent of adults living in SDC's east region indicated that they were ever diagnosed with diabetes, higher than SDC at 13.7 percent.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report from the County's HHS, the most common risk factors associated with Type II diabetes

include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol.

- According to the Centers for Disease Control and Prevention (CDC), diabetes is a major cause of heart disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the US (CDC, 2011).

Measurable Objective

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

FY 2013 Report of Activities

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

In FY 2013, the SGH Diabetes Education Program conducted a community educational lecture and seven blood glucose screening events at hospital and off-site locations, reaching more than 1,000 community members. The SGH Diabetes Education Program screened nearly 250 community members during these events. As a result of the screenings, nearly 50 individuals were identified with elevated blood glucose levels and provided with follow-up resources. Screening events were located throughout SDC's east region, including the Grossmont Healthcare District Library, the Women's Health Event at SGH, the 14th Annual Senior Health Fair at the Santee Trolley Square, the McGrath Family YMCA Family Center, the Waterford Terrace retirement community health fair and the Grossmont Center Health Fair. SGH's Diabetes Education Program conducted community lectures on diabetes at libraries, community centers, educational institutions, national conferences and other hospitals. Screenings and education events were developed with input from the Behavioral Diabetes Institute, a San Diego-based organization that focuses on addressing the social, emotional, and psychological barriers in order to help individuals with diabetes live a long and healthy life. The SGH Diabetes Education Program also continued to support the ADA's Step Out: Walk to Stop Diabetes held in October at Mission Bay through fundraising and team participation.

As part of these screenings, the Sharp HealthCare (Sharp or SHC) Diabetes Education Program conducted an event at the student health fair at Cuyamaca College, providing education to and screening more than 200 community members. As a result of these screenings, three individuals were identified with elevated blood glucose levels and received follow-up resources.

In FY 2013, the SGH Diabetes Education Program continued to provide targeted outreach to the newly immigrated Iraqi Chaldean population in San Diego. The program facilitated translation, as well as provided materials and resources to better understand the cultural needs of newly immigrated Chaldeans. The resources provided included an

information binder on topics, such as: How to Live Healthy With Diabetes; What You Need to Know About Diabetes; All About Blood Glucose for People With Type II Diabetes; All About Carbohydrate Counting; Getting the Very Best Care for Your Diabetes; All About Insulin Resistance; and All About Physical Activity With Diabetes. Handouts were provided in Arabic as well as Somali, Tagalog, Vietnamese and Spanish for additional populations. Education was also provided to staff members regarding the different cultural needs of these communities.

FY 2014 Plan

The SGH Diabetes Education Program will do the following:

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

Identified Community Need: Health Education, Screening and Support for Seniors

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SGH 2013 CHNA identified senior health as one of five priority health issues for community members served by SGH.
- In the HASD&IC 2013 CHNA, dementia and Alzheimer's disease were identified among the top 15 priority health conditions seen in SDC hospitals.
- Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as priority health needs for SDC.
- In SDC's east region, there were 58,491 residents (12.53 percent of the population) ages 65 years or older in 2011, and by the year 2020, the region expects a 51 percent growth among this population.

- In 2011, the leading causes of death among senior adults ages 65 years and older in SDC were heart disease, cancer, Alzheimer's disease, stroke, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries, hypertension and hypertensive renal disease, chronic liver disease and cirrhosis, Parkinson's disease, and intentional self-harm.
- In 2011, influenza ranked as the tenth leading cause of death in SDC's east region.
- In 2011, 108,853 seniors were treated and discharged from SDC EDs, representing nearly one out of every three senior residents. Additionally, seniors in SDC's east region experience higher ED visit rates for falls, coronary heart disease, Alzheimer's disease and influenza in comparison to SDC overall.
- In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC. Seniors in SDC's east region experienced higher rates of hospitalization for falls, coronary heart disease, stroke, pneumonia, Chronic Obstructive Pulmonary Disease, diabetes, Alzheimer's disease, and influenza, when compared to SDC overall.
- According to the *San Diego County Senior Health Report: Update and Leading Indicators*, significant health issues for seniors include obesity, diabetes, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental health issues including dementia and Alzheimer's disease, and cancer and heart disease. In addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (HHSA, 2013).
- According to the *San Diego County Senior Falls Report*, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHSA, 2012).
- In 2011, 68,817 calls were made to 9-1-1 for seniors ages 65 years and older in need of pre-hospital (ambulance) care in SDC, representing a call for one out of every five seniors. Seniors in SDC use the 9-1-1 system at higher rates than any other age group.
- Among the populations that the CDC recommends annual vaccination against influenza are: people ages 50 years and older; adults with a chronic health condition; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including household contacts of persons at high risk for complications from the flu. Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers.
- While researchers have long known that caregiving can have deleterious mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities (AARP Public Policy Institute, *Valuing the Invaluable*, Updated November 2012).
- Project CARE is a cooperative safety net designed to ensure the well-being and independence of older persons and persons with disabilities in the community. Through its component services, Project CARE helps people live independently in their homes. SDC's east region autonomously administers a local Project CARE site, located at SGH's Senior Resource Center, to meet the unique needs of the community's seniors.

Measurable Objectives

- Provide a variety of senior health education and screening programs
- Produce activity calendars four times a year
- Act as lead agency for East County Project CARE, ensuring the safety of homebound seniors in SDC's east region
- In collaboration with community partners, offer seasonal flu vaccination clinics at convenient locations for seniors and high-risk adults in the community
- Provide information at the seasonal flu clinics about other Sharp Senior Resource Center programs and other health education materials
- Serve as a referral resource for members of the senior community in SDC's east region

FY 2013 Report of Activities

Sharp Senior Resource Centers connect seniors and their caregivers to a variety of free and low-cost programs and services, including educational seminars, community referrals and health screenings. Compassionate staff and volunteers at the Sharp Senior Resource Centers understand the unique needs of seniors and can provide personalized support and clear, accurate information on everything from health education to caregiver services and resources. Calendars highlighting SGH's Senior Resource Center activities are mailed four times a year to more than 7,550 households.

In FY 2013, the SGH Senior Resource Center provided approximately 100 free health education programs to nearly 1,300 community members. Health education topics included hearing, stroke, arthritis, balance/fall prevention, the power of touch, cardiovascular disease, osteoporosis, fitness, diabetes, senior services, patient-provider communication, Project CARE, Vials of Life, advance directives for health care, financial issues, memory loss, back health, caregiver resources, end-of-life issues, Medicare, depression, chronic pain management, sleep disorders, Parkinson's disease, and maintaining a healthy voice. Educational programs were offered at the hospital campus, the Dr. William C. Herrick Community Health Care Library in the Grossmont Healthcare District, and at various community sites in SDC's east region. As part of their educational offerings, the SGH Senior Resource Center also provided a series of physician lectures in FY 2013, covering topics such as back pain, stroke and hearing loss. In total, more than 130 community members attended these lectures.

In FY 2013, the SGH Senior Resource Center provided 12 health screening events, serving more than 275 members of the senior community. In addition, the SGH Senior Resource Center offered free monthly blood pressure screenings, at two locations on-site and at several locations in the community, screening more than 435 community members. Additionally, the SGH Senior Resource Center provided three balance/fall prevention screenings, and four hand screenings. The hospital also offered health screenings for lung function, diabetes, carotid artery disease, peripheral artery disease and stroke. From these screenings, 30 attendees were referred to physicians for follow-up.

The SGH Senior Resource Center distributed approximately 100 advance directives for health care, and 4,000 Vials of Life, which provide important medical information to emergency personnel for seniors and disabled people living in their homes. Project CARE is a community program that includes the County of San Diego's Aging and Independence Services (AIS), Jewish Family Services, San Diego Gas and Electric (SDG&E), local senior centers, sheriff and police, and many others. Through this program, the SGH Senior Resource Center provided daily Are You OK? phone calls to approximately 40 isolated or homebound seniors in SDC's east region. Are You OK? program participants select regularly scheduled times to receive computerized phone calls at their home. In the event that staff members do not connect with participants through these phone calls, the participants' family or friends are contacted to ensure the participants' safety. In FY 2013, nearly 9,500 Are You OK? phone calls were placed to seniors or disabled individuals, and 125 follow-up phone calls were placed to their family or friends.

In collaboration with the Caregiver Coalition of San Diego, the SGH Senior Resource Center provided caregiver conferences at the La Mesa Community Center, First United Methodist Church of Mission Valley, and College Avenue Baptist Church for more than 200 family caregivers. These conferences provided education on emotional issues and physical aspects of care giving, as well as community resources. At the First United Methodist Church of Mission Valley, the conference – entitled Batter Up! Getting into the Game of Caregiving – targeted male caregivers in the community. Topics included strategies to manage the challenging and stressful aspects of caregiving, knowing when to ask for help, and other important caregiver issues. The conference also featured a panel of male caregivers from the community who shared their insights and experiences with the conference attendees.

The SGH Senior Resource Center also coordinated a conference on chronic disease management with Sharp HospiceCare entitled Living with a Chronic Illness. The conference provided information on chronic care management, warning signs for specific chronic diseases, and when to access care to nearly 60 community members. Additional topics included how to plan future health care needs and understand available resources, how to cope with life's transitions, and healing touch for self-care. The conference featured a physician, psychologist, lawyer and other experts in the field of aging and health care to assist seniors to more effectively navigate their golden years.

The SGH Senior Resource Center also participated in health fairs in El Cajon, Rancho San Diego, Lakeside, Santee, La Mesa, the College Area, and San Diego. In addition, the SGH Senior Resource Center participated in the Sharp HospiceCare Resource and Education Expo at the College Avenue Baptist Church, serving 70 community health care professionals. The SGH Senior Resource Center provided blood pressure screenings at the event, as well as educational resources on senior and caregiver services. Through a presence at these community venues, the SGH Senior Resource Center provided education and resources to nearly 1,750 community members.

Additionally, the SGH Senior Resource Center collaborated with the Caregiver Coalition of San Diego to provide a webinar that provided education and resources to 15 attendees on the challenges and resources for traveling and caregiving. The webinar is widely available to community members via the Caregiver Coalition of San Diego website.

Also in FY 2013, SGH's Senior Resource Center coordinated notification of availability and provision of seasonal flu vaccines in selected community settings through activity reminders, collaborative outreach conducted by the flu clinic site, 2-1-1 San Diego, Sharp.com and newspaper notices. The SGH Senior Resource Center provided more than 1,000 seasonal flu vaccinations at 17 community sites to high-risk adults with limited access to health care resources, including seniors with limited resources for transportation and those with chronic illnesses. Sites included senior centers, community centers, churches, senior nutrition sites, the Salvation Army, food banks and hospital departments. At these community sites, SGH provided activity calendars for the Senior Resource Center detailing upcoming community events, including blood pressure and flu clinics, Vials of Life, community senior programs and Project CARE. At the food banks, the SGH Senior Resource Center provided vaccines not only to seniors, but also to high-risk community members, many of whom were uninsured or had limited access to transportation.

In FY 2013, the Senior Resource Center maintained active relationships with organizations serving seniors, enhancing networking among professionals in SDC's east region and providing quality programming for seniors. These organizations included AIS (Project CARE and the Caregiver Coalition of San Diego), ECSSP, Meals-on-Wheels Greater San Diego, the Caregiver Education Committee and the Aging Disability Resource Connection.

FY 2014 Plan

SGH's Senior Resource Center will conduct the following activities:

- Provide resources and support to address relevant concerns of seniors in the community through in-person and phone consultations
- Provide community health information and resources through educational programs, monthly blood pressure clinics, and four to eight types of health screenings annually
- Utilize Sharp experts and community partners to provide approximately 35 seminars per year that focus on issues of concern to seniors
- Participate in 18 community health fairs and special events targeting seniors
- Collaborate with East County YMCA, AIS and East County Action Network on a healthy living for seniors conference
- Coordinate two conferences – one dedicated to family caregiver issues in collaboration with the Caregiver Coalition of San Diego and one in collaboration with Sharp HospiceCare

- Maintain daily contact through phone calls with individuals (many are homebound) in rural and suburban settings who are at risk for injury or illness, and continue supporting Project CARE services for the East County community
- Produce and distribute quarterly calendars highlighting events of interest to seniors and family caregivers
- Provide 4,000 Vials of Life to seniors
- In collaboration with Sharp Advance Care Planning through Sharp HospiceCare, present an Advanced Directives and Health Care Decisions program to inform seniors about advance directives and other necessary documents available to communicate their end-of-life wishes
- Provide seasonal flu vaccinations at 15 community sites for seniors with limited mobility and access to transportation, as well as high-risk adults, including low-income, minority, homeless and populations with chronic disease
- In collaboration with community agencies, coordinate the notification of the availability and provision of seasonal flu vaccines at a variety of community sites convenient to high-risk adults and seniors, including physicians' offices, pharmacies and public health centers; publicize through media and community partners
- Continue to provide seasonal flu immunizations at food bank sites in SDC's east region

Identified Community Need: Cancer Education and Support, and Participation in Clinical Trials

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- In the HASD&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in SDC hospitals.
- In 2011, cancer was the second-leading cause of death in SDC's east region.
- In 2011, there were 861 deaths due to cancer (all sites) in SDC's east region. The region's age-adjusted death rate due to cancer was 184.5 deaths per 100,000 population, higher than the SDC age-adjusted rate of 155.2 deaths per 100,000 population, and higher than the HP 2020 target of 160.6 deaths per 100,000.
- In 2011, 25 percent of all cancer deaths in SDC's east region were due to lung cancer, nine percent to colorectal cancer, eight percent to female breast cancer, five percent to prostate cancer, and less than one percent to cervical cancer.
- In 2011, the death rates for colorectal, female breast cancer and lung cancer in SDC's east region were all higher when compared to the age-adjusted death rates for these specific cancers in SDC overall.
- According to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, San Diego had the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of the state (151.82 per 100,000).

- According to a 2012 report from the California Cancer Registry, breast cancer is the most common cancer among women in California, with an estimated 292,400 existing cases (42 percent of all cancers).
- In SDC, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.
- According to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors. The most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication, and education and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.
- According to the American Cancer Society (ACS), a total of 1,665,540 new cancer cases and 585,720 cancer deaths are projected to occur in the US in 2014. California is projected to have the most new cancer cases (171,730) and the highest number of deaths (57,950) (ACS, 2014).
- According to the CDC, cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.

Measurable Objectives

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

FY 2013 Report of Activities

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

In FY 2013, the SGH Cancer Center participated in a variety of community cancer educational events. These events served more than 900 community members, and

included the East County Senior Health Fair at Santee Trolley Station; Learn and Live Events for Breast, Colon and Prostate Cancer; the Summer Healthcare Saturday Event at Grossmont Center, Jewish Family Services Health Fair, Jewish Family Services Breast Cancer Talk; Sharp's annual Women's Health Conference and the SGH Cancer Expo. SGH Cancer Center staff also supported the ACS Making Strides Against Breast Cancer Walk, as well as held a resource booth to provide educational materials on breast cancer at the Susan G. Komen Race for the Cure® in Balboa Park. In addition, SGH Cancer Center staff served as health and science project judges for more than 30 junior high and high school students at the San Diego Science Fair held in Balboa Park.

Throughout FY 2013, SGH provided educational sessions to community members whose lives are impacted by cancer through its Learn and Live Events for Breast, Colon and Prostate Cancer. Two Live and Learn Prostate Cancer educational seminars were provided to 50 community members, and sessions covered critical issues around prostate cancer, including treatment options with radiation. In September, the SGH Cancer Center held a Cancer Awareness Expo that included a panel of physicians to answer questions from the community on topics such as preventative measures, screening, detection and diagnosis. The seminar included educational information from different departments, a tour of the SGH Cancer Center and also featured a breast cancer survivor who shared her story with seminar attendees. In addition, SGH presented an educational session on breast cancer to 50 residents at Waterford Terrace retirement community.

The SGH Cancer Center continued to offer support programs for cancer patients in FY 2013, including biweekly breast cancer support group meetings. These meetings were held at no cost to participants, with an average attendance of 12 to 15 community members. In addition, the Look Good...Feel Better program – offered through the ACS – provided six classes throughout FY 2013 to approximately 40 women in the community. The program boosts women's self-confidence by teaching them techniques to help manage the side effects of cancer treatment, such as using cosmetic and skin care products, wigs, scarves and other accessories to manage skin changes and hair loss.

In FY 2013, SGH continued its Breast Health Navigator Program, where an RN certified in breast health personally assists breast cancer patients in their navigation of the health care system. The Breast Health Navigator offers support, guidance, financial assistance referrals and connection to community resources. Through collaboration with community clinics – including Family Health Centers of San Diego (FHCS), Neighborhood Healthcare and Centro Medico – the Breast Health Navigator refers unfunded or underfunded women to local community clinics for a covered mammogram diagnostic work-up, or immediate Medi-Cal insurance should their biopsy prove positive and require treatment. Patients needing psychosocial support are referred to a breast cancer case management program through Jewish Family Services. The Breast Health Navigator also plays an active role in community education, providing presentations and educational resources about breast cancer, mammography guidelines and early detection, at no charge to the community. In addition, the Breast Health Navigator

facilitated access to care for approximately 170 breast cancer patients in need – many with late-stage cancer diagnoses – through the provision of referrals to various community and national organizations.

Also in FY 2013, the SGH Cancer Center screened approximately 150 patients for participation in cancer clinical trials. As a result, eight new patients were enrolled in cancer research studies, while 63 patients continued to receive follow-up care through the studies.

In addition, the SGH Cancer Center trained eight Pima Medical Institute X-ray students who observed and participated in clinical rotations in radiology, as well as a student from the National University Radiation Therapy Program.

FY 2014 Plan

SGH Cancer Center will conduct the following:

- Provide biweekly breast cancer support groups to participants at no charge
- Provide six Look Good...Feel Better classes
- Continue to provide education and resources to the community with the Breast Health Navigator; also provide ongoing personalized education and information, support and guidance to breast cancer patients and their loved ones as they move through the continuum of care
- Provide community members with an additional Cancer Navigator for all cancers other than breast
- Screen and enroll oncology patients in clinical trials for research studies
- Screen and provide genetic testing for patients and family members
- Provide educational information on cancers and available treatments through community residents and community physician lectures, and participation in health fairs and events with demonstrations on breast self-exams
- Continue to train and intern National University Radiation Therapy Students

Identified Community Need: Bone Health - Orthopedic / Osteoporosis Education and Screening

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- In the HASD&IC 2013 CHNA, back pain was identified among the top 15 priority health conditions seen in SDC hospitals.
- In SDC's east region in 2011, the number of arthritis-related hospitalizations totaled 1,781 – among the highest in the county. The east region's rate of arthritis-related hospitalizations was 381.7 per 100,000 population, higher than the age-adjusted

SDC average of 309.3 arthritis hospitalizations per 100,000 population, as well as higher than all other SDC regions.

- In SDC's east region from 2009 to 2011, the number of arthritis-related ED discharges increased from 2,241 to 3,668, while the rate of arthritis-related ED discharges increased from 475.9 to 786 per 100,000 population. The region's 2011 arthritis-related ED discharge rate of 786 per 100,000 population was higher than the 2011 age-adjusted County average of 647.8 per 100,000 population.
- In SDC's east region in 2011, females had a higher ED discharge rate for arthritis-related diagnosis than males (932.6 and 634.9 per 100,000 population, respectively). Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons ages 25 to 44 had higher ED discharge rates for arthritis-related diagnosis than other persons.
- According to the CDC, arthritis is the nation's most common cause of disability. An estimated 50 million US adults (about one in five) report doctor-diagnosed arthritis. As the US population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects one in every 250 children (CDC, 2011).
- According to the National Institutes of Health (NIH), more than 40 million people either already have osteoporosis or are at high risk due to low bone mass in the US (NIH, 2012).
- The various risk factors for developing osteoporosis include: family history, thinness or small frame, having had early menopause, being postmenopausal, abnormal absence of menstrual periods (amenorrhea), prolonged use of certain medications, low calcium intake, physical inactivity, smoking and excessive alcohol intake (NIH, 2012).
- According to the NIH, osteoporosis is the most common type of bone disease. The NIH reveals that about half of all women over the age of 50 will experience a fracture of the spine, wrist or hip during their lifetime (NIH, 2012).
- According to the CDC, there were 258,000 hospital admissions for fractures of the hip among people ages 65 and older. By 2030, the number of hip fractures is projected to increase by 12 percent (CDC, 2013).
- According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develops protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than three months), 3 to 4 percent of the population is temporarily disabled due to back pain, and 1 percent of the working-age population is disabled completely and permanently due to LBP.

Measurable Objective

- Provide education on orthopedics and osteoporosis to the community

FY 2013 Report of Activities

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

In FY 2013, SGH offered quarterly educational sessions on hip and knee problems to more than 400 community members. Topics included management of arthritis, and hip and knee repair and treatment, from non-surgical options to minimally-invasive surgery using the latest technology. Sessions were held at the Grossmont Healthcare District Conference Center, and at the Vi at La Jolla Village – an independent senior living community in La Jolla. Attendance ranged from 50 to 90 individuals at each event. In addition, SGH provided three seminars for treatment of shoulder pain, reaching approximately 225 community members and providing education on arthritis, torn rotator cuff, bursitis and frozen shoulder, as well as treatment options.

Additionally, Sharp offered specialized education on osteoporosis prevention and treatment, as well as osteoporosis heel scan screenings to the community during the Sharp Women's Health Conference held at the Sheraton San Diego Hotel and Marina in October. More than 650 community members attended the event, and approximately 200 attendees received education regarding osteoporosis, calcium and vitamin D requirements, and exercise for osteoporosis treatment and prevention.

FY 2014 Plan

SGH will do the following:

- Continue to offer orthopedic, arthritis, joint health and osteoporosis educational presentations to the community
- Provide education and resources to the Sharp Women's Health Conference

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

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- In the HASD&IC 2013 CHNA, high-risk pregnancy was identified as one of the top 15 priority health conditions seen in SDC hospitals.
- In 2011, in SDC's east region there were 410 low birth weight (LBW) births, 6.5 percent of total births for the region. LBW births were higher among female infants than male infants and were highest among white infants when compared to infants of other race/ethnicity.

- In 2011, 26 infants died before their first birthday in SDC's east region. The infant mortality rate was 4.1 infant deaths per 1,000 live births. Infant mortality was similar for males and females and was highest among white infants when compared to infants of other race/ethnicity.
- There were 662 hospitalizations due to maternal complications in SDC's east region in 2011. The region's age-adjusted rate was 279.5 per 100,000 population, which was lower than the actual rate for SDC overall (307.9 per 100,000).
- In 2011, there were 4,916 live births with prenatal care in SDC's east region, which translates to 77.6 percent of live births for the region. This was lower than the percentage of live births receiving prenatal care in SDC overall (83.1 percent).
- Between 2009 and 2011, mothers in SDC beginning their prenatal care during their first trimester increased from 70.1 percent to 72.2 percent.
- According to 2011 CHIS data, 22.6 percent of women (ages 18 to 65 years) were obese (BMI > 30). This statistic increases to 30.9 percent for women in SDC's east region.
- According to 2011 CHIS data, 10.8 percent of women in SDC's east region eat fast food four or more times per week.
- According to HP 2020, the risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception and interconception care. Healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential.
- According to the CDC, maternal health conditions that are not addressed before pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid. In the US, the number of births declined by 3 percent from 2009 to 2010 and the general fertility rate declined by 3 percent. Teenage birth rate fell 10 percent from 2009 to 2010, while the birth rate of women ages 40-44 years continued to rise.
- According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy. The US preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010).

Measurable Objectives

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

- Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding

FY 2013 Report of Activities

In FY 2013, SGH offered two wellness and prevention-related community expos that addressed women's health topics. These classes – led by physicians and topic-experts – reached approximately 120 women. The expos included a series of experts that discussed methods to improve heart health, eating habits and emotional and mental well-being. In addition, a free health screening offered information about cholesterol and glucose levels, blood pressure and BMI. Attendees also had the opportunity to have their personal health questions answered by health care professionals. Additionally, in FY 2013 SGH offered three educational seminars to the community on gynecologic robotic procedures, and provided education and resources on treatment options to 98 women through these sessions.

Throughout FY 2013, SGH provided free breastfeeding support groups to the community twice per week. Facilitated by RN Lactation Consultants, each session provided education and support to approximately 25 mothers in the community. SGH also offered weekly postpartum depression support groups for women and families. The support groups are led by the SGH Women's Health Center's social workers, and provide support to women and families struggling with the challenges and adaptations of having a newborn.

SGH participated in and partnered with a number of community organizations and advisory boards for maternal and child health in FY 2013, including the local chapter of the Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), Women, Infants, and Children (WIC), California Teratogen Information Service (CTIS), Partnership for Smoke-Free Families, San Diego County Breastfeeding Coalition Advisory Board, the Beacon Council's Patient Safety Collaborative, Association of California Nurse Leaders (ACNL), the regional Perinatal Care Network (PCN), Perinatal Safety Collaborative, and the Public Health Nurse Advisory Board.

In FY 2013, SGH provided both a poster presentation to the ACNL titled Ending Early Elective Deliveries as well as a webinar on this topic provided through the Centers for Medicare and Medicaid Services (CMMS) Partnership for Patients and Health Research and Educational Trust (HRET). The SGH Women's Health Center also presented a podium presentation entitled Exclusive Breastfeeding at Discharge at the CMMS Call for Innovations.

Over the past fiscal year, SGH implemented critical process improvements to improve breastfeeding rates among new mothers, and continued to explore and participate in opportunities to share these best practices with the broader health care community. The Ten Steps to Successful Breastfeeding were implemented along with other quality strategies on each unit to promote exclusive breastfeeding and exclusive breast milk in the NICU. The initiatives included but were not limited to: facilitating skin-to-skin contact

with the newborn immediately after delivery; implementing early intervention strategies for women identified as having difficulty with breastfeeding; and standardizing an interdisciplinary plan of care to identify mothers having difficulty with breastfeeding. These strategies promote the nutritional health of high-risk infants and prevent inflammatory disease processes that can cause serious bacterial infection in the intestine of sick premature infants, which can result in death of intestinal tissue and even progression to blood poisoning or septicemia. In addition, SGH revamped all of the breastfeeding educational resources provided at the community clinics and the childbirth education classes to reflect best practices in breastfeeding for mothers and their families.

In the NICU, nurses promoted the use of a mothers' pump log to increase accountability for the mothers' documentation of their 24 hour totals of breast milk volumes. The daily totals of exclusive breast milk volumes were documented by an RN, and nurses tracked the percentage of infants exclusively provided breast milk or some breast milk until discharge, incorporating early intervention strategies to promote the establishment of breast milk in the first couple of weeks. Additionally, the SGH Women's Health Center tracked the mothers of premature infants 28-34 weeks who established breast milk supply at two weeks. This interdisciplinary approach resulted in a 70 percent exclusive breastfeeding rate for newborns as well as an 83 percent exclusive breast milk rate for premature infants in the NICU. This abstract was approved by AHWONN for poster presentation in June 2014.

In addition, the SGH Women's Health Center participated in the San Diego County Breastfeeding Coalition Poster competition for all of their quality initiatives surrounding exclusive breastfeeding at discharge. The SGH Women's Health Center was awarded second place at this competition during World Health Breastfeeding Week in August 2013.

SGH is also currently seeking Baby-Friendly USA Designation by September 2014 through the implementation of evidence-based maternity care practices. Established by the United Nations Children's Fund (UNICEF) and the World Health Organization (WHO) in 1991, the Baby-Friendly Hospital Initiative (BFHI) recognizes and encourages hospitals and birthing centers that offer high-quality breastfeeding care. The BFHI has been implemented in more than 170 countries, resulting in the designation of more than 20,000 birthing facilities. The requirements for a Baby-Friendly USA Designation include but are not limited to: training health care staff to properly implement a breastfeeding policy; providing education to pregnant women on the benefits of breastfeeding; demonstrating how to breastfeed and maintain lactation to new mothers; encouraging breastfeeding on demand; allowing mothers and infants to remain together 24 hours a day; and establishing breastfeeding support groups and referring mothers to these resources following discharge from the hospital or clinic. Throughout FY 2013, SGH incorporated the requirements of a Baby-Friendly hospital along with other process improvements in order to improve exclusive breastfeeding at discharge. As a result of these comprehensive efforts, the SGH Women's Health Center was successful in

raising the exclusive breastfeeding rate at discharge from 49 percent in 2011 to 70 percent in 2013.

The SGH Women's Health Center's Prenatal Clinic (SGH Prenatal Clinic) midwives continued to provide in-kind help at Neighborhood Health Centers in El Cajon and Lakeside, and FHCS D through out FY 2013. The midwives provide care for pregnant women five days per week – approximately 1,400 hours at the El Cajon and Lakeside sites – to support the underserved population in SDC's east region. The hospital also delivers approximately 720 babies from community clinics each year.

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

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

FY 2014 Plan

SGH will do the following:

- Provide wellness and prevention events for women that focus on lifestyle tips to enhance overall health
- Provide videos on various nutrition topics through the SGH website and social media
- Provide education on cardiovascular health and wellness as part of the second Women's Heart Health Expo
- Provide free breastfeeding and postpartum support groups
- Provide parenting education classes
- Participate in community events targeting women in the community, such as the Sharp Women's Health Conference

- Provide medical services to low-income patients through the SGH Prenatal Clinic
- Share evidence-based practices regarding improvements in elective deliveries less than 39 weeks as well as breastfeeding rates at discharge through presentations at national conferences and research publications

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- In the HASD&IC 2013 CHNA, unintentional injury was identified as one of the top priority health conditions seen in SDC hospitals.
- In 2011, accidents (unintentional injuries) were the fifth leading cause of death for SDC's east region.
- In 2011, accidents (unintentional injuries) were the sixth leading cause of death overall in SDC.
- Unintentional injuries – motor vehicle accidents, falls, pedestrian-related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electric current/radiation/fire/smoke, natural disasters and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- Between 2009 and 2011, 2,889 San Diegans died as a result of unintentional injuries, and since 2000, the rate of death has increased by 5 percent.
- In 2011, there were 188 deaths due to unintentional injury in SDC's east region. The region's age-adjusted death rate due to unintentional injuries was 40.3 deaths per 100,000 population, the highest of all regions and higher than the SDC age-adjusted rate of 31.4 deaths per 100,000 population.
- In 2011, there were 4,085 hospitalizations related to unintentional injury in SDC's east region. The rate of hospitalizations was 875.4 per 100,000 population, the highest of all regions and higher than the SDC average of 686.3 per 100,000 population.
- In 2011, there were 27,619 ED visits related to unintentional injury in SDC's east region. The rate of visits was 5,918.6 per 100,000 population, the highest of all regions and higher than the SDC average of 5,094.2 per 100,000 population.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons ages 1 to 44 in California (California Department of Public Health, 2010).
- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education,

victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Measurable Objective

- To offer an injury and violence prevention program for children, adolescents and young adults in SDC's east region

FY 2013 Report of Activities

In FY 2013, ThinkFirst/Sharp on Survival participated in 56 programs that served more than 3,600 elementary, middle and high school students in SDC's east region. The programs consisted of one- to two-hour classes on the modes of injury, disability awareness, and the anatomy and physiology of the brain and spinal cord. They also heard personal testimonies from individuals, known as Voices for Injury Prevention (VIPs), with traumatic brain or spinal cord injuries (SCI). In addition, ThinkFirst/Sharp on Survival offered schools multiple opportunities for learning with the provision of a variety of lesson plans, including information on physical rehabilitation, careers in health care, and disability awareness panels to meet the needs of specific class curricula.

ThinkFirst/Sharp on Survival also spoke to at-risk youth about the consequences of reckless driving, violence, and poor decision making.

ThinkFirst/Sharp on Survival participated in a variety of community events throughout FY 2013, including presentations for youth and their parents, health- and safety-related fairs, and community groups. These community-based events and presentations served more than 900 participants. Think First/Sharp on Survival participated in the annual Kids Care Fest event sponsored by the Grossmont Healthcare District in La Mesa, providing helmet-fitting information and education on booster and car seats to approximately 400 community members. In October, ThinkFirst/Sharp on Survival also provided proper helmet-fitting information and booster seat education at the El Cajon Fire Department Safety Fair and Open House, serving 500 people.

With the partnership and financial support of the Health and Science Pipeline Initiative (HASPI), dozens of schools throughout SDC had the opportunity to provide ThinkFirst/Sharp on Survival speakers to their students. These students, who all have an interest in pursuing careers in health care, were provided with classroom presentations and the opportunity to participate in a half-day tour of the SMH Rehabilitation Center. In 2013, a dozen high school seniors from Granite Hills High School toured the center and received an in-depth look at occupational, physical, speech, recreation therapy and nursing careers. Students also rotated through several "stations" run by VIP speakers to practice their wheelchair mobility, lower body dressing and driving skills using the driving simulator. Additionally, students conducted small group patient therapy activities to test memory, organization and a variety of executive cognitive skills. In addition, more than 200 college students enrolled in San Diego State

University's (SDSU's) Disability in Society course and received education on injury prevention, brain injury, SCI and disability awareness.

Beginning in FY 2012, ThinkFirst/Sharp on Survival implemented a booster seat project funded by the Grossmont Healthcare District. The project was developed in response to the California law change implemented in January 2012 when requirements for booster seats changed from age six or 60 pounds to age eight or a height of four feet nine inches. The project was modeled after a larger, successful booster seat project implemented by ThinkFirst San Diego, in partnership with the ThinkFirst National Office, and funded by the National Health and Transportation Safety Administration (NHTSA) in 2004. This program not only provided education to parents on specifics of the law and consequences of misuse, but also offered guidance to alter children's misconceptions that booster seats are for "babies." After two years, the program successfully increased booster seat use in six schools by an average of 19 percent. The ThinkFirst/Sharp on Survival booster seat project modeled the best practices from this previous program, and provided more than 3,000 students and their parents with potentially lifesaving information. The education directed toward the students was conducted in four different schools with both assembly and classroom education formats. Each child was also measured and information on the child's height, the new law and best practices for booster seat use was sent home with the child. Additionally, over 70 students at these schools were provided with a free booster seat and a few additional seats given out to community members whose children participated in a booster seat drawing competition. The program came to its conclusion in January 2013.

FY 2014 Plan

ThinkFirst/Sharp on Survival will do the following:

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

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

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type II diabetes, mental/behavioral health, and obesity).
- Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- In 2011, SDC's east region presented a higher rate of unemployment (9.9 percent in 2011) when compared to SDC overall (8.5 percent in 2011).
- According to 2011 CHIS data, 20.1 percent of those 18 to 64 years of age in SDC's east region were currently uninsured.
- According to 2011 CHIS data, in SDC's east region for those 18 to 65 years of age, the most common sources of health insurance coverage included employment-based coverage (62.9 percent) and public programs (13.7 percent). In 2011, 13.1 percent of the population in SDC's east region was living below the poverty level, with more than 22 percent of those being families.
- In 2011, nearly 20 percent of families in the east region received some form of cash public assistance, compared to 14.9 percent of families in SDC overall.
- According to 2011 CHIS data, 86 percent of adults in SDC's east region have a usual source of care. Among these adults, 22 percent utilize a community clinic, government clinic or community hospital as their usual source of care.
- As of March 2012, the average unemployment rate in the cities of El Cajon, La Mesa, Lakeside, Lemon Grove, Santee, and Spring Valley was 10.4 percent (Labor Market Information, State of California Employment Development Department, <http://www.labormarketinfo.edd.ca.gov>).
- According to the Bureau of Labor Statistics (BLS), 37.7 percent of unemployed persons nationally remained so for 27 weeks or greater.
- The cost of living in California is 35 percent above the US average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (California Hospital Association Special Report, October 2011).
- According to HASD&IC, between 2006 and 2009, demand for ED services in SDC increased by 11.9 percent, from 582,129 to 651,595 visits (HASD&IC, 2010).
- In 2013, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$468 to \$550 per month; for a family of three or more in California, COBRA costs ranged from \$1,461.73 to \$1,699.76 per month. These rates represent anywhere from 20 to 78 percent of a person's income (2013 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans).

- Community clinics in California have experienced rising rates of primary care clinic utilization; the number of persons utilizing the clinics increased by 27.3 percent between 2007 and 2011 (OSHPD, 2011).

Measurable Objectives

- Connect high-risk, underfunded patients and community members to community resources and organizations for low-cost medical equipment, housing options, and follow-up care
- Assist economically disadvantaged individuals through transportation and financial assistance for pharmaceuticals
- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals

FY 2013 Report of Activities

In FY 2013 SGH continued to provide post-acute care facilitation for high-risk patients, including individuals who were homeless or without a safe home environment. Individuals received referrals to and assistance from a variety of local resources and organizations that provided support with transportation, placement, medical equipment, medications, as well as outpatient dialysis and nursing home stays. SGH referred high-risk patients, families, and community members to churches, shelters and other community resources for food, safe shelter and other resources.

For unemployed and underfunded patients, or for those who simply cannot afford the expense of a wheelchair, walker or cane due to a fixed income, SGH has committed to improving access to Durable Medical Equipment (DME) for high-risk patients upon discharge. SGH case managers actively recruit DME donations from the community in order to provide for patients in need. Also in FY 2013, SGH continued to provide information on DME in the pre-recorded message that callers to SGH hear when they are placed on hold. SGH case managers and social workers provide and track DME items to patients who are uninsured, underinsured, or who are otherwise unable to afford the equipment required to keep them safe and healthy.

To assist economically disadvantaged individuals, in FY 2013 SGH provided more than \$127,000 in free medications, transportation, lodging, and financial assistance through its Project HELP funds. These funds assisted more than 4,000 individuals in FY 2013. In addition, SGH pharmacists assisted more than 250 economically disadvantaged patients with more than 700 outpatient prescriptions valued at approximately \$319,000.

In FY 2013 SGH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SGH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SGH in a safe space, and also provides psychiatric care,

substance abuse counseling, and guidance from the Rescue Mission's programs in order to help these patients get back on their feet.

FY 2014 Plan

SGH will conduct the following:

- Continue to provide post-acute care facilitation to high-risk patients
- Continue and expand the DME donations project to improve access to necessary medical equipment for high-risk patients who cannot afford DME
- Continue to administer Project HELP funds to those in need
- Continue to collaborate with community organizations to provide medical care, financial assistance, psychiatric and social services to chronically homeless patients

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

Rationale references the findings of the SGH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2013 *Healthcare Shortage Areas Atlas* from the County of San Diego Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the US will increase due to the aging population, and nurses also will be needed to educate and to care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (BLS, 2012).
- The BLS projects an employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that health care support occupations (home health aides, etc.) will be the fastest growing occupational group from 2010 to 2020 (BLS, 2010).
- Overall employment is projected to increase by about 14 percent during the 2010–2020 decade with more than half a million new jobs expected for each of four occupations—RNs, retail salespersons, home health aides, and personal care aides (BLS, 2012).
- According to the San Diego Workforce Partnership 2011 report titled, *Healthcare Workforce Development in SDC: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs,

medical record and health information technicians, radiology technologists and technicians, pharmacists and medical and clinical laboratory technologists.

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

Measurable Objective

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

FY 2013 Report of Activities

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

SGH also continued its participation in the Health Sciences High and Middle College (HSHMC) program in FY 2013, providing early professional development for 153 students from a broad array of backgrounds in grades nine through 12. Students shadowed an estimated 50 health professionals in 33 departments and nursing areas throughout the hospital. During each semester, students rotated through instructional pods in areas such as nursing, obstetrics, occupational and physical therapy, behavioral health, SICU, MICU, imaging, engineering, rehabilitation, laboratory, pharmacy, pulmonary, cardiac services and food services. In May 2013, the HSHMC program graduated its third full class of students.

Level I of the HSHMC program is the entry level for all students and is conducted over a 16-week period. For FY 2013, 59 ninth-graders shadowed primarily in non-nursing areas of the hospital, including physical therapy, food services, laboratory, cardiac services, imaging, physician offices, pulmonary, pharmacy and radiation therapy. Ninth-graders spent a greater length of time within each department in order to more fully experience different clinical areas of the hospital.

Level II of the HSHMC program offers patient interaction, where students are trained in Tender Loving Care (TLC) functions by a Certified Nursing Assistant (CNA) on nursing floors. In FY 2013, 51 tenth-graders, 20 eleventh-graders and 23 twelfth-graders participated in the Level II TLC program, experiencing college-level clinical rotations, hands-on experience, TLC function patient care and mentoring. Students were placed in a new assignment each semester for a variety of patient care experiences, and also took additional health-related coursework at San Diego Mesa College, including Anatomy, Physiology, Medical Terminology and Human Behavior courses. In FY 2013, twelfth-graders continued to receive training in First Touch[®] – the patient-centered model of care provided by SGH to help ease patient anxiety and increase trust in their caregiver.

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

Also in FY 2013, SGH provided 775 students from colleges and universities throughout San Diego with various placement and professional development opportunities. Throughout the academic year, 565 nursing students spent more than 52,000 hours at SGH, including both time spent both in clinical rotations and individual preceptor training. Among the nursing programs, academic partners included but were not limited to SDSU, Point Loma Nazarene University (PLNU), University of San Diego (USD), National University (NU), California State University-San Marcos, Southwestern College (SWC) and Kaplan College (KC). Allied health students spent more than 48,000 hours on the SGH campus, and came from academic institutions throughout San Diego including GC, EMSTA College, Alliant University, San Diego Mesa College (MC), NU, University of Southern California and SDSU, among others.

FY 2014 Plan

SGH will do the following:

- In collaboration with GUHSD, participate in the HESI
- Continue to track and report outcomes of HSHMC students and graduates to promote long-term program sustainability
- Continue to provide internship and professional development opportunities to college and university students throughout San Diego

SGH Program and Service Highlights

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

¹ Provided through Sharp Memorial Hospital Home Health Agency

² Provided through Sharp HospiceCare

³ Hospice residential facility

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

- Vascular services
- Women's Health Center
- Wound Care Center



Helping Community Members Plan Ahead

~ SHARP HOSPIECARE ~

Planning for one's future health care needs can be a challenging and uncertain process. Sharp HealthCare offers a free and confidential Advance Care Planning program through Sharp HospiceCare to guide adults of any age and health status through the process of creating an advance care plan. Trained and compassionate advance care planning consultants help community members explore

and document their health care wishes, and assist them with the often difficult task of openly communicating these wishes to family and friends. Throughout the process, participants' values and beliefs are carefully considered and respected, leaving them and their loved ones with peace of mind knowing that their health care needs will be met when the time arises.

{ Commitment }

7 Sharp HospiceCare

Sharp HospiceCare casts a wide net into our community. It ranges from helping our patients and families travel the end-of-life journey, to sharing our innovative programs and services on a local, state and national level to help other organizations be better at what they do. – Suzi Johnson, Vice President, Sharp HospiceCare

Sharp HospiceCare is located at 8881 Fletcher Parkway in La Mesa, ZIP code 91942.

As a systemwide program, Sharp HospiceCare provides programs and services to all of Sharp HealthCare's (Sharp's or SHC's) hospital entities. However, Sharp HospiceCare is licensed under Sharp Grossmont Hospital (SGH) and as such, the financial value of its community benefit programs and services are included in Section 6 (SGH) of this report. The following description highlights the variety of community benefit programs and services provided by Sharp HospiceCare to San Diego County (SDC) in FY 2013:

- **Other Benefits for Vulnerable Populations** included contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank.
- **Other Benefits for the Broader Community** included a variety of end-of-life support for seniors, families and caregivers in the San Diego community, including education, support groups, and outreach at community health fairs and events. Sharp HospiceCare also provided volunteer training opportunities for community members, including both adults and teens. In addition, Sharp HospiceCare staff actively participated in community boards, committees and civic organizations, such as San Diego County Coalition for Improving End-of-Life Care (SDCCEOL), San Diego Regional Home Care Council (SDRHCC), San Diego Community Action Network (SanDi-CAN), East County Senior Service Providers (ECSSP), and South County Action Network (SoCAN). See **Appendix A** for a listing of Sharp's community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.
- **Health Research, Education and Training Programs** included education and training of health care professionals, student and intern supervision and time devoted to generalizable health-related research projects that were made available to the broader health care community.

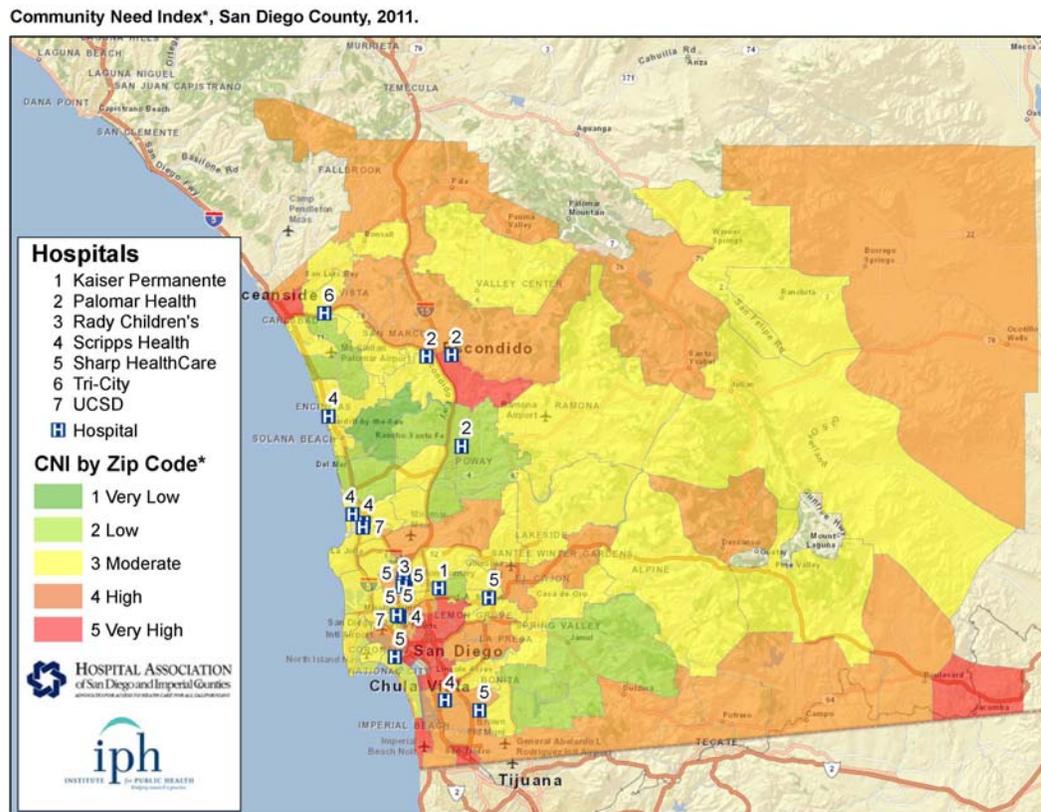
Definition of Community

Sharp HospiceCare provides comprehensive end-of-life hospice care, specialized palliative care and compassionate support to patients and families throughout SDC. See **Appendix B** for a map of community and region boundaries in SDC.

For SHC's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to Dignity Health's CNI, communities served by Sharp HospiceCare with especially high-need include but are not limited to: East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. **Figure 2** below presents a map of the CNI scores across SDC.

Figure 2: CNI Map of SDC



Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were currently insured in 2011– failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

Table 2: Health Care Access in SDC, 2011

Description	Rate		Year 2020 Target
Current Health Insurance Coverage			
Children 0 to 11 Years	93.8%	■	100%
Children 12 to 17 Years	93.5%	■	100%
Adults 18 + Years	81.3%	■	100%
Regular Source of Medical Care			
Children 0 to 11 Years	98.1%	■	100%
Children 12 to 17 Years	82.2%	■	100%
Adults 18 + Years	85.6%	■	89.4%
Not Currently Insured			
Adults 18 to 64 Years	17.7%	■	

Source: 2011-2012 Community Health Interview Survey (CHIS)

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2011

Description	Rate
Medi-Cal Eligible	6.9%
Healthy Families Eligible	0.4%
Not Eligible	92.6%

Source: 2011-2012 CHIS

Table 4 summarizes the leading causes of death in SDC. For additional demographic and health data for communities served by Sharp HospiceCare please refer to the Sharp Memorial Hospital (SMH) 2013 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>, which includes data for the primary communities served by Sharp HospiceCare.

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

Table 4: Leading Causes of Death in SDC, 2011

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,812	24.2%
Disease of heart	4,758	24.0
Alzheimer's disease	1,221	6.2
Chronic lower respiratory diseases	1,045	5.3
Cerebrovascular diseases	1,031	5.2
Accidents (unintentional injuries)	1,017	5.1
Diabetes mellitus	581	2.9
Intentional self-harm (suicide)	383	1.9
Chronic liver disease and cirrhosis	331	1.7
Influenza and pneumonia	311	1.6
Essential (primary) hypertension and hypertensive renal disease	269	1.4
Parkinson's disease	211	1.1
Pneumonitis due to solids and liquids	147	0.7
Septicemia	128	0.6
Viral hepatitis	113	0.6
All other causes	3,494	17.6
Total Deaths	19,852	100.0%

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

Community Benefits Planning Process

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

- Consults with representatives from a variety of internal departments and other community organizations to discuss, plan and implement community activities
- Participates in programs and workgroups to review and implement services that improve palliative and end-of-life care for the San Diego community
- Incorporates end-of-life community needs into its goal development

Priority Community Needs Addressed by Sharp HospiceCare

The 2013 CHNAs for each SHC acute care hospital (Sharp Chula Vista Medical Center, Sharp Coronado Hospital and Healthcare Center, SGH, SMH) identify senior health as a priority health need for the community. Sharp HospiceCare provides hospice and

palliative care services across the SHC care continuum, and helps to address senior health issues through the following community programs and services:

- End-of-life and chronic illness management education for community members
- Advance care planning education and outreach for community members and health care professionals
- Hospice and palliative care education and training programs for health care professionals, students and volunteers
- Bereavement counseling and support

For each of the community programs and services described above, subsequent pages include a summary of the rationale and importance of the service(s), measurable objective(s), FY 2013 Report of Activities conducted in support of the objective(s), and FY 2014 Plan of Activities.

Identified Community Need: End-of-Life and Chronic Illness

Management Education for Community Members

Rationale references the findings of the Sharp HealthCare (SHC) 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated.

- In SHC's 2013 CHNAs, senior health was identified as one of the priority health issues for community members served by SHC.
- Research presented in the SHC 2013 CHNAs revealed that seniors are at high-risk for developing chronic illnesses and related disabilities, and chronic conditions are the leading cause of death among older adults. Nationwide, about 80 percent of seniors are living with at least one chronic condition, while 50 percent of seniors have two or more chronic conditions, thus increasing their need for care (Centers for Disease Control and Prevention, 2007).
- Findings presented in the SHC 2013 CHNAs revealed the following health conditions as chief concerns for seniors in SDC: cardiovascular disease, Alzheimer's disease, pain management, hearing loss (many seniors cannot afford treatment), and mobility issues (falls and resulting immobility). In addition, health issues such as medication management, social planning for the future (including housing, advance care planning, etc.), and lack of education, management and support for behavioral changes were identified.
- According to research presented in the SHC 2013 CHNAs, older adults are among the fastest growing age groups in the US. In 2011, the first of more than 70 million baby boomers (adults born between 1946 and 1964) turned 65, and in the next two decades, another 79 million baby boomers will move into this demographic (American Hospital Association First Consulting Group, 2007; Pew Research Center Social and Demographic Trends, 2010; United Health Foundation, America's Health Ranking Senior Report, 2013).

- There are an estimated four million family caregivers in California, according to the California Caregiver Resource Center (CRC).
- The close relationship between a caregiver and care recipient is a shared relationship with involved emotions, experiences, and memories, which can place a caregiver at higher risk for psychological and physical illness (National Alzheimer's Association, 2012).
- While researchers have long known that caregiving can have deleterious mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities. Furthermore, an estimated 17 to 35 percent of family caregivers view their health as fair to poor (AARP Public Policy Institute, 2011; AARP Public Policy 2012).
- The demand for information by caregivers increased from 67 percent to 77 percent over the five years period from 2004 to 2009 (The National Alliance for Caregiving and AARP, 2009).
- According to the National Alzheimer's Association, caregivers responded positively to interventions such as individual/group therapy, educational/training support, home-based visits or technology, depending on how they are delivered (National Alzheimer's Association, 2012).
- According to a 2011 article in the American Family Physician Journal (AFPJ), in the next few decades, the demand for family caregivers is expected to rise by 85 percent. Furthermore, family caregiving has been affected in several important ways over the past five years: caregivers and care recipients are older and have higher levels of disability than in years past; the duration, intensity and burden of care has increased; the financial cost associated with informal caregiving has risen; and the use of paid formal care has declined significantly.

Measurable Objectives

- Provide education and outreach to the San Diego community concerning end-of-life care and chronic illness management
- Collaborate with community organizations to provide education and outreach to community seniors and their loved ones

FY 2013 Report of Activities

In an effort to support the San Diego community in the areas of end-of-life care, aging and caregiving, Sharp HospiceCare is a member of a variety of organizations including San Diego County Coalition for Improving End-of-Life Care (SDCCEOL), San Diego Regional Home Care Council (SDRHCC), San Diego Community Action Network (SanDi-CAN), East County Senior Service Providers (ECSSP), and South County Action Network (SoCAN), and collaborated with these organizations for a variety of events throughout FY 2013. Through these collaborations, nearly 2,500 community members received end-of-life education and outreach at an assortment of seminars, health fairs, expos, classes and other events. Education covered end-of-life issues and chronic illness management, including introduction to hospice, eligibility and other key

facts about hospice. Events took place at a variety of churches, senior living centers, and community health agencies and organizations throughout San Diego, including the College Avenue Senior Center, La Mesa Community Center, San Diego Gas & Electric (SDG&E), The Rock Church, Skyline Church, St. Paul's Senior Living, and American Association of Retired Persons (AARP), to name a few.

In honor of California Health Care Decisions Week, in October Sharp HospiceCare partnered with SanDi-CAN and other community organizations to co-host a large community event at the Balboa Park Club entitled Navigating End-of-Life Decisions. This free half-day conference provided 120 seniors and families with tools to help them identify their values and goals, as well as communication tips to make educated and informed health care decisions. The event included resources from 35 community exhibitors, as well as presentations from a variety of community experts, including: The Five Essential Documents Everyone Should Have; Family Decision Making: Pearls and Pitfalls; ABC's of End-of-Life Care Decisions; Burial: All You Need to Know and Plan For; Benefits of Whole Body Donation; and Healing Touch for Self-Care.

In honor of the 2nd Annual National Health Care Decisions Day in April, Sharp HospiceCare and the SGH Senior Resource Center provided a conference for approximately 100 community seniors and caregivers at the La Mesa Community Center entitled Living with a Chronic Illness. Through presentations from Sharp HospiceCare leadership and community health experts, as well as resources from community health and senior service agencies, attendees received education and support for living with chronic illness, including: identifying and managing disease specific symptoms; when and where to access care; assessing and communicating values, beliefs and health care goals; coping with life's transitions; and tools for self-care, relaxation, healing and prevention of caregiver burnout. In September, this conference was repeated for approximately 75 seniors and caregivers at the Point Loma Community Presbyterian Church.

In further support of National Health Care Decisions Day, Sharp HospiceCare played a lead role in the planning, organization and delivery of a countywide event entitled Planning Ahead for Your Future Healthcare Needs, hosted by SDCCEOL. Held at the First United Methodist Church in Mission Valley, this dynamic, free conference was a collaboration of a variety of community hospice agencies and mortuaries that provided more than 125 community members with tools and resources for selecting an appropriate health care agent and end-of-life planning. The conference included community physicians who shared their personal experiences with completing an advance directive, including crucial conversations with their loved ones, and how they selected their health care agent. Presentations entitled Family Decision Making: Pearls and Pitfalls, and Physician Orders for Life Sustaining Treatment (POLST) were also provided, as well as a community physician panel entitled How Physicians Plan to Die.

In collaboration with Sharp Chula Vista Medical Center, the County of San Diego Health and Human Services Agency (HHS), Live Well San Diego, the Braille Institute, Health Net and SoCAN, Sharp HospiceCare participated in the Walk a Day in Someone Else's

Shoes Expo in September. This free event focused on the challenges of aging and provided approximately 150 community members with free screenings for bone density, vision, blood sugar, blood pressure, dental health and depression. Additionally, the event featured education and resource booths for Alzheimer's disease, Parkinson's disease, blindness, cancer, health care planning, Medicare and elder law and advocacy. In addition, in April, Sharp HospiceCare participated in the Dia de la Mujer Latina event at Sweetwater High School in National City, providing information and relaxation techniques to approximately 200 Spanish-speaking women.

Also in FY 2013, the Sharp HospiceCare Integrative Therapies team provided a monthly stress management class called The Power of Touch – Healing for the Family Caregiver. With a goal of preventing caregiver burnout and promoting healing, approximately 150 family caregivers learned simple techniques for self-care and relaxation through an educational lecture, hands-on demonstrations and self-practice.

FY 2014 Plan

Sharp HospiceCare will do the following:

- Continue to collaborate with a variety of local networking groups and community-oriented agencies to provide education and resources to community seniors and their loved ones on end-of-life and palliative care issues
- In collaboration with Sharp Coronado Hospital and Healthcare Center and the SMH and SGH Senior Resource Centers, host three free end-of-life conferences, reaching 100 community members per conference

Identified Community Need: Advance Care Planning Education and Outreach to Community Members and Health Care Professionals

Rationale references the findings of the SHC 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Participants in the HASD&IC 2013 CHNA community forums recommended increased educational resources on advance directives to help address the health concerns of seniors in SDC.
- Key informant interviews from the SHC 2013 CHNAs identified social planning for the future, including education on advance care planning, among chief concerns for seniors in SDC.
- Greater community education regarding care options and care management to ensure a positive experience as seniors approach the later stages of life were identified as areas of improvement for seniors in the SHC 2013 CHNAs.
- According to the CDC, barriers to advance care planning include: lack of awareness, denial of death and dying, denial of being in a circumstance in which we are unable to make our own decisions and speak for ourselves, confusion between whether to

choose palliative care and doing whatever it take to extend life, and cultural differences (CDC, 2012).

- According to the CDC, planning for the end of life is increasingly being viewed as a public health issue, given its potential to prevent unnecessary suffering and to support an individual's decisions and preferences related to the end of life. In addition, the CDC recognizes the public health opportunity to educate Americans, and especially older adults, about advance care planning and to improve their quality of care at the end of life (CDC, 2010).
- Most people say they would prefer to die at home, yet only about one-third of adults have an advance directive expressing their wishes for end-of-life care. Among those 60 and older, that number rises to about half of older adults completing an advance directive (Pew Research Center, 2006; AARP, 2008).
- Only 28 percent of home health care patients, 65 percent of nursing home residents and 88 percent of hospice care patients have an advance directive on record (National Center for Health Statistics, 2011).
- Although making decisions on end-of-life care can be traumatic, providing information to family members, involving them in discussions and using advance directives has shown to reduce their symptoms of post-traumatic stress, anxiety, and depression (Detering et al., 2010, The Impact of Advance Care Planning on End of Life Care In Elderly Patient: Randomized Controlled Trial, *British Medical Journal*).

Measurable Objectives

- Provide advance care planning education, engagement and consultation for community members and health care professionals

FY 2013 Report of Activities

SHC offers a free and confidential Advance Care Planning (ACP) program through Sharp HospiceCare. The program is designed to empower adults of any age and health status in the community to explore and document their beliefs, values and goals as they relate to health care. The program consists of three stages. Stage one, community engagement, focuses on bringing awareness to healthy community members about the importance of ACP. This stage includes basic education and resources, identification of an appropriate health care agent, and completion of an advance directive. The next stage, disease-specific outreach, focuses on education for community members with a progressive chronic illness, including decline in functional status, co-morbidities, potential for hospitalization and caregiver issues. With a goal of anticipating future needs as health declines, this stage focuses on developing a written plan that identifies goals of care, and involves the health care agent and loved ones. The third stage, late life illness outreach, targets those with a disease prognosis of one year or less, when specific or urgent decisions must be made and converted into medical orders that will guide the health care provider's actions and be consistent with goals of care. The focus of this stage is to assist the individual or appointed health care agent with navigating complex medical decisions related to immediate life sustaining or prolonging measures, including completion of the POLST form.

In FY 2013, the Sharp ACP team provided printed educational resources, as well as phone and in-person consultations to community members seeking guidance with identifying their personal goals of care and health care preferences, appointing an appropriate health care agent, and completing an advance directive. In addition, the program engaged more than 1,600 community members in free ACP education at a variety of community sites, including health fairs, senior centers, homecare agencies, churches and seminars. The team also provided ACP lectures to more than 400 community health care professionals, including attendees of the Aging and Independence Services (AIS) Vital Aging Conference, SDCCEOL, SanDi-CAN, San Diego County Council on Aging (SDCCOA), United Health Group, Coalition to Transform Advanced Care (CTAC), case managers from the San Diego Care Transitions Partnership (SDCTP) and social workers from UC San Diego Health System.

FY 2014 Plan

Sharp HospiceCare will do the following:

- Continue to provide free ACP education and outreach to community members through phone and in-person consultations
- Continue to provide free ACP education and outreach to health care professionals
- Continue to collaborate with community organizations to provide at least 50 educational classes and events to raise awareness of ACP
- Participate in National Healthcare Decisions Day in April as part of a national collaborative effort to motivate and educate community members and providers about the importance of advance care planning
- Develop a new SHC Advance Directive for distribution to community members to clearly articulate and communicate personal health care preferences

Identified Community Need: Professional and Student Education, and Volunteer Training

Rationale references the findings of the SHC 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2013 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego's Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the US will increase due to the aging population, and nurses also will be needed to educate and to care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. In addition, the number of individuals who have access to health care

services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).

- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that health care support occupations (home health aides, etc.) will be the fastest growing occupational group from 2010 to 2020 (BLS, 2010).
- Overall employment is projected to increase about 14 percent during the 2010–2020 decade with more than half a million new jobs expected for each of four occupations—RNs, retail salespersons, home health aides, and personal care aides.
- According to the Institute of Medicine (IOM), the nation faces an impending health care crisis as the number of older patients with more complex health needs increasingly outpaces the number of health care providers with the knowledge and skills to adequately care for them (IOM, 2008).
- An estimated 3.5 million additional health care professionals will be needed by 2030 to care for older adults, while current levels of workforce are already stretched (Eldercare Workforce Alliance, 2011).
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- Provide education and training opportunities for students and interns
- Provide a Sharp HospiceCare Resource & Education Expo for community health care professionals
- Through education, training and outreach, guide local, state and national health care organizations in the development and implementation of appropriate services for the needs of the aging population, including individuals in need of advanced illness management
- Maintain active relationships and leadership roles with local and national organizations
- Provide volunteer opportunities for adults and teens in the San Diego community

FY 2013 Report of Activities

Between the fall 2012 and spring 2013 semesters, Sharp HospiceCare provided 56 San Diego State University (SDSU) nursing students with opportunities to shadow case managers out in the field. In addition, Sharp HospiceCare's LakeView and ParkView homes served as training sites for 21 SDSU nursing students who spent an eight-hour day shadowing and learning from the highly skilled and compassionate nursing staff at each of the homes. Sharp HospiceCare also provided 200 hours of training, supervision and shadowing for a student intern from the SDSU Gerontology Program, as well as trained and supervised six premedical students through the SDSU Pre-Professional Program. Additionally, lectures on hospice and ACP were provided to more than 20 students at the University of Phoenix and nearly 40 students at University City High School.

In June 2013, Sharp HospiceCare hosted its fourth annual Resource and Education Expo, reaching approximately 100 community health care professionals. The Expo featured 50 resource exhibits representing a variety of community agencies supporting end-of-life needs. Education was provided by various community agencies including the La Mesa Police Department, Southern Caregiver Resource Center, Alzheimer's Association and Butler Counseling, as well as Sharp Nutrition Services and Injury Prevention.

In FY 2013, Sharp HospiceCare leadership provided education, training and outreach to local, state and national health care professionals. These efforts sought to guide industry professionals in achieving person-centered, coordinated care through the advancement of innovative hospice and palliative care initiatives. Educational outreach to local organizations included SDCCOA, San Diego Medical Group Management Association (SDMGMA), San Diego POLST Coalition and UC San Diego Moore's Cancer Center. State and national presentations included the American Hospital Association (AHA) Annual Membership Meeting, the National Hospice and Palliative Care Organization (NHPCO) Clinical Team Conference, the California Hospice and Palliative Care Association (CHAPCA) Annual Conference, the Coalition for Compassionate Care of California (CCCC) Conference, California Physicians Medical Group, and Scott and White Medical Group of Central, TX. Presentation topics included advanced illness management, hospice economics, prognostication, ACP and geriatric frailty. In addition, Sharp HospiceCare leadership served as part of the California HealthCare Foundation's (CHCF) Palliative Care Action Community, a one-year learning collaborative comprised of 21 California-based provider organizations seeking to share implementation strategies, experiences and lessons learned in the implementation of community-based palliative care services.

Also in FY 2013, Sharp HospiceCare provided print, radio and television interviews for KPBS, Fox 5 and the San Diego Union-Tribune, discussing issues pertaining to end-of-life care. A research article was also published in the September 2013 issue of *Journal of Clinical Outcomes Management*, entitled, *Development and Preliminary Evaluation of an Innovative Advanced Chronic Disease Care Model*.

In addition, Sharp HospiceCare provided training for nearly 50 new volunteers throughout the year. Prior to providing patient care and administrative support activities, volunteers participated in an extensive 32-hour training program to confirm their understanding of and commitment to hospice care. Sharp HospiceCare also trained five teenagers through its Teen Volunteer Program, as well as hosted a student volunteer from San Diego Metropolitan Regional & Technical High School. The teen and high school student volunteers devoted their time to special projects in the office or at Sharp HospiceCare's hospice homes. In addition, Sharp HospiceCare continued its volunteer-run wig donation program to provide free wigs for community members who suffer from hair loss.

FY 2014 Plan

Sharp HospiceCare will do the following:

- Continue to provide education and training opportunities for nursing and premedical students and interns
- Provide an end-of-life learning environment in community-based hospice homes
- Continue to provide education, training and outreach to local, state and national health care organizations to support the development and implementation of appropriate services for the needs of the aging population, including individuals in need of advanced illness management
- Maintain active relationships and leadership roles with local and national organizations
- Provide volunteer training programs for at least 75 adults and teens
- Continue to provide a volunteer-run wig donation program

Identified Community Need: Bereavement Counseling and Support

Rationale references the findings of the SHC 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the NHPCO, grief may be experienced in response to physical losses, such as death, or in response to symbolic or social losses such as divorce or loss of a job. The grief experience can be affected by one's history and support system. Taking care of one's self and accessing counseling and support services can be a guide through some of the challenges of grieving as a person adjusts to their loss.
- According to a 2010 article in *Journal of the American Medical Association (JAMA)*, when compared with nursing homes or home health nursing services, bereaved family members report fewer unmet needs for pain and emotional support when the last place of care was hospice. In addition, lower spousal mortality at 18 months was found among bereaved wives of decedents who used hospice care versus those who did not.

- A 2004 JAMA study titled, “Quality of End-of-Life Care and Last Place of Care,” examined 1,578 family members of people who died in the year 2000 of non-traumatic causes. Families were asked about the quality of patients’ experiences at the last place where they spent more than 48 hours. Significant findings of the study include more than one-third of those cared for by nursing homes, hospitals and home health agencies reported either insufficient or problematic emotional support for the patient and/or family, compared to one-fifth of those in hospice (JAMA, January 7, 2004).

Measurable Objectives

- Provide bereavement education, resources, counseling and support to community members with life-limiting illness and their loved ones
- Provide individuals and their families referrals to needed community services
- Provide support to loved ones of those who have passed away through the Memory Bear Program

FY 2013 Report of Activities

Throughout FY 2013, Sharp HospiceCare offered a variety of bereavement service options to help grieving community members learn effective ways to cope with the loss of a loved one. Services were provided in both Spanish and English, and included professional bereavement counseling for individuals and families, as well as community education, support groups and monthly newsletter mailings.

In FY 2013, Sharp HospiceCare devoted more than 1,460 hours to home and office counseling and phone contacts with patients and their loved ones, providing them with bereavement counseling services from Master’s-level social workers with specific training in grief and loss.

In addition, free quarterly bereavement support groups facilitated by skilled mental health care professionals specializing in the needs of the bereaved reached more than 350 participants in FY 2013. Groups included Straight Talk about Grief and Loss and the Widow’s/Widower’s group. Straight Talk about Grief and Loss consisted of eight weekly sessions each quarter, including: Introduction to the Grief Process; Strategies for Coping with Grief; Communicating with Family and Friends; Experiencing Anger in Grief; Guilt, Regret and Forgiveness; Differentiating Natural Grief and Depression; Use of Ceremony and Ritual to Promote Healing; and What Does Healing Look Like?/Who Am I Now? In addition, Straight Talk About Grief and Loss was provided for the Spanish-speaking population in the Spring, Fall and Winter quarters. The Widow’s/Widower’s group welcomed community members who lost a spouse, and provided them with an opportunity to share their emotional challenges and receive support and coping skills from other group members.

Additionally, a support group entitled Support During the Holiday Season, was offered on three days in November, while a special event entitled Healing Through the Holidays

was offered on two days in December. More than 70 adults attended the groups, receiving presentations and support around understanding grief, improving coping skills, exploring the spiritual meaning of the holidays in the face of grief, remembering loved ones and reviving hope. A similar group was provided in the spring titled Remembering Your Parents, which focused on coping with grief around Mother's and Father's Day, and served approximately 30 community members.

In further support of community members who have lost a loved one, 1,660 people received 13 monthly issues of the bereavement support newsletters, *Healing Through Grief* (for adults) and *Journey to My Heart* (for children under 12 years). In addition, Sharp HospiceCare bereavement counselors provided referrals to community counselors, mental health services, other bereavement support services and community resources as needed. Furthermore, Sharp HospiceCare volunteers supported grieving community members through the Memory Bear program, in which they used garments of loved ones who have passed on to sew teddy bears as keepsakes for surviving family members.

FY 2014 Plan

Sharp HospiceCare will do the following:

- Continue to offer individual and family bereavement education, counseling and support groups in English and Spanish
- Continue to provide referrals to needed community services
- Provide Healing Through the Holidays events and support services
- Provide 13 mailings of bereavement support newsletters
- Continue to provide a Memory Bear program to serve 250 families

Sharp HospiceCare Program and Service Highlights

- Advance care planning
- Bereavement care services
- Homes for Hospice program
- Hospice nursing services
- Integrative therapies
- Spiritual care services
- Volunteer program
- Management for various hospice patient conditions, including:
 - Alzheimer's disease
 - Cancer
 - Debility
 - Dementia
 - Heart disease
 - HIV
 - Kidney disease
 - Liver disease
 - Pulmonary disease
 - Stroke

Providing Comprehensive Medical Care

~ SHARP METROPOLITAN MEDICAL CAMPUS ~

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

{ *Commitment* }

8 Sharp Metropolitan Medical Campus

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

FY 2013 Community Benefits Program Highlights

SMMC provided a total of **\$168,589,650** in community benefits in FY 2013. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMMC's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Metropolitan Medical Campus – FY 2013

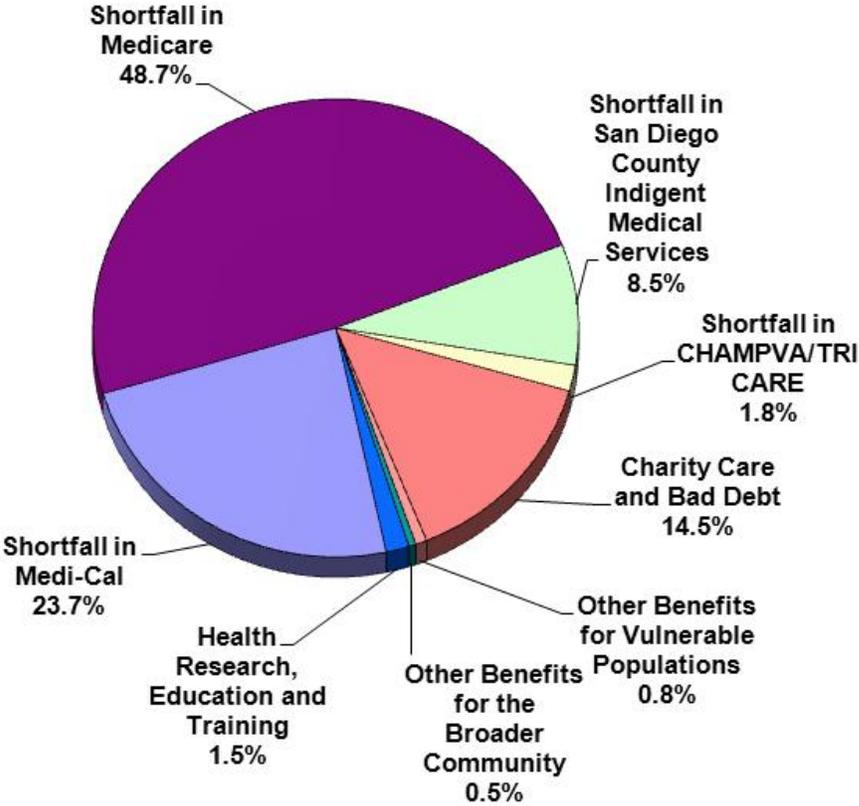
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$39,958,028
	Shortfall in Medicare ¹	82,139,650
	Shortfall in San Diego County Indigent Medical Services ¹	14,364,326
	Shortfall in CHAMPVA/TRICARE ¹	3,090,302
	Charity Care and Bad Debt ²	24,361,825
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	1,270,132
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	807,666
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	2,597,721
TOTAL		\$168,589,650

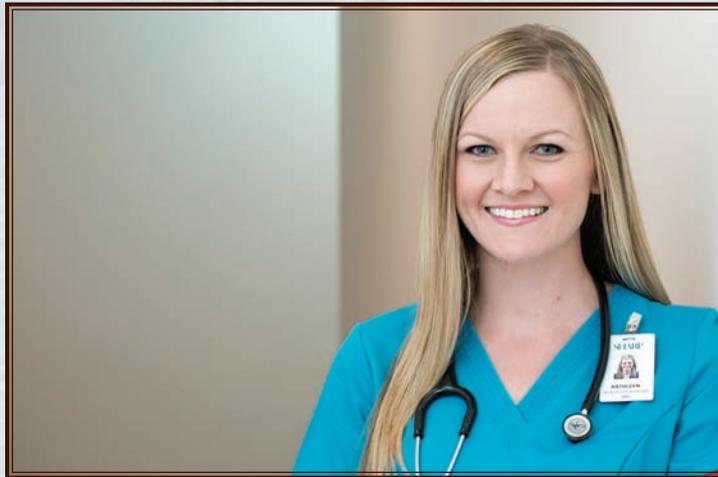
¹ Methodology for calculating shortfalls in public programs is based on Sharp's payor-specific cost-to-charge ratios, which are derived from the cost accounting system, offset by the actual payments received. Costs for patients paid through the Medicare program on a prospective basis also include payments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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
Sharp Metropolitan Medical Campus - FY 2013





Promoting Healthy Children and Families

~ SHARP MARY BIRCH HOSPITAL FOR WOMEN & NEWBORNS ~

Breastfeeding is one of the most effective preventive health measures for mothers and their infants. To that end, Sharp Mary Birch Hospital for Women & Newborns is committed to increasing the rate of breastfeeding among San Diego mothers.

The hospital's free, ongoing breastfeeding support groups provide valuable education to help participants learn new ideas and techniques to improve breastfeeding success at home while allowing them to share experiences and advice with each other. In addition, evening support groups are available to accommodate working mothers.

The hospital is furthering its commitment to breastfeeding by participating in the National Initiative for Children's Healthcare Quality (NICHQ) Best Fed Beginnings Learning Collaborative. Through the collaborative, the hospital shares evidence-based maternity care practices with participating hospitals and the larger health care community, and is advancing toward its goal of becoming a Baby-Friendly USA designated hospital, the gold standard in breastfeeding practices.

Section

9 Sharp Mary Birch Hospital for Women & Newborns

To impact the community means that we can give education that has the potential to empower women or families to make better decisions regarding their health. – Nicole Giangregorio, Manager Women’s Support Programs, Sharp Mary Birch Hospital for Women & Newborns

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

FY 2013 Community Benefits Program Highlights

SMBHWN provided a total of **\$16,555,900** in community benefits in FY 2013. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMBHWN’s community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Mary Birch Hospital for Women & Newborns – FY 2013

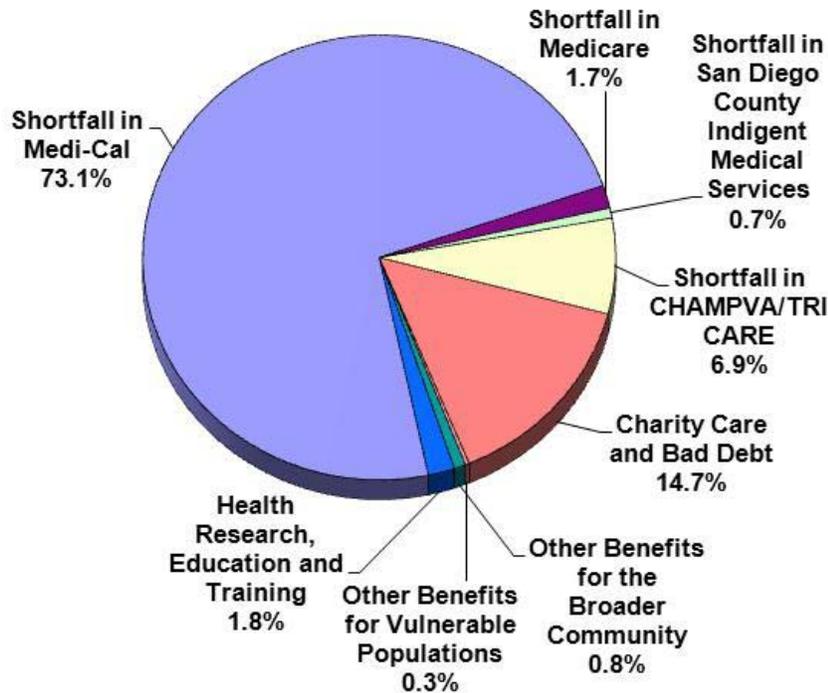
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$12,101,238
	Shortfall in Medicare ¹	275,881
	Shortfall in San Diego County Indigent Medical Services ¹	121,114
	Shortfall in CHAMPVA/TRICARE ¹	1,148,408
	Charity Care and Bad Debt ²	2,434,096
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	43,972
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	130,528
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	300,663
TOTAL		\$16,555,900

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Mary Birch Hospital for Women & Newborns – FY 2013



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services, and CHAMPVA/TRICARE; and financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included financial assistance for van transportation for patients to and from medical appointments; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; support groups; participation in community health fairs and events; and collaboration with local schools to promote interest in health care careers. SMBHWN also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as the American Heart Association (AHA), the American Cancer Society (ACS), the Council of

Women's and Infants' Specialty Hospitals (CWISH), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN), the National Association of Neonatal Nurses (NANN), the Perinatal Social Work Cluster, the Regional Perinatal System (RPS), Sigma Theta Tau International Honor Society of Nursing, Association of California Nurse Leaders (ACNL), and the National Initiative for Children's Healthcare Quality (NICHQ). See **Appendix A** for a listing of Sharp's involvement in community organizations. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision; and time devoted to generalizable health-related research projects that were made available to the broader health care community.

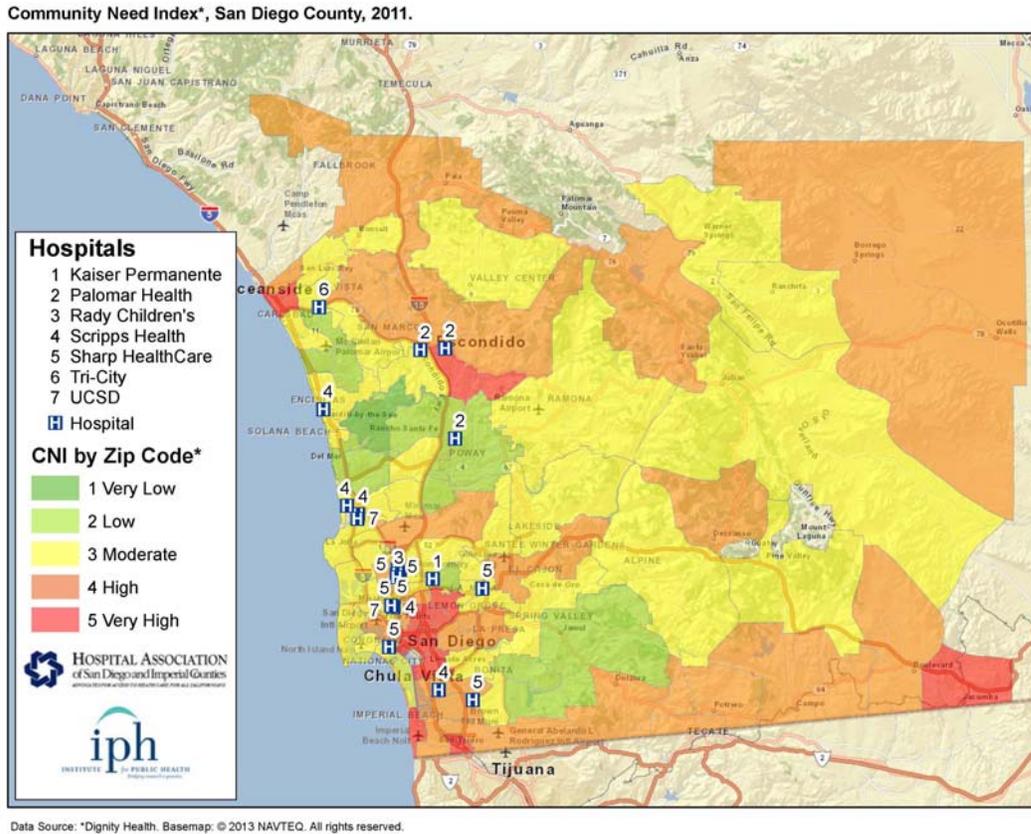
Definition of Community

As a specialty hospital, SMBHWN serves the entire county of San Diego; however, the primary communities served by the hospital include the City of San Diego, Chula Vista, the east region and north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries.

For Sharp Memorial Hospital's (SMH's) 2013 Community Health Needs Assessment (CHNA) process (which included the processes and findings addressing needs identified for communities served by SMBHWN), the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within San Diego County (SDC). The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to Dignity Health's CNI, communities served by SMBHWN with especially high need include but are not limited to: Southeast San Diego, East San Diego, City Heights, North Park and National City. **Figure 2** below presents a map of the CNI scores across SDC.

Figure 2: CNI Map – SDC



Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were currently insured in 2011— failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

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

Table 2: Health Care Access in SDC, 2011

Description	Rate		Year 2020 Target
Current Health Insurance Coverage			
Children 0 to 11 Years	93.8%	■	100%
Children 12 to 17 Years	93.5%	■	100%
Adults 18 + Years	81.3%	■	100%
Regular Source of Medical Care			
Children 0 to 11 Years	98.1%	■	100%
Children 12 to 17 Years	82.2%	■	100%
Adults 18 + Years	85.6%	■	89.4%
Not Currently Insured			
Adults 18 to 64 Years	17.7%	■	

Source: 2011-2012 Community Health Interview Survey (CHIS)

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2011

Description	Rate
Medi-Cal Eligible	6.9%
Healthy Families Eligible	0.4%
Not Eligible	92.6%

Source: 2011-2012 CHIS

In 2011, there were 43,621 live births in SDC. During this time, SDC met the HP 2020 national targets for all maternal and infant health indicators. Additionally, in 2010 fetal mortality in SDC was 4.1 fetal deaths per 1,000 live births and fetal deaths, also meeting the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths. See **Table 4** for a summary of maternal and infant health indicators.

Table 4: Maternal and Infant Health Indicators in SDC, 2011

Maternal and Infant Health Indicator	Rate		Year 2020 Target
Early Prenatal Care ¹	83.1%	■	77.9%
Preterm Births ²	9.1%	■	11.4%
Very Low Birth Weight (VLBW) Infants ³	1.0%	■	1.4%
Low Birth Weight (LBW) Infants ⁴	6.5%	■	7.8%
Infant Mortality ⁵	4.3%	■	6.0%

Source: County of San Diego, HHS, Public Health Services, Community Health Statistics Unit and Maternal, Child and Family Health Services

In 2011, all SDC regions met all HP 2020 national targets except for early prenatal care in the east region. Additionally, in 2010 fetal mortality was 3.4 (fetal deaths per 1,000 live births and fetal deaths) in the north coastal region, 3.1 in the north central region, 5.7 in the central region, 3.8 in the south region, 4.0 in the east region and 4.5 in the north inland region. In 2010, all SDC regions met the HP 2020 national target of less than 5.6 fetal deaths per 1,000 live births and fetal deaths, except for the central region.

See **Table 5** for a summary of maternal and infant health indicators by region. For additional demographic and health data for communities served by SMBHWN, please refer to the SMH 2013 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

¹ Early prenatal care is defined as care beginning during the first trimester of pregnancy. This does not account for frequency of care.

² Preterm birth refers to births prior to 37 completed weeks of gestation.

³ Very low birth weight refers to birth weight less than 1,500 grams (approximately 3.5 pounds).

⁴ Low birth weight refers to birth weight less than 2,500 grams (approximately 5.8 pounds).

⁵ Infant mortality refers to the number of deaths of infants under one year of age per 1,000 live births.

Fetal mortality refers to the number of fetuses at least 20 complete weeks of gestation per 1,000 live births and fetal deaths. Reporting of fetal deaths is known to be incomplete.

Table 5: Maternal and Infant Health Indicators by Region in SDC, 2011

Indicator	North Coastal	North Central	Central	South	East	North Inland
Prenatal Care	83.2%	90.1%	80.9%	83.6%	77.6%	82.9%
Preterm Births	8.1%	9.3%	9.4%	9.3%	9.4%	8.8%
VLBW Infants	1.1%	1.1%	0.9%	1.0%	1.1%	1.1%
LBW Infants	6.0%	7.0%	6.2%	7.1%	6.5%	6.3%
Infant Mortality	5.9%	4.5%	4.0%	3.5%	4.1%	3.7%

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

Community Benefits Planning Process

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

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

Priority Community Needs Addressed in Community Benefits Report – SMH 2013 CHNA

In accordance with federal regulations, the SMH 2013 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). The SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities. Through the SMH 2013 CHNA the following priority health needs were identified for the communities served by both entities (in alphabetical order):

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type II
- High-Risk Pregnancy
- Obesity
- Senior Health (including end-of-life care)

SMBHWN is a specialty hospital providing care for expectant mothers, newborns and women's services. Therefore, in alignment with these identified needs, the following pages detail programs that specifically address high-risk pregnancy, including reducing the incidence of neonatal morbidity and mortality associated with high-risk pregnancy and preterm delivery.

As a specialty hospital, SMBHWN does not have the resources to comprehensively address the elements of community education and support for cardiovascular disease, Type II diabetes, obesity, senior health or behavioral health. Consequently, the programs and services that attend to these health issues are addressed through the programs and services provided by SMH. Further, the community education and support elements of behavioral health care are addressed through the programs and services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

In addition, through further analysis of SMBHWN's community programs and consultation with SMBHWN's community relations team, this section also addresses the following priority health needs for community members served by SMBHWN:

- Meeting the needs of new mothers and their families
- Providing professional education and development

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2013 Report of Activities conducted in support of the objective(s), and FY 2014 Plan of Activities.

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

Rationale references the findings of the Sharp Memorial Hospital (SMH) 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SMH 2013 CHNA identified high-risk pregnancy as one of six priority health issues for community members served by SMH and SMBHWN.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) CHNA process identified high-risk pregnancy among priority health conditions seen in San Diego hospitals.

- According to research from the SMH 2013 CHNA, risk factors for high-risk pregnancy include: advanced maternal age – there is an increased risk for mothers 35 years and older; lifestyle choices such as smoking, alcohol consumption or the use of illegal drugs; medical history including prior high-risk pregnancies or deliveries, fetal genetic conditions or family history of genetic conditions; underlying conditions such as diabetes, high blood pressure, obesity and epilepsy; and multiple pregnancies.
- Community members participating in the HASD&IC 2013 CHNA community forums throughout SDC also strongly aligned access to care and care management with maintaining health.
- In 2011, 186 infants died before their first birthday in SDC. The infant mortality rate was 4.3 infant deaths per 1,000 live births, meeting the HP 2020 target of less than 6.0 infant deaths per 1,000 live births. Infant mortality was similar for males and females and was highest among Hispanic infants when compared to infants of other race/ethnicity.
- In 2011, there were 3,940 preterm births (less than 37 weeks gestation) in SDC, while the preterm birth rate was 9.1 percent (of live births with known length of gestation). Preterm births in SDC have declined in the five year period from 2007 to 2011.
- In 2011, preterm births were higher in male newborns when compared to females, and highest among Hispanic mothers when compared to mothers of other race/ethnicity, and mothers ages 25 to 34 years when compared to mothers in other age groups (15 to 24 years and 35 years and older).
- According to the Centers for Disease Control and Prevention (CDC), maternal health conditions that are not addressed before a pregnancy can lead to complications for the mother and the infant. Several health-related factors known to cause adverse pregnancy outcomes include uncontrolled diabetes around the time of conception, maternal obesity, maternal smoking during pregnancy and maternal deficiency of folic acid.
- Women who deliver prematurely, experience repeated miscarriages or develop gestational diabetes are at increased risk of complications with subsequent pregnancies, according to the CDC.
- According to a report from the National Center for Health Statistics (NCHS), preterm infants are at increased risk of life-long disability and early death compared with infants born later in pregnancy. The US preterm birth rate (less than 37 weeks of gestation) rose by more than one-third from the early 1980s through 2006. The first two-year decline in nearly three decades occurred from 2006 to 2008, during which the preterm birth rate decreased from 12.8 percent to 12.3 percent (NCHS, 2010).
- The cost of caring for a premature infant in a hospital Neonatal Intensive Care Unit (NICU) ranges from \$20,000 to \$2.5 million, depending on the degree of prematurity. In addition to the economic costs of preterm births, the human costs to families and infants are immeasurable. It is estimated that for every dollar spent on prenatal prevention services, three dollars in neonatal costs are saved. Education of parents and health care providers regarding risk reduction, early detection, and intervention is effective in preventing preterm births.

Measurable Objectives

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

FY 2013 Report of Activities

In FY 2013, SMBHWN offered free, monthly Preterm Birth Prevention classes on the warning signs of preterm labor and preventing preterm births, serving more than 80 women and their partners. SMBHWN also offered its Teen Pregnancy class to 16 pregnant San Diego teens in FY 2013. The class provided free support and information on a variety of topics, including preparing for birth, what to expect postpartum, birth control, baby care, SIDs prevention, breastfeeding and topics selected by group members – ranging from childproofing one’s home to communication skills.

SMBHWN was actively involved in a variety of events supporting the Miracle Babies Foundation, a volunteer-driven nonprofit organization that provides support and financial assistance to families with critically ill newborns in the NICU. Events included the annual Miracle Babies 5K, Casino Royale night, and silent auction as well as pizza, root beer float and bake sales. Through these events SMBHWN raised nearly \$9,000 for Miracle Babies in FY 2013. SMBHWN also participated in the AHA Heart & Stroke Walk, as well as provided educational resources and information about the free community programs and services offered at the hospital to hundreds of community members at various events, including the ACS Go Red for Women luncheon, Sharp’s annual Women’s Health Conference and the Natural Baby Fair.

Throughout FY 2013, SMBHWN led a variety of educational classes for expecting mothers and their families, covering various aspects of prenatal care. Topics included how one’s body prepares for birth and delivery; hospital procedures; medication choices; Cesarean delivery; relaxation and breathing techniques; postpartum care; breastfeeding and infant feeding; newborn characteristics and procedures; preparing for multiple babies; and prenatal fitness and yoga.

In addition, the Arts for Healing program at SMMC supports mothers with high-risk pregnancies who stay at SMBHWN from one to four months awaiting childbirth. These mothers are susceptible to stress and loneliness over the separation from their families. Arts for Healing provides painting, crocheting, card-making and seasonal craft projects to help improve the emotional health of these patients. In the future, Arts for Healing plans to offer music therapy in the hospital’s NICU.

FY 2014 Plan

SMBHWN will do the following:

- Continue to offer monthly Preterm Birth Prevention classes
- Continue to offer Teen Pregnancy classes
- Provide free community education on the importance of breastfeeding
- Continue to conduct community outreach and provide prenatal education at various health fairs and events
- Continue to support the Miracle Babies Foundation in San Diego

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

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the CDC's 2013 Breastfeeding Report Card, breastfeeding provides many known benefits for infants, children and mothers, and protecting, promoting and supporting breastfeeding are key strategies for improving the health of mothers and their children. Furthermore, the early postpartum period is a critical time for establishing and supporting breastfeeding (CDC, 2013).
- The American Academy of Pediatrics (AAP) recommends that babies be exclusively breastfed for approximately the first 6 months of life, followed by continued breastfeeding with complementary foods for one year or longer (AAP, 2012).
- According to the CDC's 2013 Breast Feeding Report Card, 71.3 percent of California mothers were breastfeeding for 6 months, while only 27.4 percent were exclusively breastfeeding for six months (CDC, 2013).
- In California, SDC is ranked 25th for exclusive breastfeeding (California WIC Association and UC Davis Human Lactation Center, A Policy Update on California Breastfeeding and Hospital Performance, 2012).
- According to the American Psychological Association (APA), between 9 and 16 percent of postpartum women will experience postpartum depression (PPD), and among women who have already experienced PPD following a previous pregnancy, some prevalence estimates increase to 41 percent.
- According to a recent study in the Journal of the American Medical Association (JAMA), one in seven women have depression in the year after they give birth (JAMA, 2013).
- New parents need support for parenting and its responsibilities. Most care in the postpartum and postnatal period takes place at home, where the woman is caring for herself and her baby, supported by her family. One objective of postpartum and postnatal care delivered through the health system is to encourage mothers and families to adopt evidenced-based practices at home and to build sustaining community support for these practices (World Health Organization, 2010).

Measurable Objectives

- Provide support and education to new mothers and their families on postpartum care
- Provide NICU-specific support services to new mothers and their families
- Demonstrate best practices in breastfeeding and maternity care, and provide education and support to new mothers on the importance of breastfeeding

FY 2013 Report of Activities

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

SMBHWN anticipates a Baby-Friendly USA site visit in the spring of 2015, while the hospital expects to receive Baby-Friendly USA Designation in late 2015. The requirements for designation include but are not limited to: training health care staff to properly implement a breastfeeding policy; providing education to pregnant women on the benefits of breastfeeding; demonstrating how to breastfeed and maintain lactation to new mothers; encouraging breastfeeding on demand; and referring mothers to breastfeeding support groups following discharge from the hospital. Designation will occur through the implementation of these evidence-based maternity care practices, and through participation in the NICHQ Best Fed Beginnings Learning Collaborative.

In FY 2013, SMBHWN continued to offer free day and evening breastfeeding support groups to new mothers and their families. Facilitated by an experienced lactation educator, the groups met two to three times per week, and provided support and education to more than 2,000 mothers about the joys and challenges of breastfeeding. In addition, SMBHWN continued to provide its weekly NICU Breastfeeding Support Group – the Mother's Milk Club – for all mothers in the community with a baby who spent any length of time in the NICU. In FY 2013, 200 mothers from the community received support and counseling for topics of concern in this particular population, including milk supply, latching, sleeping, the stress of having a baby who is experiencing problems and any other concerns of the group. The mothers also had the opportunity to share their experiences, feed and show off their babies, as well as measure and track their baby's growth using a scale provided by the support group.

A new parent support group, Baby and Me Time, was also offered for parents to come together and share their experiences of being first-time parents, including the joys,

challenges and new responsibilities. Approximately 370 new parents attended Baby and Me Time in FY 2013.

SMBHWN provided specialized education and support to approximately 400 mothers through its free, ongoing postpartum support groups in FY 2013. Led by licensed social workers, the postpartum support groups provided emotional support to women dealing with feelings of anxiety or depression related to challenges associated with new motherhood. The groups were offered weekly in both the morning and evening to help accommodate working mothers' schedules, and served mothers in the community with babies of newborn ages up to 10-11 months. SMBHWN also offered its Multiple Loss support group, providing support and education to nearly 18 mothers and families in the community who lost a child during their pregnancy with twins or more.

In FY 2013, SMBHWN continued to offer a variety of educational classes for new mothers and their families, covering various aspects of postpartum care, including: infant sleep patterns and strategies; infant massage; mom and baby yoga; and preparing new brothers, sisters and family dogs for a new baby. Additionally, SMBHWN staff devoted 540 hours to daily Family Home Care classes in FY 2013, providing critical support and information to more than 4,000 new mothers, family members and student nurses. Topics included car seat safety, sudden infant death syndrome (SIDS), shaken baby syndrome, signs and symptoms of illness for mothers and babies, breastfeeding and jaundice.

SMBHWN also offered parents in the San Diego community a special volunteer opportunity in FY 2013 through the NICU Navigator Program, a unique program designed to connect families with babies in the NICU to parents whose newborns previously graduated from the NICU. These parents serve as NICU Navigators and volunteer their time to provide parents with free one-on-one advice and guidance to appropriate resources as their baby transitions from hospital to home. The NICU Navigator Program also offered a Parent Hour, an hour-long informational session designed to enhance a parent's developing relationship with his or her newborn. Parent Hour sessions were offered free to families with a baby in the NICU and focused on an assortment of topics, including premature growth and development, parenting a NICU infant, feeding, bonding, medications and discharge preparations. In FY 2013, the NICU Navigator Program provided education, encouragement and emotional support to approximately 300 families with NICU newborns at SMBHWN.

Through the annual NICU Little Graduate Reunion, SMBHWN offers a unique experience for patients and families who have spent time in the NICU to continue the celebration of their care long after they leave the hospital. At this annual event, young children and babies who spent more than 10 days in the NICU are invited to reunite with their medical team and celebrate with great festivities, including a bounce house and a petting zoo. Often, former patients well into their teens continue to attend the event. In FY 2013, nearly 800 former patients and their families attended the NICU Little Graduate Reunion.

FY 2014 Plan

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

Identified Community Need: Providing Professional Education and Development

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2013 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego's Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area.
- The demand for RNs and other health care personnel in the US will increase due to the aging population, and nurses also will be needed to educate and to care for patients with various chronic conditions, including diabetes and obesity. In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that health care support occupations will be the fastest growing occupational group from 2010 to 2020 (BLS, 2010).
- According to the San Diego Workforce Partnership 2011 report titled, *Healthcare Workforce Development in SDC: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists, medical assistants, occupational therapists, RNs, medical record and health information technicians, radiologic technologists and technicians, pharmacists and medical and clinical laboratory technologists.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an "experience gap" among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience.

- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the-job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- Provide obstetrical, gynecological and neonatal education and training for health care professionals
- Participate in local and national organizations to share specialty expertise and enhance learning for the broader health care community
- Provide education and training for students interested in health care careers
- Provide local high school students with volunteer opportunities through the Junior Volunteer Program

FY 2013 Report of Activities

In FY 2013, SMBHWN served as a training site for more than 200 interns, residents, educators and student nurses in the following specialized areas: paramedics; social work; pharmacy; lactation; childbirth; obstetrics/gynecology; labor and delivery; neonatal; and perioperative nursing. Nearly 200 student nurses spent more than 14,400 hours at SMBHWN during the fiscal year, while ancillary health students spent nearly 5,000 hours on the campus. Academic institution partners included University of San Diego (USD), Point Loma Nazarene University (PLNU), San Diego State University (SDSU), Southwestern College (SWC), Concorde Career College, Grossmont College (GC), Touro University, Western University, and University of California, San Diego (UCSD). In addition, SMBHWN nursing staff provided a lecture to approximately 15 PLNU graduate students entitled, Defending Your Practice at the Bedside. The lecture educated students about the legalities of the nursing practice, including the importance of documentation and assuring that patients receive the expected standard of care.

In FY 2013, SMBHWN continued to learn and share its expertise with staff at other hospitals and agencies through participation in organizations such as AWHONN, CWISH, NANN, Perinatal Social Work Cluster, Sigma Theta Tau International Honor Society of Nursing, Association of California Nurse Leaders (ACNL), Regional Perinatal System (RPS), and the Best Fed Beginnings Learning Collaborative.

Throughout FY 2013, SMBHWN provided presentations to numerous local and national organizations including the Best Fed Beginnings Learning Collaborative, AWHONN, NANN, ACNL and Sigma Theta Tau. Presentations covered a variety of topics including breastfeeding, evidence-based practices for nurses, handoffs between hospital units, preventing central line associated bloodstream infections (CLABSI), neonatology and advanced fetal heart rate monitoring.

In FY 2013, SMBHWN completed its sixth year of participation in the Health Sciences High and Middle College (HSHMC) program, providing valuable health care experiences to students in grade levels nine, 11 and 12. In FY 2013, SMBHWN provided 17 students with professional development opportunities at the hospital. During a 16-week period, students rotated through a variety of departments, including labor and delivery, maternal and infant services, transportation, surgical services, post-anesthesia care unit (PACU), and perinatal special care unit (PSCU). Students received instruction on education and job requirements, as well as career ladder development.

In addition, throughout the year SMBHWN provided opportunities to high school students, many of whom are interested in future health care careers, through the Junior Volunteer Program. The program is open to 10th grade students ages 15 years or older who maintain a minimum GPA of 3.25 for two full semesters. New volunteers are placed either as guest ambassadors at the concierge desk or in the gift shop. The junior volunteers enhance the patient-centered services of staff by greeting and escorting patients and families, answering visitors' questions, assisting with patient integrative healing modalities, discharging patients, and baking cookies to create aromatherapy and a relaxing environment for patients and visitors. Junior and senior volunteers who have completed their 6-month, 100-hour commitment have the opportunity to earn promotions into clinical units based on their good attendance, professional communication and high level of proactivity. In FY 2013, 114 active junior volunteers provided more than 8,800 hours of service to the program.

FY 2014 Plan

SMBHWN will do the following:

- Continue to serve as a training site for interns, residents, educators and student nurses
- Continue to participate in local and national collaboratives to learn and share specialty expertise
- Continue to participate in the HSHMC program
- Continue to expand opportunities for the Junior Volunteer Program

SMBHWN Program and Service Highlights

- Cord Blood Banking
- Doula Program
- Gynecologic oncology
- Lactation services
- Labor and delivery
- Level III Neonatal Intensive Care Unit (NICU)
- Maternal Infant Services Unit
- Mother's Milk Depot
- Neonatal Research Institute
- New Beginnings Boutique & Gift Shop
- Obstetrical and women's triage services
- Parent education programs
- Perinatal Special Care Unit (High-Risk Pregnancy Care)
- Prenatal Diagnostic Center
- Robotic gynecologic surgery
- Spiritual care and education, including Arts for Healing Program
- Teen pregnancy program
- Women's and infants' pathology services
- Women's education programs
- Women's surgery services



Raising Awareness of Diabetes

~ SHARP MEMORIAL HOSPITAL ~

A persistent, serious health issue in the San Diego community, diabetes impacts the health and lifestyles of San Diegans young and old. The Sharp Memorial Hospital Diabetes Education Program is committed to bringing diabetes detection and prevention to the community. It also offers people with diabetes the guidance, encouragement and skills needed to successfully manage their disease so they can live long, healthy lives.

The program brings blood glucose screenings to community members at senior health fairs, university campuses and community events. Through this outreach, the program

raises awareness for and provides resources to community members who may not be aware of their diabetic status or their risk of developing the condition.

In addition, education is provided to a variety of community members including seniors, pregnant women with diabetes, students and health care professionals. By delivering education on diabetes prevention and management, risk factors, nutrition, exercise, healthy living, weight loss and lipid control, the program proactively provides critical information and support in the fight against diabetes.

10 Sharp Memorial Hospital

I think to change your community, the basis has to be that you care about something. Then that care can drive you to help with change. – Shelly Atkinson, Community Health Educator, Sharp Memorial Hospital

- Sharp Memorial Hospital (SMH) is located at 7901 Frost Street in San Diego, ZIP code 92123.
- Sharp Memorial Outpatient Pavilion (the Pavilion) is located at 3075 Health Center Drive in San Diego, ZIP code 92123.

FY 2013 Community Benefits Program Highlights

SMH provided a total of **\$142,526,818** in community benefits in FY 2013. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in SB 697, and **Figure 1** for the distribution of SMH's community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Memorial Hospital – FY 2013

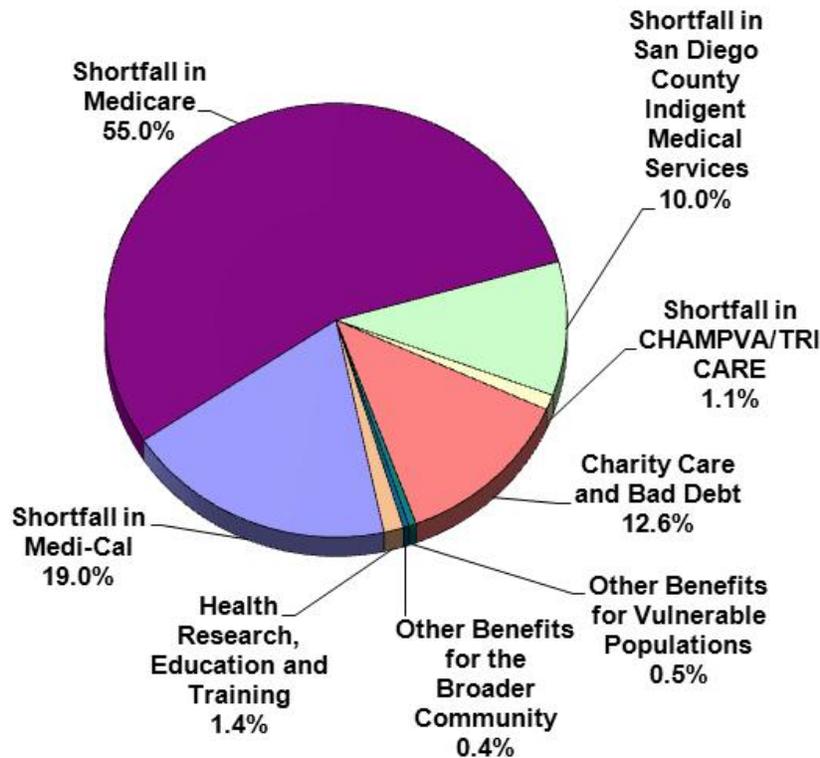
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal, financial support for onsite workers to process Medi-Cal eligibility forms ¹	\$27,062,760
	Shortfall in Medicare ¹	78,365,127
	Shortfall in San Diego County Indigent Medical Services ¹	14,238,472
	Shortfall in CHAMPVA/TRICARE ¹	1,621,940
	Charity Care and Bad Debt ²	17,952,115
Other Benefits for Vulnerable Populations	Patient transportation, Project HELP and other assistance for the needy ³	742,030
Other Benefits for the Broader Community	Health education and information, support groups, health fairs, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	563,455
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	1,980,919
TOTAL		\$142,526,818

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Memorial Hospital – FY 2013



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who are unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare and San Diego County Indigent Medical Services; and financial support for onsite workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; Project HELP; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of topics; participation in community health fairs and events; support groups; health screenings for diabetes, stroke, osteoporosis, depression, blood pressure, heart disease, nutrition, BMI, hearing, balance and diseases or disorders of the hands, such as arthritis and tendonitis; the Cancer Institute’s Patient Navigator program; and flu vaccinations and specialized education and information for seniors offered by the SMH Senior Resource Center and Senior Health Centers. In addition, SMH offered meeting room space at no charge to community groups. SMH also collaborated with local schools to promote interest in health care careers.

Hospital staff actively participated in community boards, committees and other civic organizations, such as the American Cancer Society (ACS), the American Heart Association (AHA), Health Sciences High and Middle College Board, American College of Healthcare Executives (ACHE), San Diego Organization of Healthcare Leaders (SOHL), Association for California Nurse Leaders (ACNL), Association of periOperative Registered Nurses (AORN), American Association of Critical-Care Nurses (AACN), Sigma Theta Tau International Honor Society of Nursing, San Diego Association of Diabetes Educators, San Diego Eye Bank Nurses' Advisory Board, Emergency Nurses Association – San Diego Chapter, YMCA, Association for Clinical Pastoral Education (ACPE), Community Health Improvement Partners (CHIP), Hospital Association of San Diego and Imperial Counties (HASD&IC), County of San Diego Emergency Medical Care Committee (EMCC), San Diego Stroke Consortium, San Diego Blood Bank, San Diego Healthcare Disaster Council, Gary and Mary West Senior Wellness Center, Caregiver Coalition of San Diego, San Diego County Council on Aging (SDCCOA), and various universities and colleges in San Diego County (SDC). See **Appendix A** for a listing of Sharp's community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

- **Health Research, Education, and Training Programs** included education and training of health care professionals; student and intern supervision; and time devoted to generalizable health-related research projects that were made available to the broader health care community.

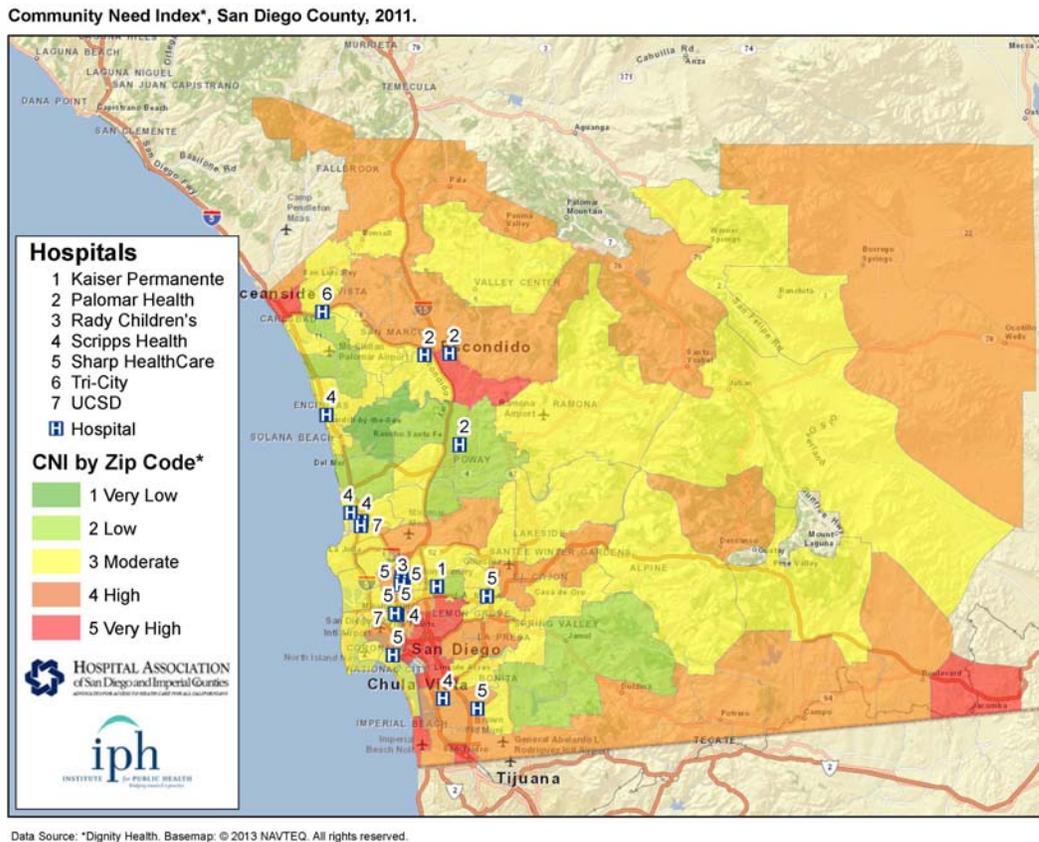
Definition of Community

Sharp Memorial Hospital (SMH) serves the entire county of San Diego; however the primary communities served by the hospital include the City of San Diego, Chula Vista, the East County region and North Inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

For SMH's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within the county. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care, and preventable hospitalizations.

According to Dignity Health's CNI, communities served by SMH with especially high-need include but are not limited to: East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. **Figure 2** below presents a map of the CNI scores across SDC.

Figure 2: CNI Map – SDC



Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were currently insured in 2011— failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

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

Table 2: Health Care Access in SDC, 2011

Description	Rate		Year 2020 Target
Current Health Insurance Coverage			
Children 0 to 11 Years	93.8%	■	100%
Children 12 to 17 Years	93.5%	■	100%
Adults 18 + Years	81.3%	■	100%
Regular Source of Medical Care			
Children 0 to 11 Years	98.1%	■	100%
Children 12 to 17 Years	82.2%	■	100%
Adults 18 + Years	85.6%	■	89.4%
Not Currently Insured			
Adults 18 to 64 Years	17.7%	■	

Source: 2011-2012 Community Health Interview Survey (CHIS)

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2011

Description	Rate
Medi-Cal Eligible	6.9%
Healthy Families Eligible	0.4%
Not Eligible	92.6%

Source: 2011-2012 CHIS

Cancer and heart disease were the top two leading causes of death in SDC. See **Table 4** for a summary of leading causes of death in SDC. For additional demographic and health data for communities served by SMH, please refer to the SMH 2013 CHNA at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 4: Leading Causes of Death in SDC, 2011

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,812	24.2%
Disease of heart	4,758	24.0
Alzheimer's disease	1,221	6.2
Chronic lower respiratory diseases	1,045	5.3
Cerebrovascular diseases	1,031	5.2
Accidents (unintentional injuries)	1,017	5.1
Diabetes mellitus	581	2.9
Intentional self-harm (suicide)	383	1.9
Chronic liver disease and cirrhosis	331	1.7
Influenza and pneumonia	311	1.6
Essential (primary) hypertension and hypertensive renal disease	269	1.4
Parkinson's disease	211	1.1
Pneumonitis due to solids and liquids	147	0.7
Septicemia	128	0.6
Viral hepatitis	113	0.6
All other causes	3,494	17.6
Total Deaths	19,852	100.0%

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

Community Benefits Planning Process

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

- Incorporates community priorities and community relations into its strategic plan and develops service-line-specific goals
- Estimates an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Consults with representatives from a variety of departments to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Report – SMH 2013 CHNA

In accordance with federal regulations, the SMH 2013 CHNA also includes needs identified for communities served by SMBHWN, as the two hospitals share a license, and report all utilization and financial data as a single entity to the Office of Statewide Health Planning and Development (OSHPD). The SMH 2013 CHNA summarizes the processes and findings for communities served by both hospital entities.

Through the SMH 2013 CHNA, the following priority health needs were identified for the communities served by SMH (in alphabetical order):

- Behavioral Health (Mental Health)
- Cardiovascular Disease
- Diabetes, Type II
- High-Risk Pregnancy
- Obesity
- Senior Health (including end-of-life care)

In alignment with these identified needs, the following pages detail programs that specifically address cardiovascular disease (as part of health education and wellness; includes stroke), diabetes and senior health.

SMH does not have the resources to comprehensively address the elements of community education and support in behavioral health. Consequently, the community education and support elements of behavioral health care are addressed through the programs/services provided through Sharp Mesa Vista Hospital and Sharp McDonald Center, which are the major providers of behavioral health and chemical dependency services in SDC.

High-risk pregnancy services are addressed at SMBHWN, a specialty hospital providing care for expectant mothers, newborns and women in SDC. Please see Section 9 of this report for details on SMBHWN's activities that address this identified community need.

Obesity is addressed through general nutrition and exercise education and resources provided at SMH, as well as programs that address a healthy lifestyle as part of care for heart disease, cancer, diabetes and other health issues influenced by healthy weight and exercise. In addition, Sharp Rees-Stealy clinics throughout SDC provide structured weight management and health education programs to community members, such as smoking cessation and stress management; long-term support for weight management and fat loss; and personalized weight-loss programs.

In addition, through further analysis of SMH's community programs and consultation with SMH's community relations team, this section also addresses the following priority health needs for community members served by SMH:

- Health education and wellness
- Cancer education and patient navigator services
- Bone Health – Orthopedic / osteoporosis education and screening
- Prevention of unintentional injuries
- Health professions education and training, and promotion of interest in health care careers
- Support during the transition of care for high-risk, underserved and underfunded patients

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2013 Report of Activities conducted in support of the objective(s), and FY 2014 Plan of Activities.

Identified Community Need: Diabetes Education and Screening

Rationale references the findings of the Sharp Memorial Hospital (SMH 2013) Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SMH 2013 CHNA identified diabetes as one of six top priority health issues for community members served by SMH.
- The HASD&IC 2013 CHNA identified diabetes as one of the top four priority health issues for community members in SDC.
- Generally speaking, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to diabetes in more vulnerable communities within SDC (e.g., City Heights, National City, etc.).
- Input collected from San Diego community health leaders and experts in the HASD&IC 2013 CHNA strongly aligned access to care, care management, education and screening with care for Type II diabetes.
- According to data presented in the SMH 2013 CHNA, diabetes is a major cause of heart disease and stroke as well as the leading cause of kidney failure, non-traumatic lower-limb amputations, and new cases of blindness among adults in the US (Centers for Disease Control and Prevention, 2011).
- In 2011, diabetes was the seventh leading cause of death for SDC residents.
- In 2011, there were 581 deaths due to diabetes in SDC overall. The age-adjusted death rate due to diabetes was 18.8 per 100,000 population.
- In 2011, there were 4,186 hospitalizations due to diabetes in SDC. The rate of hospitalizations for diabetes was 132.6 per 100,000 population.

- In 2011, there were 4,279 diabetes-related emergency department (ED) visits in SDC. The diabetes-related ED visit rate in SDC was 137.1 per 100,000 population.
- According to the California Health Interview Survey (CHIS), in 2011 7.8 percent of adults living in SDC indicated that they were ever diagnosed with diabetes.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report from the County's Health and Human Services Agency (HHS), the most common risk factors associated with Type II diabetes include overweight and obesity, physical inactivity, smoking, hypertension and abnormal cholesterol.

Measurable Objective

- Provide diabetes education and screening in the central and north central regions of SDC

FY 2013 Report of Activities

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

In FY 2013, the SMH Diabetes Education Program conducted two blood glucose screening events in collaboration with the SMH Senior Resource Center. The events were held at the Point Loma Community Presbyterian Church and the SMH Senior Resource Center, reaching approximately 200 community members. The SMH Diabetes Education Program screened more than 20 community members through these events and identified six attendees with elevated blood glucose levels. In addition, the SMH Diabetes Education Program provided diabetes screenings and education, including prevention, management, nutrition, exercise, weight loss and lipid control to seniors at the Veteran's Affairs (VA) San Diego Healthcare System health fair in La Jolla. More than 300 community members were reached through these educational sessions, including the provision of thirty health screenings and five attendees that were identified with elevated blood glucose levels and received resources for follow-up.

In addition, the SMH Diabetes Education Program provided lectures and screenings to cardiac rehabilitation students in San Diego. More than 30 cardiac rehabilitation students received informative education about the role of diabetes in patient treatment. Nearly 20 students received screenings and approximately 7 received follow-up resources. Screenings and education events were developed with input from the Behavioral Diabetes Institute, a San Diego-based organization that focuses on addressing the social, emotional, and psychological barriers in order to help individuals with diabetes live a long and healthy life. In addition, the SMH Diabetes Education Program continued to support the ADA's Step Out: Walk to Stop Diabetes held in October at Mission Bay through fundraising and team participation.

Since Type II diabetes is one of the leading causes of kidney disease, the SMH Diabetes Education Program became actively involved with the renal health community

in San Diego. The SMH Diabetes Education Program collaborated with the Balboa Institute of Transplantation to provide ongoing education and support to community members that had undergone transplant or experienced kidney disease, as well as members of the professional health care community.

In addition, the Sharp HealthCare (Sharp or SHC) Diabetes Education Program conducted screenings and education at a variety of events throughout San Diego, including December Nights and the Sharp Women's Health Conference. The program screened more than 350 community members at these events, and as a result of these screenings, 30 individuals were identified with elevated blood glucose levels. Of those identified with elevated blood glucose levels, 16 had a pre-existing diagnosis of diabetes.

FY 2014 Plan

SMH's Diabetes Education Program will do the following:

- Coordinate and implement blood glucose screenings at community and hospital sites in SDC's central and north central regions
- Conduct educational lectures at various community venues
- Continue to support ADA's Step Out: Walk to Stop Diabetes
- Continue to collaborate with the Behavioral Diabetes Institute to host community lectures that will assist diabetes patients and their loved ones
- Keep current on resources to support the community
- Explore opportunities with community clinics to provide education and resources to community members
- Continue partnerships with YMCAs in the north central region to provide screenings, education and resources to community members

Identified Community Need: Education, Support and Screening for Stroke

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SMH 2013 CHNA identified cardiovascular disease (including cerebrovascular disease/stroke) as one of six top priority health issues for community members served by SMH.
- The HASD&IC 2013 CHNA identified cardiovascular disease as one of the top four priority health issues for community members in SDC (including cerebrovascular disease/stroke).
- In 2011, heart disease was the second leading cause of death for SDC and cerebrovascular disease was the fifth leading cause of death for the region. Together, these conditions were responsible for nearly 30 percent of deaths in SDC.

- In 2011, there were 1,031 deaths due to stroke in SDC; age-adjusted death rate due to stroke was 32.2 deaths per 100,000 population, lower than the HP 2020 target of 33.8 deaths per 100,000.
- In 2011, the age-adjusted rate of hospitalizations for stroke was 247.7 discharges per 100,000 population in SDC.
- In 2011, there were 1,739 stroke-related ED visits in SDC. The rate of visits was 56.1 per 100,000 population.
- If no changes are made in risk behavior, based on current disease rates it is projected that the total number of deaths from heart disease and stroke will increase by 38 percent by the year 2020, according to the *3-4-50 Chronic Disease in San Diego County* 2010 report from the County of San Diego HHSA.
- According to the *3-4-50 Chronic Disease in San Diego County* 2010 report, the most common risk factors associated with stroke include physical inactivity, obesity, hypertension, cigarette smoking, high cholesterol and diabetes.
- According to the CDC, nearly 1 in 3 deaths in the US each year is caused by heart disease and stroke. At least 200,000 of these deaths could have been prevented through changes in health habits, such as stopping smoking, more physical activity, and less salt in the diet; community changes to create healthier living spaces, such as safe places to exercise and smoke-free areas; and managing high blood pressure, high cholesterol, and diabetes (CDC, 2013).

Measurable Objective

- Provide stroke education and screening services for the community

FY 2013 Report of Activities

Note: SMH is certified by The Joint Commission as a Primary Stroke Center (recertified in FY 2013). The program is nationally recognized for its outreach, education and thorough screening procedures, as well as documentation of its success rate. SMH is also a recipient of the American Heart Association's (AHA) Get With the Guidelines (GWTG) Gold Plus Achievement Award for Stroke, and the Target: Stroke Award. The AHA's GWTG is a national effort focused on ensuring that evidence-based therapies are used with stroke patients. The AHA's Target: Stroke award focuses on improving the timeliness of intravenous tissue plasminogen activator (IV rt-PA) administration to eligible patients.

In conjunction with the seasonal flu clinics conducted by the SMH Senior Resource Center, in October 2013 the SMH Stroke Center provided stroke screenings to seniors and high-risk adults at the Point Loma Community Presbyterian Church Health Fair, Collwood Terrace assisted living facility, The Orchards low-income housing, and Holy Trinity Catholic Church. In addition, SMH provided a presentation at the SMH Outpatient Pavilion (the Pavilion) to 13 community members entitled Stroke Is a Brain Attack, in which a neurologist spoke about stroke prevention and warning signs.

In January, SMH was one of more than 500 volunteers and more than 70 service providers to attend the seventh annual Project Homeless Connect, a one-day resource fair for the homeless, led by the San Diego Housing Commission (SDHC). Approximately 1,150 homeless San Diegans, including more than 90 families with children, were connected with free services at the event, such as clothing, food, toiletries, haircuts, flu shots, and health screenings, including stroke risk factor screenings provided by SMH nursing staff.

In addition, the Sharp system stroke program participated in the collaborative Strike Out Stroke Night at the Padres. Held in June, the event was a collaboration with the San Diego Stroke Consortium and the County of San Diego, and included the participation of Scripps Health, Palomar Health, Tri-City Medical Center, Alvarado Hospital, Kaiser Foundation Hospital San Diego, UC San Diego Health System and the San Diego Padres to promote an evening of stroke awareness and survivor celebration. Additionally, stroke education and screenings were provided throughout the evening to the entire stadium of more than 43,000 community members via the prominently displayed JumboTron.

In FY 2013, the SMH Rehabilitation Center provided meeting space for Young Enthusiastic Stroke Survivors (YESS), a free weekly support group for survivors of stroke and head injuries and their loved ones, as well as professionals and educators. Education topics included coping skills; adjustment; family and intimacy; work and school re-entry; and support.

In addition, SMH actively participated in the quarterly San Diego Stroke Consortium – a collaborative effort to improve SDC stroke care and discuss issues impacting stroke care in SDC. In FY 2013, SMH collaborated with SDC to provide data for their stroke registry.

FY 2014 Plan

SMH Stroke Center will do the following:

- Participate in stroke screening and education events in SDC, including events targeting seniors and high-risk adults
- Provide a community presentation featuring a Sharp physician on stroke education and prevention during Stroke Month (May)
- Provide education for individuals with identified risk factors
- Participate with other SDC hospitals in the San Diego Stroke Consortium
- Collaborate with the state of California to develop a Stroke Center Registry
- Continue to offer stroke support groups through SMH Rehabilitation Services

Identified Community Need: Health Education, Screening and Support for Seniors

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SMH 2013 CHNA identified senior health as one of six top priority health issues affecting members of the communities served by SMH.
- In the HASD&IC 2013 CHNA, dementia and Alzheimer's disease were identified among the top priority health conditions within SDC hospitals.
- Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as priority health needs for SDC.
- In SDC in 2011, there were 361,908 residents (11.6 percent of the population) ages 65 years or older and the number is expected to nearly double by the year 2030.
- In 2011, the leading causes of death among senior adults ages 65 years and older in SDC were heart disease, cancer, Alzheimer's disease, stroke, chronic lower respiratory diseases, diabetes, influenza and pneumonia, unintentional injuries, hypertension and hypertensive renal disease, chronic liver disease and cirrhosis, Parkinson's disease, and intentional self-harm.
- In 2011, influenza ranked as the tenth leading cause of death in SDC.
- In 2011, rates of hospitalization among senior adults ages 65 years and older in SDC were higher than the general population due to coronary heart disease, stroke, chronic lower respiratory diseases, non-fatal unintentional injuries (including falls), overall cancer and arthritis. In 2011, 97,647 seniors ages 65 and over were hospitalized in SDC.
- In 2011, 108,853 seniors were treated and discharged from SDC EDs, representing nearly one out of every three senior residents.
- In 2011, the top three causes of ED utilization among persons ages 65 years and older were falls, diabetes and stroke.
- According to data in the *San Diego County Senior Health Report: Update and Leading Indicators*, significant health issues for seniors include obesity, diabetes, stroke, chronic lower respiratory diseases, influenza and pneumonia, mental health issues including dementia and Alzheimer's disease, and cancer and heart disease. In addition, seniors are at high risk for falls, which is the leading cause of death due to unintentional injury (HHS, 2013).
- Findings presented in the 2013 SMH CHNA revealed the following health conditions as chief concerns for seniors in SDC: cardiovascular disease, Alzheimer's disease, pain management, hearing loss (many seniors cannot afford treatment), and mobility issues (falls and resulting immobility). In addition, health issues such as medication management, social planning for the future (including housing, advance care planning, etc.), and lack of education, management and support for behavioral changes were listed.
- According to the *San Diego County Senior Falls Report*, adults ages 65 and older are the largest consumers of health care services, as the process of aging brings upon the need for more frequent care (HHS, 2012).

- In 2011, 68,817 calls were made to 9-1-1 for seniors in need of pre-hospital care in SDC, representing a call for one out of every five seniors.
- The CDC recommends annual vaccination against influenza for the following: people ages 50 years and older; adults and children with a chronic health condition; children ages six months to 19 years; pregnant women; people who live in nursing homes and other long-term care facilities; and people who live with or care for those at high risk for complications from flu, including health care workers, household contacts of persons at high risk for complications from the flu, and household contacts and caregivers of children younger than 5 years of age.
- Flu clinics offered in community settings at no or low cost improve access for those who may experience transportation, cost or other barriers.
- There are an estimated four million family caregivers in California, according to the California Caregiver Resource Center (CRC) (AARP Public Policy Institute, 2007).
- While researchers have long known that caregiving can have deleterious mental health effects for caregivers, research shows that caregiving can have serious physical health consequences as well. Seventeen percent of caregivers feel their health in general has gotten worse as a result of their caregiving responsibilities. (AARP Public Policy Institute, Valuing the Invaluable, Updated November 2012).

Measurable Objective

- Provide a variety of senior health education and screening programs
- Mail activity calendars to community members quarterly
- In collaboration with community partners, offer seasonal flu vaccinations for seniors and other high-risk populations.
- Provide information at seasonal flu clinics about additional Sharp Senior Resource Center programs and health education materials

FY 2013 Report of Activities

Sharp Senior Resource Centers connect seniors and their caregivers to a variety of free and low-cost programs and services, including educational seminars, community referrals and health screenings. Compassionate staff and volunteers at the Senior Resource Centers understand the unique needs of seniors and can provide personalized support and clear, accurate information on everything from health education to caregiver services and resources.

In FY 2013, the SMH Senior Resource Center provided approximately 40 free health education programs to nearly 800 seniors, caregivers and loved ones of the elderly. Health education included stroke warning signs and risk factors, diabetes, arthritis, fall prevention, nutrition, vision loss, Parkinson's disease, Alzheimer's disease, driving and dementia, financial issues, caregiver resources, maintaining a healthy voice, brain health, Medicare, and a physician lecture on improving heart health. Educational programs were offered at the SMH Outpatient Pavilion (the Pavilion), Peninsula Family YMCA, Point Loma/Hervey Branch Library, Point Loma Community Presbyterian Church and the Sharp Senior Health Center in Clairemont.

In FY 2013, the SMH Senior Resource Center provided eleven health screening events at the Pavilion and various community health fairs in SDC, serving more than 150 members of the senior community. Screenings included stroke, diabetes, hearing, and hand mobility (e.g., arthritis, carpal tunnel, trigger finger etc.) as well as medication review, in which a pharmacist reviewed attendees' medications and answered questions to support proper medication management. In addition, free monthly blood pressure screenings were offered at community sites including St. Agnes Catholic Church, Peninsula Family YMCA, Point Loma Community Presbyterian Church, and the War Memorial building at Balboa Park. As a result of these screenings, more than 80 attendees were referred to physicians for follow-up care.

The SMH Senior Resource Center also coordinated notification of the availability and provision of seasonal flu vaccines for seniors and high-risk adults in a variety of community settings through activity reminders, collaborative outreach conducted by the flu clinic site, newspaper notices, 2-1-1 San Diego and via the 82-Sharp resource on Sharp's website, Sharp.com. In FY 2013, the SMH Senior Resource Center and the Sharp Senior Health Centers¹ sponsored eleven community seasonal flu clinics, serving more than 650 seniors and others with chronic illness. Seasonal flu clinics were held at the Sharp Senior Health Centers, the Senior Health Fair at Point Loma Community Presbyterian Church, the Orchard Apartments low-income senior housing, Collwood Terrace assisted living facility, Holy Trinity Catholic Church (homeless outreach), Jewish Family Services in La Jolla, Bayside Community Center, Potiker Family Senior Residence, St. Paul's Senior Homes & Services, and the Gary and Mary West Senior Wellness Center. At many of these community sites, activity calendars for the SMH Senior Resource Center were provided detailing upcoming community events, including blood pressure and flu clinics, Vials of Life and community senior programs.

The SMH Senior Resource Center participated in nine community events in FY 2013, including health fairs, conferences and seminars that reached more than 1,800 attendees. Health fairs included the Sharp Senior Resource Center Fair at Point Loma Presbyterian Church and the Health Fair at the Pacific Beach/Taylor Branch Library. The SMH Senior Resource Center also participated in the Games Day event at All Souls Episcopal Church, an annual fundraiser for the Peninsula Shepherd Center that provides information, referrals, transportation, and outreach to seniors in Point Loma. In addition, the SMH Senior Resource Center and the Sharp Rehab Adapted Driving Program provided an Aging and Driving seminar at the Point Loma/Hervey Branch Library. The free event educated participants on how to address the topic of driving with loved ones exhibiting early signs of dementia, including how to identify the warning signs of unsafe driving practices, and how to successfully ease the transition for themselves or their loved ones from driver to passenger.

In FY 2013, the SMH Senior Resource Center participated in the County of San Diego Aging and Independence Services (AIS) Vital Aging Conference at Liberty Station in Point Loma, as well as two caregiver conferences in collaboration with the Caregiver

¹Sharp Senior Health Center Downtown is located at 956 10th Avenue in San Diego, ZIP code 92101; Sharp Senior Health Center Clairemont is located at 4320 Genesee Avenue, ZIP code 92117.

Coalition of San Diego. The caregiver conferences included the Elder Abuse Conference at the War Memorial Building at Balboa Park, and a conference targeting male caregivers titled Batter Up! Getting into the Game of Caregiving at the First United Methodist Church of Mission Valley. The conference for male caregivers provided education on important caregiver issues such as managing the challenges of caregiving and knowing when to ask for help, and also included education from a Sharp nurse on the physical aspects of caregiving. The conference also featured a panel of male caregivers from the community who shared their insights and experiences with conference attendees.

In honor of California Health Care Decisions Week, in October the SMH Senior Resource Center participated in the San Diego Community Action Network (SanDi-CAN) End-of-Life Conference in Balboa Park, entitled Navigating End-of-Life Decisions. More than 100 community members attended the free conference, where they received education on making educated and informed health care decisions from a variety of end-of-life care professionals. In September, the SMH Senior Resource Center partnered with Sharp HospiceCare to provide a conference entitled Living with a Chronic Illness. Held at the Point Loma Community Presbyterian Church, the conference reached more than 50 community members with a chronic illness and their caregivers, providing them with information on chronic care management, warning signs and when to access care. The conference featured a physician, psychologist, lawyer and other experts in the field of aging and health care to assist seniors to more effectively navigate their golden years.

In FY 2013, the SMH Senior Resource Center distributed nearly 2,300 Vials of Life – providing important medical information to emergency personnel for seniors and disabled people living in their homes – and more than 30 advance directives for health care. In addition, calendars highlighting the SMH Senior Resource Center’s activities were mailed quarterly to a total of 80 households.

The Sharp Senior Health Centers provided health education to approximately 180 community seniors in FY 2013, covering topics such as advance directives, improving your memory, successful aging, stress management, and depression and the holidays. In addition, the Sharp Senior Health Centers participated in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center, providing information on topics such as staying healthy during flu season, fall prevention, nutrition for seniors, as well as two cooking classes to demonstrate how seniors can cook healthy on a budget. The FY 2013 Speaker Series reached approximately 250 members of the senior community.

In addition, the Sharp Senior Health Centers participated in numerous community events, providing education and resources to hundreds of attendees at the Senior of Today Conference in Poway; the Caregiver Conference at Point Loma Community Presbyterian Church; the SanDi-CAN End-of-Life Conference; Live Well San Diego; the San Diego County Council on Aging (SDCCOA); and the Third Avenue Charitable Organization (TACO) in Downtown San Diego, which provides free medical, acupuncture, dental and legal clinics to those in need. The SanDi-CAN End-of-Life

Conference focuses on helping community members plan ahead regarding burial, advance directives and financial management. At Live Well San Diego, the Senior Health Centers spoke about aging and the services they provide to help keep seniors healthy and active.

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

FY 2014 Plan

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

- Coordinate, publish and mail a quarterly calendar of activities to approximately 3,000 San Diego households
- Provide information on various senior issues such as senior mental health issues, memory loss, hospice, senior services, nutrition, healthy aging, and balance and fall prevention
- Provide health information, classes and screenings to the community
- Provide seasonal flu vaccinations at three community sites for seniors with limited mobility and access to transportation, as well as for high-risk adults, including low-income, minority and refugee populations
- Coordinate the notification of the availability and provision of seasonal flu vaccines to seniors and high-risk individuals in selected community settings
- Direct seniors and other chronically ill adults to available seasonal flu clinics, including physicians' offices, pharmacies and public health centers
- Work with community agencies to ensure seasonal flu immunizations are offered at sites convenient to seniors and chronically ill adults
- Publicize flu clinics through media and community partners
- Participate in community health fairs and conferences, including the SanDi-CAN End-of-Life Conference
- In collaboration with the Caregiver Coalition of San Diego, coordinate a conference dedicated to family caregiver issues

- In collaboration with Sharp HospiceCare, in April host two Aging: Planning and Coping Conferences for seniors in Point Loma and the central region of SDC
- Provide an Aging and Driving program in collaboration with the Alzheimer's Association and the Department of Motor Vehicles
- Continue support of the Vials of Life program through distribution of 2,500 vials
- Maintain active relationships with other organizations serving seniors in the City of San Diego, Point Loma, the county's north central and central regions, and downtown San Diego
- Continue to participate in a monthly Sharp HealthCare Speaker Series at the Gary and Mary West Senior Wellness Center
- Explore collaboration with the Gary and Mary West Senior Community Center and West Health Institute (WHI) to conduct research that measures the clinical effectiveness of comprehensive long-term care coordination for high-risk seniors

Identified Community Need: Health Education and Wellness

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SMH 2013 CHNA identified cardiovascular disease and obesity among its six priority health issues affecting members of the communities served by SMH.
- The HASD&IC 2013 CHNA process identified the following among top priority health conditions in SDC hospitals: diabetes, obesity, cardiovascular disease and stroke, mental health and mental disorders, unintentional injury, high-risk pregnancy, asthma, cancer, back pain, infectious disease, and respiratory diseases.
- Participants in the HASD&IC 2013 CHNA community forums recommended increased health information and community health education as the most important factor in maintaining health. Health screenings were also recommended by participants in the community forums held in Oceanside and Escondido specifically.
- Generally speaking, data in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to cardiovascular disease and obesity within SDC's more vulnerable communities (e.g., City Heights, National City, etc.).
- In 2011, heart disease was the second leading cause of death for SDC and cerebrovascular disease was the fifth leading cause of death for the region. Together, these conditions were responsible for nearly 30 percent of deaths in SDC.
- According to data presented in the SMH 2013 CHNA, high blood pressure, high cholesterol and smoking are all risk factors that could lead to cardiovascular disease and stroke. Additional risk factors include alcohol use, obesity, diabetes, and genetic factors. About half of Americans (49 percent) have at least one of these three risk factors.
- According to 2011 data from the CHIS, the self-reported obesity rate for adults ages 18 and older in SDC was 22.1 percent.
- In 2011, 12.1 percent of adults ages 18 and older in SDC self-reported eating at fast-food restaurants four or more times each week (CHIS, 2011).

- According to the CDC, obesity increases the risk of many health conditions, including the following: coronary heart disease; stroke; high blood pressure; Type II diabetes; various cancers; high total cholesterol; high levels of triglycerides; liver and gallbladder disease; sleep apnea and respiratory problems; osteoarthritis; mental health conditions and reproductive health complications such as infertility (CDC, 2011).

Measurable Objective

- Coordinate and host a variety of health education and wellness offerings for the community
- Participate in community-sponsored events and support nonprofit health organizations

FY 2013 Report of Activities

The Sharp Memorial Outpatient Pavilion (the Pavilion) and various departments of the hospital conduct a broad spectrum of community health education classes and support groups. In FY 2013, classrooms were booked for more than 2,200 hours, serving more than 15,200 community members.

Educational classes served more than 8,500 students, and included topics such as integrative therapies and holistic healing (acupuncture, massage, meditation, stress reduction, etc.), healing touch for caregivers, integrative medicine, Qi Gong, nutrition, diabetes, cancer, urinary incontinence, parenting and childbirth, and senior issues such as advance care planning, Medicare and drug coverage, geriatric frailty and knee replacement.

Various support groups were also provided at the Pavilion Community Conference Center and SMH Rehabilitation Services, serving more than 6,600 community members. Groups were held for diabetes, cancer, bereavement, disability, stroke, heart transplantation, and needs of new mothers and families.

Sharp Rehabilitation Services (Sharp Rehab) also offered the Challenged Women's Support Group (CWSG) on the Sharp Metropolitan Medical Campus (SMMC) in FY 2013, which strives to empower women with disabilities by offering facilitated support groups, peer support, lectures and social events. In FY 2013, the group met monthly at the SMH Rehabilitation Center where women gathered to share thoughts and emotions about their current life challenges, victories and visions. The CWSG also arranged special outings in FY 2013, including a visit to the Lamb's Players Theatre in Coronado, among other activities. The CWSG is facilitated by two experienced Sharp Rehab social workers and included 70 participants in FY 2013. With a network of more than 150 disabled women and community partners, the CWSG is the only support group strictly for women with disabilities in the San Diego area.

In addition, Sharp Rehab offered the Support Group for Men with SCI (spinal cord injury) on the SMMC throughout the year. The support group provided emotional support through meetings once a month, guest speakers and special outings, including a trip to the Padres game. Support group members also offered their own peer support to patients with recent injuries. Led by a Sharp Rehab social worker, the Support Group for Men with SCI included approximately 50 meeting attendees in FY 2013, as well as an additional 100 community members involved through an electronic resource and support network.

Sharp Rehab also provided the Sharp Players weekly support group to approximately 25 members with a range of conditions including brain injury, SCI, spina bifida, Brain Injury, cerebral palsy, post-encephalitis, multiple sclerosis, amputation, mental illness, blindness, cancer and stroke. The Sharp Players use a drama-focused approach to facilitate emotional healing and support. In FY 2013, the group provided six performances for approximately 200 community members at senior centers, retirement homes, and other community organizations in SDC. Sharp Rehab staff also devoted their time to the HeadNorth organization, providing support and guidance to survivors of SCI.

The Pavilion also offers the Community Health Library at the Cushman Wellness Center, featuring DVDs, CDs, books, pamphlets, access to the Internet and two staff members to help consumers locate reliable health information. To keep community members regularly informed of pertinent health news and information, the library publishes and distributes a quarterly newsletter, as well as a classroom community calendar for the Pavilion. In FY 2013, 450 newsletters were mailed and 125 newsletters were electronically delivered each quarter. The library also collaborates with and provides resources to all Sharp entities. In addition, the Pavilion continued the Text-a-Health-Librarian Program in FY 2013, through which community members may text questions to and receive responses from Sharp's consumer health librarian. Community members can also learn more about the Community Health Library through Sharp.com and may contact the consumer health librarian by email or phone.

In FY 2013, outreach to the local community was a high priority. The consumer health librarian presented on health literacy topics to nearly 2,200 community members at a variety of community organization sites, health fairs and events, including the Earth Fair at Balboa Park, Special Libraries Conference, Medical Libraries of Southern California Resource Fair, the Lesbian, Gay, Bisexual and Transgender (LGBT) Senior Health Fair, and the Kaplan College (KC) Community Resource Fair. In addition, the consumer health librarian provided a webinar for more than 60 hospital librarians across the Pacific Coast, educating them about the services provided by the Cushman Wellness Center Community Health Library to support health consumers. Pavilion team members also reached approximately 500 community members at Sharp's annual Women's Health Conference, where they provided education about successful communication with the doctor, and how to be a good consumer of health information on the Internet. Interested community members were also registered for Sharp's email newsletter and

informed about the various health resources available through the Cushman Wellness Center Community Health Library.

SMH also participated in numerous community-sponsored health fairs, providing first-aid booths, health screenings and health information to the community. Events included the San Diego Earth Fair, San Diego Crew Classic, December Nights, the AHA Heart & Stroke Walk, Chelsea's Run and the Multiple Sclerosis Society Challenge Walk. In addition, various hospital departments participated in Sharp's annual Women's Health Conference. SMH was also the title sponsor for the Sharp Memorial Hospital Summer Concert Series hosted by the City of Poway. Made possible through donations from several community organizations, including chief financial sponsorship from SMH, the free concert series provided approximately 300 community members with live music, giveaways and physical activities for youth at Lake Poway and Old Poway Park. In addition, SMH provided coordination, support and related fundraising activities for various nonprofit organizations in FY 2013, including the AHA Heart & Stroke Walk, Susan G. Komen Race for the Cure[®], the San Diego Crew Classic and the San Diego Blood Bank (quarterly blood drives).

In FY 2013, the Cushman Wellness Center Community Health Library and the SMH Volunteer Department provided the Health Information Ambassador program, which brings the library's services directly to patients and their family members during their stay at SMH, and empowers patients to become involved in their own health care. The Health Information Ambassadors are volunteers who receive special training through the Consumer Health Library. The volunteers visit patients in their rooms and ask if they, or their family members, would like to receive any further information on their diagnosis, and then bring any requests to the consumer health librarian. The librarian prints out consumer-oriented information from quality websites, and sends the information back with the volunteers to the patients' rooms. Patients are also welcome to keep in touch with the library post-discharge to ensure they have reliable health information at home. In FY 2013, the volunteers visited more than 3,000 patients and more than 700 information requests were filled.

To support families with children who have a loved one in the Medical Intensive Care Unit (MICU), SMH's consumer health librarian also developed a booklet entitled You Are Important! Children Visiting in the Medical Intensive Care Unit. The booklet helps parents explain the circumstances of their loved one's hospital stay to their children, and is also a helpful resource for clinical staff who interact with children visiting patients' rooms.

SMH continued to provide the Arts for Healing Program in FY 2013. Arts for Healing is led by Sharp's Spiritual Care team and provides music and art to improve patients' emotional and spiritual health, and support faster recovery. At SMH, Arts for Healing typically serves stroke patients, cancer patients or patients facing life with newly acquired disabilities following catastrophic events. In December, Arts for Healing provided art activities for children at Saturday With Santa, a public event hosted by the SMH Auxiliary for children to have their picture taken with Santa, and attended by

approximately 450 community members. In February, the program celebrated Valentine's Day by providing nearly 70 patients, visitors and staff with a card-making activity in the SMH lobby. In addition, in FY 2013 Arts for Healing provided expressive arts and music therapy for patients at SMH and Sharp Rehab, as well as patients and community members at the weekly art therapy cancer support group at the Pavilion.

Since 2012, SMH has provided the Artist-in-Residence (AIR) program to provide art activities to patients receiving treatment for cancer, including inpatients at SMH and patients at the Pavilion infusion center. The AIR program at SMH replicates the Artist-in-Residence program founded by the Creative Center at University Settlement in New York City, and brings art-making to patients' bedsides, their families and health care staff on oncology units. The goal of AIR is to develop supportive relationships with patients and enhance the healing process by providing relief from boredom, stress, fear and pain associated with diagnosis and hospitalization. Activities include painting, drawing, mixed media, mandala making, beading, paper arts and other fine arts projects. The program initially started in SMH's inpatient oncology unit, and met its goal of expanding to the Outpatient Infusion Center in FY 2013. Throughout the year, AIR served more than 400 patients, guests and staff.

FY 2014 Plan

SMH will do the following:

- Continue to provide health education and wellness classes to community members
- Continue to host community support groups on a variety of topics
- Develop and coordinate quarterly calendars and newsletters of community health education and screening events
- Continue to partner with local, national and international organizations to increase health literacy in the community
- Continue to increase awareness of the Community Health Library and its resources
- Continue to participate in community sponsored events to provide health information, education, first-aid and health screenings as requested by community partners
- Provide coordination, support and fundraising-related activities for local nonprofit organizations
- Explore opportunities to collaborate with Planetree organizations to provide community education on patient rights and responsibilities

Identified Community Need: Cancer Education and Patient Navigator Services

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- In the HASD&IC 2013 CHNA, various types of cancer were identified among the top priority health conditions seen in SDC hospitals.
- Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- In 2011, cancer was the leading cause of death for SDC residents, responsible for more than 24 percent of deaths.
- In 2011, there were 4,812 deaths due to cancer (all sites) in SDC. The age-adjusted death rate due to cancer was 155.2 deaths per 100,000 population in SDC.
- From 2009 to 2011, cancer has been the leading cause of death in SDC, responsible for 14,394 deaths overall.
- According to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, breast cancer was the most common cancer among women in California, regardless of race/ethnicity. In 2011, it is estimated there were 22,115 new cases of breast cancer for females in California. In addition, of the estimated 12,490 new cases of all cancers in SDC for 2011, an estimated 15.7 percent (1,960) were breast cancer. San Diego has the highest incidence rate for breast cancer (163.95 per 100,000) compared to the neighboring counties of Imperial, Los Angeles, Orange and Riverside. San Diego's incidence rate for breast cancer is also above that of California (151.82 per 100,000).
- In SDC, minority women have high breast cancer mortality rates and were less likely to have breast cancer detected at an early stage, according to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report. In addition, Latinos were least likely to receive a mammogram compared to other ethnic groups, with 37.3 percent reporting never having had the screening.
- According to a survey of San Diego providers in the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, the majority of providers identified Mexicans as the ethnic and the immigrant group most in need of additional resources (the survey separated Mexicans from other Latinos in order to collect more specific information).
- According to the 2011 Susan G. Komen for the Cure® San Diego Affiliate Community Profile Report, the most common barriers to receiving effective breast health care access included lack of awareness and knowledge, financial barriers, cultural barriers and emotional factors, while the most common challenges in the current breast health care system included cost of care, quality of providers, lack of communication and education, and language barriers. Increased advocacy, education, funding and partnerships were among the suggestions for improving programs, services and the breast health care system overall.

- According to the ACS, a total of 1,665,540 new cancer cases and 585,720 cancer deaths are projected to occur in the US in 2014. California is projected to have the most new cancer cases (171,730) and the highest number of deaths (57,950) (ACS, 2014).
- According to the CDC, cancer survivors face many physical, psychological, social, spiritual and financial issues at diagnosis, during treatment and for the remainder of their lives. Breast cancer patient navigation is an intervention that addresses barriers to quality standard care by providing individualized assistance to patients, cancer survivors and their families.

Measurable Objective

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

FY 2013 Report of Activities

In FY 2013, the SMH Cancer Institute offered a variety of educational classes and support groups, and participated in numerous community events in support of community members impacted by cancer. Nearly 2,500 community members, patients and families were reached through these efforts.

Educational classes in FY 2013 reached approximately 1,200 patients and community members, and included Make Nutrition Changes Successfully; Nutrition – Maintaining Optimal Nutrition for the Cancer Patient; Food For Life cooking series; Genetics; Breast Cancer Education; Exercise and Stress Management; Coping Through the Holidays; Life After Cancer Treatment is Over; as well as weekly classes on Arts for Healing, Holistic Healing, Radiation Therapy, and Healthy Steps, a weekly exercise class focused on gentle, therapeutic exercises using the Lebed method to aid the lymphatic system and improve overall strength and flexibility. In addition, the SMH Cancer Institute held three lymphedema seminars in FY 2013, providing community members with education on risk factors, steps for prevention and next steps for dealing with lymphedema. Uninsured patients at risk for or suffering from lymphedema were referred to appropriate preventive services as well as community resources for need-based compression sleeves and gauntlets.

The SMH Cancer Institute provided a variety of cancer support groups reaching more than 280 patients and community members in FY 2013. Support groups included Women's Cancer; Life After Cancer; Living with Advanced Cancer; Care Partner, a support group specifically for friends and family members of cancer patients; and the Young Patient's support group, the only support group in San Diego for young adult men and women with cancer. The SMH Cancer Institute's Licensed Clinical Social Worker also offers free psychosocial and emotional support to family members of cancer patients, serving approximately 1,400 patients and family members through this service in FY 2013.

Throughout the year, the SMH Cancer Institute both hosted and participated in a variety of community events supporting more than 1,000 community members. For three days in May, staff celebrated National Cancer Survivorship Day with an informational table at the Pavilion, providing giveaways and information about the free community classes offered by SMH to those with cancer. In February, a presentation entitled, Cancer Basics – Action Plan for Baby Boomers, was provided to approximately 100 attendees at the San Diego Union-Tribune’s Successful Aging Expo. In addition, staff participated in the San Diego State University (SDSU) Health Fair, a community event at the Imperial Valley Breast Cancer Center, the ACS Gala at the Grand Del Mar, ACS Making Strides Breast Cancer Walk, and the Susan G. Komen Race for the Cure®. The SMH Cancer Institute also participated in the annual Sharp Women’s Health Conference, providing information on breast cancer, early detection, when genetic testing should be conducted, state-of-the-art diagnostic services, and healthy nutrition choices.

In addition, SMH provided meeting space for Look Good...Feel Better classes, led by the ACS to teach women beauty techniques that help manage the appearance of side-effects related to cancer treatment. The SMH Cancer Institute also provided cancer education to support the training of future Look Good...Feel Better instructors. The SMH Cancer Institute furthered their support of professional development by providing a lecture on cancer survivorship to the Oncology Nursing Society at SDSU.

The SMH Cancer Institute offers three patient navigators to assist patients and family members from the time of diagnosis through the course of treatment. Each patient navigator is assigned to a group of specific cancer diagnoses, including: breast cancer; lymphomas and head, neck and lung cancers; and colon, rectal, renal, prostate, gynecological and all other cancers. The SMH patient navigators provide ongoing guidance for patients and families, including: facilitation of appointment scheduling; explanation of procedures and test results; provision of education and support during diagnosis and treatments; and provision of financial resources and referrals to community agencies. In addition, the patient navigator team participates in the educational seminars and classes provided by the SMH Cancer Institute to community members throughout the year.

FY 2014 Plan

SMH will do the following:

- Continue to provide a variety of cancer-focused community education classes through the SMH Cancer Institute
- Continue to participate in community walks, health fairs and events
- Continue to provide a variety of cancer support groups
- Provide patient navigator services to cancer patients, families, and community members with cancer
- Continue to seek funding to support the Cancer Institute
- Provide a lunch and learn education series to address the emotional needs of individuals, families and friends impacted by cancer

Identified Community Need: Bone Health - Orthopedic / Osteoporosis Education and Screening

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- In the HASD&IC 2013 CHNA, back pain was identified among the top 15 priority health conditions seen in SDC hospitals.
- In 2011, the number of arthritis-related hospitalizations in SDC totaled 9,553; a rate of 309.3 per 100,000 population for arthritis-related hospitalizations.
- In 2011, the number of arthritis-related ED visits for SDC was 14,961 and the age-adjusted ED visit rate for arthritis-related conditions was 477.0 per 100,000 population in SDC.
- In 2011, females in SDC had a higher ED discharge rate for arthritis-related diagnosis than males (534.8 and 425.9 per 100,000 population, respectively). Blacks had a higher ED discharge rate for arthritis-related diagnosis than persons of other racial or ethnic groups, and persons ages 65 and older had higher ED discharge rates for arthritis-related diagnosis than other persons.
- According to a 2011 report from the CDC, arthritis is the nation's most common cause of disability. An estimated 50 million US adults (about one in five) report doctor-diagnosed arthritis. As the US population ages, these numbers are expected to increase sharply to 67 million by 2030, and more than one-third of these adults will have limited activity as a result. In addition, a recent study indicated that some form of arthritis or other rheumatic condition affects one in every 250 children.
- According to the National Institutes of Health (NIH), more than 40 million people either already have osteoporosis or are at high risk due to low bone mass in the US (NIH, 2012).
- According to the NIH, osteoporosis is the most common type of bone disease. The NIH reveals that about half of all women over the age of 50 will experience a fracture of the spine, wrist, or hip during their lifetime (NIH, 2012). The various risk factors for developing osteoporosis include: family history, thinness or small frame, having had early menopause, being postmenopausal, abnormal absence of menstrual periods (amenorrhea), prolonged use of certain medications, low calcium intake, physical inactivity, smoking and excessive alcohol intake (NIH, 2012).
- According to the CDC, there were 258,000 hospital admissions for fractures of the hip among people ages 65 and older. By 2030, the number of hip fractures is projected to increase by 12 percent (CDC, 2013).
- According to HP 2020, approximately 80 percent of Americans experience low back pain (LBP) in their lifetime. Each year, it is estimated that 15 to 20 percent of the population develops protracted back pain, 2 to 8 percent have chronic back pain (pain that lasts more than three months), 3 to 4 percent of the population is temporarily disabled due to back pain, and 1 percent of the working-age population is disabled completely and permanently due to LBP.

Measurable Objective

- Provide education to the community on bone health, including orthopedics and osteoporosis

FY 2013 Report of Activities

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

In March, SMH offered an educational session entitled Total Hip Arthroplasty After Prior Joint Salvage Surgery at the SMH Hip Preservation Center, which provides specialized treatment of orthopedic hip conditions. The session was led by an orthopedic surgeon from the Mayo Clinic, a highly ranked nonprofit medical practice and research group, and served approximately 20 community and national physicians, navy physicians, residents and interns.

In addition, osteoporosis education and screening was provided to approximately 150 community members the annual Sharp Women's Health Conference in October. Osteoporosis education included calcium and vitamin D requirements, exercise, treatment and prevention, while screenings included pre- and post- osteoporosis heel bone density scans. Sharp also provided osteoporosis and arthritis education to approximately 200 attendees at the December Nights event in Balboa Park.

FY 2014 Plan

SMH will do the following:

- Offer educational presentations on bone health to the community
- Provide continuing education lectures to community physicians, residents, interns and Navy at the SMH Hip Preservation Center
- Provide education and resources to the Sharp Women's Health Conference
- Provide a two-day conference for orthopedic nurse certification

Identified Community Need: Prevention of Unintentional Injuries

Rationale references the findings of the 2013 SMH Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- In the HASD&IC 2013 CHNA, unintentional injury was identified as one of the top 15 priority health conditions among SDC hospitals
- In 2011, accidents (unintentional injuries) were the sixth leading cause of death for SDC residents and the leading cause of death for seniors.
- In 2011, there were 1,017 deaths due to unintentional injury SDC. The region's age-adjusted death rate due to unintentional injuries was 31.4 deaths per 100,000 population.
- Unintentional injuries – motor vehicle accidents, falls, pedestrian related, firearms, fire/burns, drowning, explosion, poisoning (including drugs and alcohol, gas, cleaners and caustic substances), choking/suffocation, cut/pierce, exposure to electric current/ radiation/ fire/ smoke, natural disasters and injuries at work – are one of the leading causes of death for SDC residents of all ages, regardless of gender, race or region.
- In 2011, there were 21,717 hospitalizations related to unintentional injury in SDC. The age-adjusted rate of hospitalizations due to unintentional injury was 686.3 per 100,000 population.
- In 2011, there were 158,238 unintentional injury-related ED visits in SDC. The age-adjusted rate of visits due to unintentional injury was 5,094.2 per 100,000 population.
- Injury, including both intentional and unintentional, is the number one killer and disabler of persons ages 1 to 44 in California (California Department of Public Health, 2010).
- According to HP 2020, most events resulting in injury, disability or death are predictable and preventable. There are many risk factors for unintentional injury and violence, including individual behaviors and choices, such as alcohol use or risk-taking; the physical environment both at home and in the community; access to health services and systems created for injury-related care; and the social environment, including individual social experiences (social norms, education, victimization history), social relationships (parental monitoring and supervision of youth, peer group associations, family interactions), the community environment (cohesion in schools, neighborhoods and communities) and societal-level factors (cultural beliefs, attitudes, incentives and disincentives, laws and regulations).

Measurable Objective

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

FY 2013 Report of Activities

In FY 2013, ThinkFirst/Sharp on Survival participated in the Health Sciences High and Middle College (HSHMC) program. Several HSHMC students spent one or two semesters in the SMH Physical Rehabilitation Center, in the physical therapy department, learning how the discipline helps rehabilitate individuals with traumatic brain injury, stroke and spinal cord injury (SCI). Students shadowed a particular physical therapist throughout their work day to see how they performed individual inpatient and outpatient treatment sessions. The experience provided students with an understanding of the benefits of physical therapy using different techniques depending on the patients' needs.

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

In FY 2013, ThinkFirst/Sharp on Survival continued to provide education to SDC's south region. ThinkFirst/Sharp on Survival health educators provided six presentations on the consequences of poor decision making to more than 180 students at Mar Vista High School, Castle Park High School, and San Ysidro Middle School. Additionally, students received presentations on physical rehabilitation careers within health care through the HASPI program. These presentations also featured ThinkFirst/Sharp on Survival's Voices for Injury Prevention (VIP) speakers, who have personally experienced traumatic brain injury or SCI. In addition, ThinkFirst/Sharp on Survival provided five presentations in North County at Mission Hills High school as part of the HASPI partnership.

FY 2014 Plan

SMH will do the following:

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

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

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- According to the 2013 SDC *Healthcare Shortage Areas Atlas* from the County of San Diego's Health and Human Services Agency (HHSA), SDC is one of 28 counties in California listed as a Registered Nurse (RN) Shortage Area
- The demand for RNs and other health care personnel in the US will increase due to the aging population, and nurses also will be needed to educate and to care for patients with various chronic conditions, such as arthritis, dementia, diabetes, and obesity. In addition, the number of individuals who have access to health care services will increase as a result of federal health insurance reform. More nurses will be needed to care for these patients (Bureau of Labor Statistics, 2012).
- The Bureau of Labor Statistics (BLS) projects employment of more than 3.2 million RNs in 2022, an increase of 19 percent from 2012. RNs are projected to have the most new jobs in 2020, when compared to other health care practitioners and technical occupations in health care.
- The BLS projects that health care support occupations (home health aides, etc.) will be the fastest growing occupational group from 2010 to 2020 (BLS, 2010).
- Overall employment is projected to increase about 14 percent during the 2010–2020 decade with more than half a million new jobs expected for each of four occupations—RNs, retail salespersons, home health aides, and personal care aides (BLS, 2012).
- According to the San Diego Workforce Partnership 2011 report titled *Healthcare Workforce Development in San Diego County: Recommendations for Changing Times*, health care occupations that will be in highest demand in the next three to five years include physical therapists; medical assistants; occupational therapists; RNs; medical record and health information technicians; radiologic technologists and technicians; pharmacists; and medical and clinical laboratory technologists. There is a particular need for workers in allied health care who come from racially, ethnically and linguistically diverse backgrounds as well as a need for culturally competent workers with skills in foreign language.
- According to the San Diego Workforce Partnership, despite the growing demand for health care workers, employers express an “experience gap” among recent graduates as a challenge to filling open positions. While new graduates often possess the requisite academic knowledge to be hired, they lack real world experience.
- The San Diego Workforce Partnership recommends programs that provide volunteer experiences to high school and post-secondary students, as on-the- job training could provide real world experience for workers. Programs that target underrepresented groups and disadvantaged students could help increase the number of culturally competent health care workers.

Measurable Objectives

- In collaboration with local schools, colleges and universities, offer opportunities for students to explore and train for a vast array of health care professions
- Provide local high school students with volunteer opportunities through the Junior Volunteer Program
- Provide training for local, national and international health care professionals

FY 2013 Report of Activities

SMH received MAGNET[®] re-designation in 2013, the highest honor given by the American Nurses Credentialing Center (ANCC) for nursing excellence and quality patient care. SMH is also a Planetree designated hospital, representing the highest level of patient-centered care.

In FY 2013, SMH offered students and interns throughout SDC various placement and professional development opportunities. Students and interns from 19 nursing and 32 allied health programs from a variety of colleges and universities spent more than 100,000 hours at SMH in FY 2013. Among some of the nursing program partners were SDSU, Point Loma Nazarene University (PLNU), Azusa Pacific University (APU), California State University San Marcos (CSUSM), National University (NU), University of San Diego (USD), KC, and Southwestern College (SWC). Degree programs ranged from Associate degrees to Master of Science degrees in Nursing. In FY 2013, nearly 400 nursing students spent approximately 45,000 hours at SMH.

Allied health programs hosted students from EMSTA College, Palomar College, Alliant International University, Boston University (BU), San Diego Mesa College (MC) and the University of Redlands, among many others. Students from a variety of disciplines were represented including nursing, marriage and family therapy (MFT), radiology, pharmacy and social work. In addition, SMH's Clinical Pastoral Education Program provided five chaplain interns with 250 hours of clinical training in FY 2013.

Through affiliations with SWC, Palomar Community College, EMSTA College, West Med College and National College of Technical Instruction (NCTI), SMH provided both clinical training and observation hours for Emergency Medical Technician (EMT) and paramedic interns in FY 2013. This included 50 EMT students who spend one eight-hour shift in the ED, and 45 paramedic interns who spend 144 hours each in clinical training in the ED. The paramedic interns also completed rotations in other hospital departments including labor and delivery, pulmonary, trauma, Neonatal Intensive Care Unit (NICU), operating room and catheterization lab. SMH staff contributed more than 6,500 hours of clinical training and supervision to these specialized community programs in FY 2013.

Additionally, throughout the year, Sharp Rehab social workers provided presentations to students and professionals throughout SDC contributing to the advancement and

improvement of rehabilitation services in the community, including a lecture to approximately 100 physical therapy students at the University of St. Augustine.

SMH also continued its participation in the HSHMC program to provide early professional development for students at all levels of high school. During the school year, 42 students in grades nine, 11 students in grade eleven, and 10 students in grade twelve spent hundreds of supervised hours between SMH and the Pavilion. The majority of departments at SMH participated in the program, including inpatient nursing, ED, ancillary support departments (laboratory, pathology, rehabilitation and radiology) and hospital operations (cafeteria, engineering and security). In addition, several students were oriented to specialized departments such as wound healing, pathology and the operating room. SMH also expanded the HSHMC program to include leadership training for students, as well as included educational components on patient- and family-centered care, professionalism, the culture of a professional environment and helping students to identify a personal vision. In addition, 18 HSHMC students devoted more than 100 hours to the SRS facility located adjacent to SMMC.

In FY 2013, SMH provided its Junior Volunteer Program to high school students in the community, many of whom are interested in future health care careers. The program is open to 10th grade students ages 15 years or older who maintain a minimum GPA of 3.25 for two full semesters. New volunteers are placed either as guest ambassadors at the concierge desk or in the gift shop. The junior volunteers enhance the patient-centered services of staff by greeting and escorting patients and families, answering visitors' questions, assisting with patient integrative healing modalities, discharging patients, and baking cookies to create aromatherapy and a relaxing environment for patients and visitors. While volunteering in the gift shop, junior volunteers learn about merchandizing and retail sales while helping to raise funds for the SMH Auxiliary. Junior and senior volunteers who have completed their 6-month, 100-hour commitment have the opportunity to earn promotions into clinical units based on their good attendance, professional communication and high level of proactivity. In FY 2013, 114 active junior volunteers provided more than 8,800 hours of service to the program.

Also in FY 2013, SMH and SGH continued to provide one of only two new Mobile Intensive Care Nurse (MICN) training programs in SDC. Together, the hospitals offered extensive six-week training programs for San Diego base station emergency nurses. Participants receive certification through San Diego County Emergency Medical Services (EMS) upon successful completion of a 48-hour classroom component, a passing score of 85 percent or higher on the County EMS final examination of SDC protocols, and completion of mandatory ride-along hours in a paramedic unit.

SMH continues to support the Consortium for Nursing Excellence, San Diego, which promotes evidence-based practices in the nursing community. The consortium represents a partnership between Sharp HealthCare, Scripps Health, Rady Children's Hospital – San Diego, UC San Diego Health System, San Diego VA Medical Center, and Elizabeth Hospice, as well as four academic institutions – PLNU, SDSU, APU and USD. For the past six years, the consortium has sought to inspire clinical excellence

through its Evidence-Based Practice Institute (EBPI), which prepares teams of fellows (interprofessional staff) and mentors to change and improve clinical practice and patient care. In FY 2013, the nine-month program consisted of six full-day workshops during which mentors guide fellows through the process of evidence-based practice and working collaboratively with hospital leadership. The program culminated with a community conference and graduation ceremony for 42 EPBI fellows in November, for which SMH also provided planning and administrative support.

As a Planetree designated hospital, SMH continued to provide numerous public hospital tours to share its experience in patient- and family-centered care with individuals from various local, national and international hospitals, nonprofit organizations and universities. Through the tours, participants learn about SMH's special design properties that promote patient- and family-centered care, a healing environment, workforce efficiency and effective use of technology, so that participants may learn how they can improve the delivery of service and customer experience within their own organizations. In FY 2013, participants included the executive team from Exempla Saint Joseph Hospital in Denver, Colorado, medical executives from the VA Healthcare System, and students from SDSU, among others.

In collaboration with the Center for Compassion and Altruism Research and Education (CCARE) at the Stanford University School of Medicine, Sharp HealthCare furthered its support of professional education and development by providing an eight-week Compassion Cultivation Training (CCT) course, designed to help health care professionals and community members develop cognitive, emotional and behavioral aspects of human compassion. Led by an SMH psychologist and management from Sharp's Employee Assistance Program, the CCT course utilized lectures and guided compassion cultivation exercises and group discussions to improve communication, increase resilience to stress and enhance feelings of well-being among the participants. The CCT course consisted of nine weekly classes and six steps that build a foundation for developing a compassionate heart and mind, and encompassed topics such as: skills for calming the mind, self-compassion, empathy towards humanity and applications for daily life. In FY 2013, the CCT course trained approximately 100 employees and community members.

FY 2014 Plan

SMH will do the following:

- Continue to provide intern and professional development opportunities to health professions students throughout SDC
- Continue to collaborate with HSHMC to provide opportunities for students to explore health care careers including leadership training
- Continue to expand opportunities for the Junior Volunteer Program
- Provide clinical training for chaplain interns in the Clinical Pastoral Education Program
- Implement new systemwide HSHMC student orientation
- Annually review and evaluate HSHMC program
- Continue to provide education and hospital tours for the local, national and international health care community on patient- and family-centered care

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

Rationale references the findings of the SMH 2013 Community Health Needs Assessment or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Community health leaders participating in the HASD&IC 2013 CHNA process strongly aligned and recommended further work in access to care, health insurance and care management with each of the priority health issues identified for SDC (cardiovascular disease, Type II diabetes, mental/behavioral health, and obesity).
- Community members participating in the HASD&IC 2013 CHNA community forums (throughout SDC) also strongly aligned access to care and care management with maintaining health.
- According to 2011 CHIS data, 22.0 percent of those 18 to 64 years of age in SDC were currently uninsured.
- In 2011, 13.0 percent of the population in SDC was living below the poverty level, with 13.5 percent of those being families.
- In 2011, nearly 15 percent of families in SDC received some form of cash public assistance.
- According to 2011 CHIS data, 83.8 percent of adults in SDC have a usual source of care. Among these adults, 26.9 percent utilize a community clinic, government clinic or community hospital as their usual source of care.
- According to 2011 CHIS data, in SDC for those 18 to 64 years of age, the most common sources of health insurance coverage include employment-based coverage (58.3 percent) and public programs (12.7 percent).
- As of December 2013, the overall unemployment rate for SDC was 6.4 percent, lower than previous months.

- According to the BLS, 37.7 percent of unemployed persons nationally, remained so for 27 weeks or greater.
- The cost of living in California is 35 percent above the US average, with health spending per capita in California growing by 5.9 percent between 1994 to 2004 (California Hospital Association Special Report, October 2011).
- According to HASD&IC, between 2006 and 2009, demand for ED services in SDC increased by 11.9 percent, from 582,129 to 651,595 visits (HASD&IC, 2010).
- In 2013, the health insurance benefits available under the Consolidated Omnibus Budget Reconciliation Act (COBRA) cost a single person in California between \$468 to \$550 per month; for a family of three or more in California, COBRA costs ranged from \$1,461.73 to \$1,699.76 per month. These rates represent anywhere from 20 to 78 percent of a person's income (2013 COBRA Self-Pay Rates, Motion Picture Industry Pension & Health Plans).
- Community clinics in California have experienced rising rates of primary care clinic utilization; the number of persons utilizing the clinics increased by 27.3 percent between 2007 and 2011 (Office of Statewide Health Planning and Development, 2011).

Measurable Objectives

- Collaborate with community organizations to provide follow-up medical care, financial assistance, psychiatric and social services to chronically homeless individuals
- Assist economically disadvantaged individuals through transportation and pharmaceutical assistance

FY 2013 Report of Activities

In FY 2013, SMH continued to collaborate with community organizations to provide services to chronically homeless patients. Through its collaboration with the San Diego Rescue Mission, SMH discharged chronically homeless patients to the Rescue Mission's Recuperative Care Unit. This program allows chronically homeless patients to receive follow-up care through SMH in a safe space, and also provides psychiatric care, substance abuse counseling and guidance from the Rescue Mission's programs in order to help these patients get back on their feet.

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

In addition, to assist economically disadvantaged individuals, in FY 2013 SMMC provided more than \$74,000 in free medications, transportation, lodging and financial assistance through its Project HELP funds.

FY 2014 Plan

SMH will do the following:

- Continue to collaborate with community organizations to provide medical care, financial assistance, and psychiatric and social services to chronically homeless patients
- Continue to administer Project HELP funds to those in need

SMH Program and Service Highlights

Sharp Memorial Hospital:

- 24-hour emergency services with heliport and base station
- Acute care
- Bariatric
- Bioethics consultation
- Breast health, including mammography
- Cancer care
- Cardiac care
- Cardiac rehabilitation
- Care Partner Program
- Chest Pain Center, specializing in emergency chest pain treatment
- Congestive Heart Failure Management Program
- CT Scan
- Electrocardiogram (EKG)
- Electroencephalography (EEG)
- Group and art therapy
- Heart Valve Surgery Center
- Home health¹
- Home infusion services
- Hospice²
- Integrative healing therapies
- Interventional radiology
- Intensive Care Unit (ICU)
- Laboratory services
- Mechanical Assist Device Program
- Nutrition and metabolic services
- Occupational therapy
- Open medical records program
- Ophthalmology
- Organ transplantation (heart, kidney, pancreas)
- Orthopedics Program
- Palliative care
- Pathology services
- Pre-Anesthesia Evaluation Services (PAES)
- Physical therapy
- Primary care
- Radiology services
- Rehabilitation Center
- Robotic surgery
- Senior health services
- Senior Resource Center
- Sharp and Rady Children's MRI Center

¹ Provided through Sharp Home Care, located at: 8080 Dagget Street in San Diego, ZIP code 92111.

² Provided through Sharp HospiceCare.

- Sleep laboratory
- Spiritual care and education
- Stroke Center
- Surgical services
- Thoracic (lung) surgery
- Trauma Center
- Van services
- Warfarin Clinic
- Wound and Ostomy Center

Sharp Memorial Outpatient Pavilion:

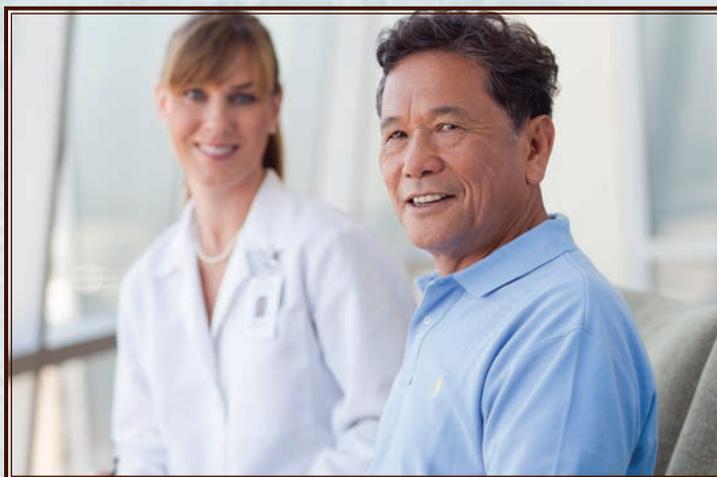
- Cancer services
- Cushman Wellness Center, including health screening, lifestyle and fitness assessment, and the Community Health Library and Resource Center
- Diabetes services – recognized by American Diabetes Association
- Diagnostic services
- Endoscopy Center
- Executive Health Program
- Eye and Laser Treatment Center
- General and Diagnostic Imaging Center
- Integrative Medicine
- Outpatient surgery
- Pain Management Center
- PET/CT Imaging System (Positron Emission Tomography/ Computerized Tomography)
- Pre-Anesthesia Evaluation Services (PAES)
- Radiation Oncology and Infusion Center
- Sharp Rees-Stealy Ophthalmology
- Sharp Rees-Stealy Optometry
- Summerfelt Endoscopy Center
- Virtual Colonoscopy
- Vision Laser Center
- Women's Imaging Center

Sharp Senior Health Center Downtown:

- Community health education programs
- Community health services
- Primary and comprehensive physical and mental health care services to seniors

Sharp Senior Health Center Clairemont:

- Community health services
- Primary and comprehensive health care services to seniors



Educating the Community About Aging

~ SHARP MESA VISTA HOSPITAL AND SHARP MCDONALD CENTER ~

The Senior Intensive Outpatient Program at Sharp Mesa Vista Hospital is dedicated to enhancing the quality of life of older adults and improving the community's perception of aging. Together, hospital caregivers and their senior patients organize mental health education and outreach activities to combat the myths of older adulthood and support healthy aging.

Free lectures educate seniors and their loved ones on coping with anxiety, depression, transition and loss. This past year seniors wrote letters to a Maryland teenager, who had contemplated suicide, through a unique

campaign entitled Letters for Noah – sharing words of encouragement and stories about their own strength through depression. To instill values of empowerment in young girls, staff joined the Albert Einstein Academies' Girls on the Run campaign to engage female youth in discussions about being elderly and challenging ageist thoughts. Engaging senior patients in community outreach efforts enhances their recovery, while improving community mental health awareness and successful aging for future generations.

Section

11 Sharp Mesa Vista Hospital and Sharp McDonald Center

We place great value in our community partnerships in helping us fulfill our mission to improve the health of our community by extending our reach through innovative, nontraditional methods of service delivery. – Michael Plopper, MD, Chief Medical Officer, Sharp Behavioral Health

- Sharp Mesa Vista Hospital (SMV) is located at 7850 Vista Hill Avenue in San Diego, ZIP code 92123.
- Sharp McDonald Center (SMC) is located at 7989 Linda Vista Road in San Diego, ZIP code 92111.
- SMV Mid-City Outpatient Program is located at 4275 El Cajon Boulevard, Suite 100 in San Diego, ZIP code 92115; SMV East County Outpatient Program is located at 1460 East Main Street in El Cajon, ZIP code 92021.

FY 2013 Community Benefits Program Highlights

SMV and SMC provided **\$9,506,932** in community benefits in FY 2013. See **Table 1** for a summary of unreimbursed costs based on the categories specifically identified in Senate Bill 697.

Table 1: Economic Value of Community Benefits Provided
Sharp Mesa Vista Hospital and Sharp McDonald Center – FY 2013

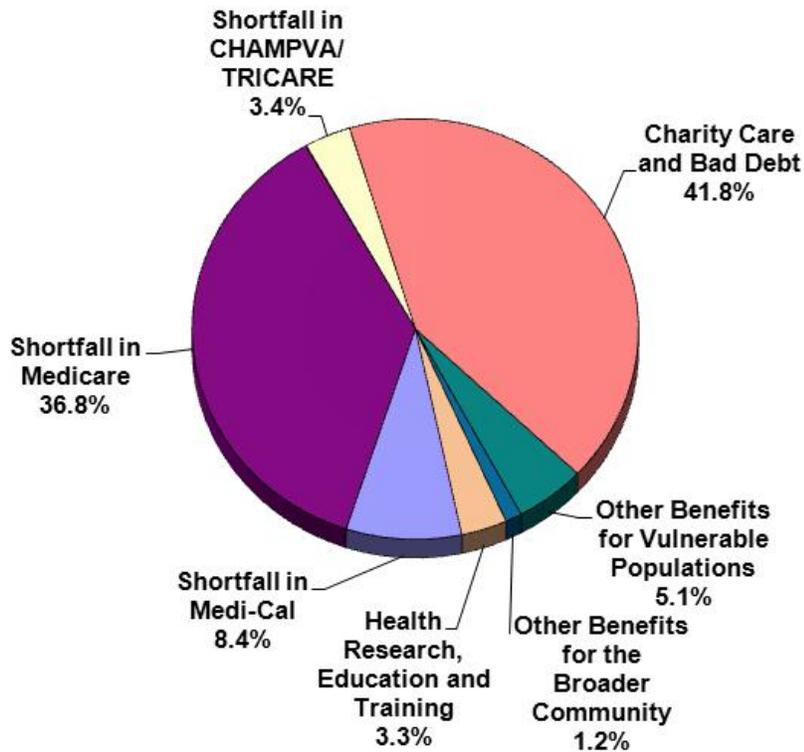
Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Medical Care Services	Shortfall in Medi-Cal ¹	\$794,030
	Shortfall in Medicare ¹	3,498,642
	Shortfall in San Diego County Indigent Medical Services ¹	4,740
	Shortfall in CHAMPVA/TRICARE ¹	319,954
	Charity Care and Bad Debt ²	3,975,614
Other Benefits for Vulnerable Populations	Patient transportation and other assistance for the needy ³	484,130
Other Benefits for the Broader Community	Health education and information, support groups, participation in community events, meeting room space, donations of time to community organizations and cost of fundraising for community events ³	113,683
Health Research, Education and Training Programs	Education and training programs for students, interns and health care professionals ³	316,139
TOTAL		\$9,506,932

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

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

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

Figure 1: Percentage of Community Benefits by SB 697 Category
 Sharp Mesa Vista Hospital and Sharp McDonald Center – FY 2013



Key highlights:

- Unreimbursed **Medical Care Services** included uncompensated care for patients who were unable to pay for services; unreimbursed costs of public programs such as Medi-Cal, Medicare, San Diego County Indigent Medical Services and CHAMPVA/TRICARE; and financial support for on-site workers to process Medi-Cal eligibility forms.
- **Other Benefits for Vulnerable Populations** included van transportation for patients to and from medical appointments; free psychiatric assessments and referrals; Cross Cultural Mental Health Program to address barriers to mental health services for disadvantaged, culturally diverse urban seniors; contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank; the Sharp Humanitarian Service Program; and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education and information on a variety of behavioral health and chemical dependency topics, participation in community health events, and collaboration with local schools to promote interest in health care careers. SMV also offered meeting room space at no charge to community groups. In addition, staff at the hospital actively participated in community boards, committees and other civic organizations, such as Mental Health

America (MHA), Residential Care Council, San Diego Council on Suicide Prevention, Community Health Improvement Partners (CHIP) Behavioral Health Work Team, Schizophrenics in Transition, Recovery Innovations of California (RICA), Association of Ambulatory Behavioral Healthcare, Employee Assistance Professionals Association (EAPA), A New PATH (Parents for Addiction, Treatment and Healing), California Board of Behavioral Health Sciences, Psychiatric Emergency Response Team (PERT) and the American College of Healthcare Executives (ACHE). See **Appendix A** for a listing of Sharp community involvement. In addition, the category included costs associated with planning and operating community benefit programs, such as community health needs assessments and administration.

- **Health Research, Education and Training Programs** included education and training of health care professionals; student and intern supervision and time devoted to generalizable health-related research projects that were made available to the broader health care community.

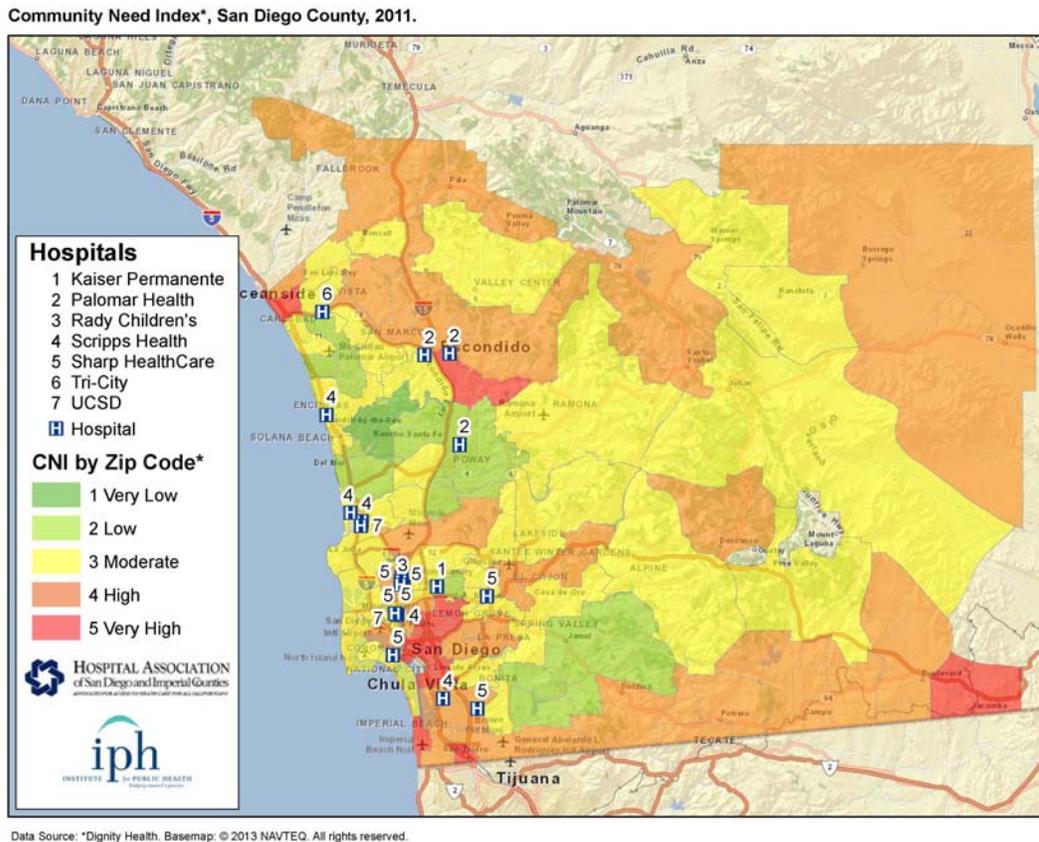
Definition of Community

As specialty hospitals, SMV and SMC serve the community of San Diego County (SDC). The primary communities served by SMV and SMC include the City of San Diego, Chula Vista, the east region and north inland communities surrounding Rancho Bernardo. See **Appendix B** for a map of community and region boundaries in SDC.

For SMV's and SMC's 2013 Community Health Needs Assessment (CHNA) process, the Dignity Health/Truven Health Community Need Index (CNI) was utilized to identify vulnerable communities within SDC. The CNI identifies the severity of health disparity for every ZIP code in the United States (US) based on specific barriers to health care access including education, income, culture/language, insurance and housing. As such, the CNI demonstrates the link between community need, access to care and preventable hospitalizations.

According to Dignity Health's CNI, communities served by SMV with especially high need include but are not limited to: East San Diego, City Heights, North Park, the College Area, and Downtown San Diego. **Figure 2** below presents a map of the CNI scores across SDC.

Figure 2: CNI Map of SDC



Description of Community Health

In SDC, 93.8 percent of children ages 0 to 11, 93.5 percent of children ages 12 to 17, and 81.3 percent of adults were currently insured in 2011— failing to meet the Healthy People (HP) 2020 national targets¹ for health insurance coverage. See **Table 2** for a summary of key indicators of access to care, and **Table 3** for data regarding eligibility for Medi-Cal Healthy Families.

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

Table 2: Health Care Access in SDC, 2011

Description	Rate		Year 2020 Target
Current Health Insurance Coverage			
Children 0 to 11 Years	93.8%		100%
Children 12 to 17 Years	93.5%		100%
Adults 18 + Years	81.3%		100%
Regular Source of Medical Care			
Children 0 to 11 Years	98.1%		100%
Children 12 to 17 Years	82.2%		100%
Adults 18 + Years	85.6%		89.4%
Not Currently Insured			
Adults 18 to 64 Years	17.7%		

Source: 2011-2012 Community Health Interview Survey (CHIS)

Table 3: Medi-Cal (Medicaid)/Healthy Families Eligibility, Among Uninsured in SDC (Adults Ages 18 to 64 Years), 2011

Description	Rate
Medi-Cal Eligible	6.9%
Healthy Families Eligible	0.4%
Not Eligible	92.6%

Source: 2011-2012 CHIS

An analysis of 2011 mortality data for SDC revealed Alzheimer’s disease and suicide as the third and eighth leading causes of death for SDC, respectively. **Table 4** summarizes the leading causes of death in SDC. For additional demographic and health data for communities served by SMV and SMC, please refer to the 2013 CHNAs for these entities, available at <http://www.sharp.com/about/community/community-health-needs-assessments.cfm>.

Table 4: Leading Causes of Death in SDC, 2011

Cause of Death	Number of Deaths	Percent of Total Deaths
Malignant neoplasms	4,812	24.2%
Disease of heart	4,758	24.0
Alzheimer's disease	1,221	6.2
Chronic lower respiratory diseases	1,045	5.3
Cerebrovascular diseases	1,031	5.2
Accidents (unintentional injuries)	1,017	5.1
Diabetes mellitus	581	2.9
Intentional self-harm (suicide)	383	1.9
Chronic liver disease and cirrhosis	331	1.7
Influenza and pneumonia	311	1.6
Essential (primary) hypertension and hypertensive renal disease	269	1.4
Parkinson's disease	211	1.1
Pneumonitis due to solids and liquids	147	0.7
Septicemia	128	0.6
Viral hepatitis	113	0.6
All other causes	3,494	17.6
Total Deaths	19,852	100.0%

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

Community Benefits Planning Process

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

- Incorporate community priorities and community relations into their strategic plans and develop specific programmatic goals
- Estimate an annual budget for community programs and services, based on community needs, the prior year's experience and current funding levels
- Host a bimonthly committee to discuss, plan and implement community activities

Priority Community Needs Addressed in Community Benefits Report – SMV 2013 CHNA and SMC 2013 CHNA

Through the SMV 2013 CHNA and the SMC 2013 CHNA, mental/behavioral health was identified as a priority health need for SDC.

Although additional priority health needs were identified for SDC through the 2013 CHNA process, as specialty hospital facilities providing behavioral health and chemical dependency programs and services, these additional identified health issues (cardiovascular health, diabetes, and obesity), fall outside the scope of services provided by SMV and SMC, and thus are not addressed in the community benefits report for these two hospitals.

In alignment with the identified need of mental/behavioral health, the following pages detail programs that specifically address:

- Mental health and substance abuse education and support for the community
- Improving outcomes for seniors at risk
- Mental health and substance abuse education for health care professionals

For each priority community need identified above, subsequent pages include a summary of the rationale and importance of the need, measurable objective(s), FY 2013 Report of Activities conducted in support of the objective(s), and FY 2014 Plan of Activities.

Identified Community Need: Mental Health and Substance Abuse Education for the Community

Rationale references the findings of the Sharp Mesa Vista Hospital (SMV) and Sharp McDonald Center (SMC) 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- The SMV and SMC 2013 CHNAs identified mental/behavioral health as the priority health issue for community members served by SMV and SMC.
- The Hospital Association of San Diego and Imperial Counties (HASD&IC) 2013 CHNA identified mental/behavioral health as one of the top four priority health issues for community members in SDC.
- The following conditions were identified in the SMV and SMC 2013 CHNAs as priority behavioral health issues in SDC: anxiety; trauma – particularly with San Diego’s military population; mood disorders including depression and bipolar disorder; personality disorders – especially antisocial personality disorder with

indigent individuals and/or individuals with co-occurring disorders; and chemical dependency.

- Community health leaders participating in the SMV 2013 CHNA process identified stigma as a significant barrier to improving the behavioral health in SDC.
- Community member input from the SMV and SMC 2013 CHNAs revealed the concern for and need for specific attention to co-occurring disorders – behavioral health disorders that include both mental health and substance abuse issues.
- In general, data presented in the HASD&IC 2013 CHNA revealed a higher rate of hospital discharges due to behavioral/mental health in more vulnerable communities within SDC.
- In 2011, Alzheimer’s disease and suicide were the third and eighth leading causes of death for SDC, respectively.
- In 2011, the age-adjusted death rate due to suicide was 11.9 deaths per 100,000, failing to meet the HP 2020 target of 10.2 deaths per 100,000.
- Mood disorders (depression, bipolar disorder), schizophrenia and other psychotic disorders, and self-inflicted injury were presented as the top three highest hospitalization rates for SDC in 2011.
- In 2011, anxiety disorders, mood disorders, schizophrenia and other psychotic disorders demonstrated the highest visit rates in the ED for SDC.
- In 2011, the age-adjusted rate of self-inflicted injury ED discharges in SDC was 74.9 per 100,000 population.
- During the five-year period from 2007 to 2011, the age-adjusted rate of overdose/poisoning hospitalizations among SDC residents increased from 68.8 hospitalizations per 100,000 population in 2007 to 80.0 hospitalizations per 100,000 in 2011.
- In 2011, the age-adjusted rate of overdose/poisoning-related ED visits in SDC was 164.9 per 100,000 population. County rates for overdose/poisoning-related ED visits were higher in females when compared to males, higher among whites when compared to other races and ethnic groups, and higher among adults ages 25 to 44 years when compared to other age groups.
- In 2011, 34.9 percent (811,000) of adults participating in the California Health Interview Survey (CHIS) reported an episode of binge-drinking in the past year. Additionally, 5 percent of teens participating in the same CHIS survey reported an episode of binge-drinking the previous month, and 8.7 percent reported that they had ever tried drugs including marijuana, cocaine, sniffing glue and other drugs.
- In the US, approximately 8.9 million adults have co-occurring disorders and only 7.4 percent of individuals receive treatment for both conditions with 55.8 percent receiving no treatment at all (Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health, 2008 and 2009).
- In the US, approximately 26 percent of homeless adults staying in shelters live with serious mental illness and an estimated 46 percent live with severe mental illness and/or substance use disorders.
- According to HP 2020, substance abuse has a major impact on individuals, families and communities. The effects of substance abuse are cumulative, significantly contributing to costly social, physical, mental and public health problems, including teenage pregnancy, human immunodeficiency virus/acquired immunodeficiency

syndrome (HIV/AIDS), other sexually transmitted diseases (STDs), domestic violence, child abuse, motor vehicle crashes, physical fights, crime, homicide and suicide.

Measurable Objectives

- Provide mental health and substance abuse education for patients, their loved ones and the community
- Facilitate community reintegration through community service activities
- Provide support for members of the community impacted by mental health and substance abuse issues

FY 2013 Report of Activities

In FY 2013, SMV psychiatric evaluation and intake teams provided approximately 13,000 free psychiatric evaluations and referrals for the general community. On an ongoing basis, the SMV Psychiatric Evaluation Team (PET) provided 16 hours a week to senior community centers for senior clients and five hours a week at Potiker Family Senior Residence, a residential site for low-income, at-risk seniors. Seniors received a variety of early intervention services, including examination by a nurse or psychiatrist, medication, referrals or counseling to reduce risks of hospitalization and homelessness.

To increase awareness of mental health and substance abuse, SMV and SMC hosted numerous community speaking engagements and workshops, addressing a variety of behavioral health topics including cognitive therapy, substance abuse and child and geriatric psychiatry. In addition, monthly lectures were delivered through a cognitive therapy lecture series and included topics such as anxiety, anger, depression and stress. Weekly family support groups were also offered to the community.

In FY 2013, the SMV Senior Intensive Outpatient Program (SIOP) provided a monthly community service initiative in which both staff members and their older adult patients provided education and outreach to community members. The initiative focused on debunking the myths associated with older adulthood – such as ‘depression is a normal part of aging’ and ‘growing old is characterized by loss and pain’ – in order to benefit both the older adult patients providing the community service, as well as members of the community. The initiative included free community lectures provided at a variety of venues, including the YMCA Mission Valley, La Mesa Community Center, Jewish Family Services, and the Sharp Women’s Health Conference. Educational sessions included: Helping Older Adults Cope with Loss and Transition; Battling the Blues: Helping Older Adults Identify Signs and Symptoms of Depression; and Don’t Let the Worry Win: Coping Tools for Anxiety. The initiative also included a mental health writing campaign entitled Letters for Noah, in which SIOP patients wrote letters of encouragement to a boy who contemplated suicide, documenting their personal perseverance in the face of depression. SIOP staff also partnered with the Albert Einstein Academies Girls on the Run girls running team in a campaign to instill values of empowerment and healthy living. Through the campaign, the girls were engaged in

discussions about being elderly and the importance of recognizing and challenging ageist thoughts. Additionally, the girls painted plant holders in support of the SLOP patients' horticulture therapy activities. Also in FY 2013, SMV attended the health and wellness fair held at the Vi senior residential living center in La Jolla, and provided free screenings and lectures on anxiety and depression for older adults.

Throughout the year, SMV provided its Veterans Engaging in Supportive Treatment (VEST) program to military members and their families in order to meet the needs of veterans of the wars in Iraq and Afghanistan. The program provides a safe environment for veterans to learn effective methods for managing symptoms of post-traumatic stress disorder (PTSD) or acute stress. The program also includes services for spouses and family members who experience unique distress when their loved one returns with war- or trauma-related symptoms. In FY 2013, the VEST program provided education and resources to military members and their families during Mash 0911, a golf tournament held for veterans at the North Island Air Station golf course in Coronado. VEST program staff provided education on reducing the stigma of mental health issues in the military community as well as available resources. SMV also sponsored the participation of a wounded warrior – a severely wounded, ill or injured soldier or veteran – in the tournament. In addition, the VEST program continues to participate in the San Diego Military Family Collaborative, which meets monthly to discuss services for military members and their families in the community.

In FY 2013, SMV and SMC sponsored and participated in four walks to increase awareness and raise funds for mental health services, including the National Alliance on Mental Illness (NAMI) Walk, American Foundation for Suicide Prevention Walk, Save a Life San Diego/Yellow Ribbon (for suicide prevention) Walk and San Diego Alzheimer's Association Annual Memory Walk. In addition, SMV contributed \$2,500 to the NAMI walk and SMV employees and patients contributed approximately \$2,000 through fundraising activities. In response to the need for information and support for caregivers of individuals with mental illness, SMV provided community educational materials in the hospital lobby through NAMI's Friends in the Lobby program.

Also in FY 2013, SMV attended several senior and women's health and wellness fairs. SMV sponsored and participated in the Strut for Sobriety event benefitting A New PATH (Parents for Addiction Treatment and Healing), a nonprofit organization focused on reducing the stigma associated with addictive illness through education. In addition, SMV sponsored and participated in Community Health Improvement Partner's (CHIP) Crew Rendezvous event and Mental Health America's (MHA's) annual Meeting of the Minds educational conference. SMV sits on the board of MHA which helps guide and facilitate educational opportunities in behavioral health. SMV also hosts and participates in monthly Employee Assistance Professionals Association (EAPA) forums which focus on increasing knowledge and education in the behavioral health professional community.

Additionally, in FY 2013 SMV continued its involvement in and support of an important initiative to improve housing conditions for community members living with serious,

persistent mental illness. Last year a work team including CHIP, housing organizations and other community partners, secured a three-year contract issued by the County of San Diego to establish an Independent Living Registry and an Independent Living Association (ILA). The work team developed a four-prong approach to address the challenges to safe and healthy independent living facilities (ILFs), which included a registry of participating ILFs to be a central resource for consumers, family members and health care professionals; educational curriculums for members of the ILA; peer review and accountability through site visits; and advocacy. These efforts seek to both improve conditions for ILFs and the consumers housed there, and to help keep consumers linked with essential services and providers, and reduce crime and unnecessary arrest rates. The ILA is an initiative of CHIP's Behavioral Health Work Team, in which SMV actively participates.

Throughout the year, SMV provided more than 1,500 hours in free meeting space for a variety of self-help groups on a weekly basis including Alcoholics Anonymous, Women's Alcoholics Anonymous, Al-Anon, Gambler's Anonymous, Tobacco Anonymous, Alcoholics Anonymous – Dual Diagnosis, Hoarders Anonymous, Obsessive Compulsive Disorder Support, Child and Adolescent Support Group, Men's 12-Step Group, 12-Step Recovery Workshop, Serenity Promotions, Narcotics Anonymous, National Association of Anorexia Nervosa and Associated Disorders, Pills Anonymous, Sexaholics Anonymous, Co-Dependents Anonymous, Nicotine Anonymous, Shyness and Social Anxiety Group, San Diego Phobia Foundation, RICA (Recovery Innovations of California) Wellness Recovery Action Plan (WRAP) classes, the SMC Aftercare and Lifetime support meetings, Smart Recovery, the NAMI – Electroconvulsive Therapy Support Group, and the Anxiety and Phobia Clinic. In addition, SMV provided free meeting space for professional behavioral health organizations including San Diego Psychiatric Society and San Diego Physicians for Recovery.

SMV's Psychiatric Rehabilitation Program is dedicated to creating possibilities for social reintegration of individuals with mental illness by involving them in community service activities. In FY 2013, the program's community service activities included the Green Thumbs Up Group, where patients of the outpatient programs maintain a community garden in a transitioning neighborhood; Sharp Sluggers, where current and former SMV patients as well as community members with mental illness participate on a co-ed softball team; the Client Advisory Board, where outpatients provide feedback on how to improve programs, empower patients, promote advocacy and better serve the community; and Transit Training, where clients learn to utilize public transportation.

Further, Sharp HealthCare's (Sharp or SHC) Arts for Healing program provided several arts therapy groups at SMV and SMC. These groups included two expressive art therapy groups at SMV for patients recovering from drug addiction and receiving treatment for mood disorders; a music therapy group at SMV for older adults receiving treatment for dementia and depression; and an art group for patients recovering from drug addiction at SMC. In collaboration with social workers and palliative care nurses, Arts for Healing facilitated the donation of 89 blankets and quilts that were given to patients receiving end-of-life care at Sharp Memorial Hospital. To relieve anxiety and

depression, a group of patients at the SMV East County Outpatient Program knitted and crocheted nine of the 89 blankets.

FY 2014 Plan

SMV and SMC will do the following:

- Provide free psychiatric assessments and referrals for the community
- Participate in community events to raise awareness and funds for behavioral health services
- Host and facilitate various monthly support group meetings
- Participate in key mental health events and activities alongside patients
- Provide free meeting space for use by a variety of self-help groups
- Continue participation in psychiatric rehabilitation programs and activities that benefit the San Diego community
- Host a variety of community education events and provide educational programs to community mental health care professionals
- Continue collaboration with community providers and provide education to ILFs to improve living conditions for individuals with mental illness
- Explore and expand collaborations with law enforcement and housing planning committees to provide better outcomes for community members living with mental illness and substance abuse issues
- Continue serving as the media's go-to experts for information on mental health conditions and treatment
- Continue to strategically align with nonprofit allies and key community partners through board and committee memberships
- Through grant funding, provide additional follow up staff for at-risk patients post-discharge
- Explore collaboration with Gary and Mary West Senior Wellness Center to provide services to meet the unmet needs of the severely mentally ill in San Diego's downtown area, including seniors, children and adolescents

Identified Community Need: Improving Outcomes for Seniors at Risk
Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- Key informant interviews conducted in the SMV 2013 CHNA identified Alzheimer's disease among the chief health concerns for San Diego seniors.
- Attendees of community forums held during the HASD&IC 2013 CHNA process identified Alzheimer's disease and dementia as one of the top five priority health needs for SDC.

- In 2011, Alzheimer's disease was listed as one of the top ten leading causes of death for SDC residents ages 65 to 84, and the third leading cause of death for residents ages 85 and up.
- In 2011, the emergency department (ED) discharge rate for SDC seniors with a mental illness or depression diagnosis was 442.4 per 100,000 population.
- In 2011, the hospitalization rate for seniors in SDC with a principal diagnosis of mental illness or depression was 625.3 per 100,000 population.
- In 2011, the suicide rate for SDC seniors (ages 65 and up) was 19.1 per 100,000 population.
- According to 2011 CHIS data, 5.5 percent of adults over the age of 65 in SDC thought about committing suicide in the past year.
- According to 2011 CHIS data, 8.1 percent of adults over the age of 65 in SDC reported needing help for emotional/ mental health problems or alcohol-drug issues in the past year, however only 6.7 percent of adults over the age of 65 in SDC saw a health care provider for emotional mental health problems or alcohol-drug issues in the past year.
- Older adults at particularly high risk for depression include those who are unmarried, widowed or lack a strong social support network (NAMI, 2009).
- According to the *International Journal of Geriatric Psychiatry*, a study of how uninsured or publicly insured older adults with severe mental illness access mental health services in SDC revealed that older adults were more likely to access the public mental health system's Psychiatric Emergency Response Team (PERT), a combined law-enforcement and psychiatric service that responds to psychiatric-related 911 calls. Older adults were also less likely to receive follow-up care, due to both the initial site of service – and an associated lower rate of follow-up among PERT clients – as well as a lower rate of follow-up among older adult clients initiating services in other sectors (Gilmer, et al., 2009).
- According to the *Community Mental Health Journal*, in a qualitative study of unmet mental health needs of Latino older adults in SDC, barriers to appropriate mental health care included housing, transportation and social support, as well as language and cultural barriers secondary to a lack of translators, lack of information on available services, and scarcity of providers representative of the Latino community (Barrio, et al., 2008).

Measurable Objective

- Provide culturally competent outreach services to high-risk seniors in SDC's disadvantaged communities

FY 2013 Report of Activities

SMV continued to collaborate with Potiker Family Senior Residence and Senior Community Centers of San Diego to operate the Cross Cultural Mental Health Program in FY 2013. The program coordinates community-based mental health services for disadvantaged, culturally diverse urban seniors. In addition, the program seeks to provide prevention and early intervention methods to improve the utilization and

effectiveness of mental health services for high-risk seniors. The program is designed to address barriers to mental health services for older adults, including stigma, isolation and lack of services.

In FY 2013, SMV staff contributed more than 1,000 hours of free screening and case management to high-risk seniors. Assessments, interventions and resources were provided by two skilled, culturally competent psychiatric registered nurses (RNs) stationed at Potiker Family Senior Residence, Downtown Senior Community Centers and City Heights Senior Housing. In addition, psychiatric services were provided by a culturally diverse psychiatrist contracted with SMV. Regardless of their income or ability to pay, seniors were provided with both early intervention services and additional medical services to help prevent hospitalization and homelessness.

FY 2014 Plan

- In collaboration with Sharp Senior Health Center Downtown, provide outreach and education to seniors without stable housing
- Continue participation in the Cross Cultural Mental Health Program

Identified Community Need: Mental Health and Substance Abuse

Education for Health Care Professionals

Rationale references the findings of the SMV and SMC 2013 Community Health Needs Assessments or the most recent San Diego County community health statistics, unless otherwise indicated.

Rationale

- For the HASD&IC 2013 CHNA, community health leaders and key informants surveyed closely aligned care management with meeting the mental health/behavioral health needs of SDC community members.
- The 2008 County of San Diego Mental Health Services Workforce Education and Training (WET) Needs Assessment revealed that limited opportunities and training for job advancement and leadership skills exist among behavioral health staff. In addition, the lack of a clearly defined career pathway in mental health before the graduate level of education poses a challenge to SDC's behavioral health workforce.
- According to the 2008 County of San Diego Mental Health Services WET Needs Assessment, challenges in attracting and hiring mental health staff in SDC include the perceived low status of mental health careers, the under-representation of diverse cultural groups in higher education, and the intense competition for bilingual staff.
- There is a critical shortage of individuals trained to meet the needs of children, youth and their families, as well as older adults (*An Action Plan for Behavioral Health Workforce Development, 2007*).
- According to the 2008 County of San Diego Mental Health Services WET Needs Assessment, an important component of strengthening the mental health workforce

involves increasing the relevance, effectiveness and accessibility of training and education.

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

Measurable Objectives

- Provide internship and clinical training programs in psychology, social work, marriage and family therapy (MFT), health information technology and pharmacy
- Serve as a placement site for medical, nursing, psychology and pharmacy students
- Provide mental health and substance abuse education for health care professionals
- Further collaborate with the behavioral health community through health professions education and training

FY 2013 Report of Activities

Throughout the year, SMV participated in internship and clinical training programs for psychology, social work, pharmacy and health information technology students, and also served as a clinical placement site for medical, pharmacy and nursing students. SMV provided 12 months of training for seven psychology doctoral interns, three post-doctoral psychology fellows, two psychology practicum students, 15 MFT student interns and five social work student interns. In total, all ancillary (non-nursing) students served more than 10,000 hours on the SMV campus. In addition, more than 300 nursing students completed eight- to 14-week placements at SMV. Nursing students worked clinical rotations of eight or 12 hour shifts, often with two clinical rotations in one day (day and evening). Including time spent with groups and individual preceptors, nursing students served nearly 27,000 hours at SMV in FY 2013.

Sharp’s year-long, American Psychological Association-accredited doctoral internship in clinical psychology is highly competitive, with nearly 200 applications received for seven intern positions in FY 2013. Selected interns rotated through three four-month rotations that included experience in SMV’s adult inpatient and outpatient programs, as well as inpatient and outpatient geriatric, and child and adolescent programs. Interns also rotated through SMC. SMV offered these interns a unique opportunity to receive intensive training in psychological assessment and neuropsychological screening. With this training, psychology doctoral students provided approximately 70-100 patient assessments throughout the year. In addition, psychology trainees provided approximately 7,000 hours of group therapy and more than 2,000 hours of individual

therapy. Psychology trainees were also integrally involved in clinical program development and evaluation efforts throughout the hospital.

In addition, SMV provided lectures to psychology interns and other students entitled Dialectical Behavioral Therapy (DBT): Theory, and Self Injurious Behaviors: Understanding and Treatment. The first lecture reviewed DBT theory, its components, and how to use it with a variety of client populations. The latter session provided an understanding of the function of self-harm, recognizing self-harm in its various forms, and treatment of self-harm in clinical practice. SMV also provided four psychodiagnostic seminars for psychology interns, entitled Child Abuse and Tarasoff Reporting; Assessing Psychosis in Children and Adolescents; Evaluating Personality Disorders in Adolescents; and Evaluating Complex Trauma in Children.

Also in FY 2013, SMV continued its participation in the Health Sciences High and Middle College (HSHMC) program. The program provided 13 students with professional development opportunities within SMV's nursing units (Intensive Treatment Program, Mood Disorders, Older Adults, SIOP, and Chemical Dependency Recovery), as well as nutrition services. Students spent hundreds of hours at SMV, and received instruction on educational and job requirements, as well as career ladder development.

In addition, in FY 2013 SMV continued to offer its Peer Support Specialist Internship Program, a project to develop and implement the emerging best practice of peer support on mental health inpatient units. The first of its kind in San Diego, the internship provided a transformational opportunity for superior mental health care training and delivery, and also supported a community partnership with RICA, a local peer-run provider funded by the County of San Diego through the Mental Health Services Act. The project identified RICA graduates to serve as Peer Support Specialist Interns (PSSIs), or essentially, recovery counselors. PSSIs were placed in one of SMV's programs to help newly diagnosed or recurrent patients develop coping mechanisms that allowed them to address and manage their disease. PSSIs provided non-judgmental, reflective listening and shared the experience, strength and hope of someone who has endured the same challenges as many patients. In addition, PSSIs not only have successfully emerged on the other side of their recovery intact, but have also thrived in their recovery. PSSIs provided support to patients, as well as a message of hope for a successful recovery through the healing process. The PSSI program concluded in December, 2012.

In FY 2013, SMV and SMC provided multiple educational offerings for behavioral health care professionals, including continuing education classes, conferences and trainings. These opportunities were provided to a variety of audiences including psychologists, psychiatrists, community physicians, social workers, nurses and other health and human service providers, as well as the community at large. Topics covered included wellness and resilience, recognizing stress, substance abuse, self-injury, dual diagnosis, eating disorders, sleep disturbances, treating depression, high conflict personalities in behavioral health, and cultural considerations in the treatment of Latino populations. SMV staff also participated in and provided educational resources to four of

San Diego's PERT police officer trainings on understanding psychiatric emergencies and community psychiatric services.

In March, SMV participated as a speaker, panelist and collaborator with the San Diego Psychological Association and school counselors within the San Diego Unified School District. SMV provided more than 500 attendees with education and discussion around mental health awareness and school safety. In addition, in August, SMV was invited to speak to the Wellpoint Employee Assistance Program on bullying in children and adolescents. The session provided ten licensed mental health clinicians with education around bullying prevalence, types of bullying, psychological impacts of bullying and available interventions.

SMC also hosted educational events for the EAPA and provided education and resources to approximately 15 community members each month. The presentations cover current concerns in behavioral health care, evidence-based therapies and emerging treatment models.

In FY 2013, staff at SMV and SMC regularly led or attended various health boards, committees, and advisory and work groups. Community and professional groups included Association of California Nurse Leaders (ACNL); California Association of Marriage and Family Therapists; International Association of Eating Disorder Professionals; NAMI; MHA; HASD&IC; San Diego Older Adult Council; Mesa College Health Information Technology (HIT) Program Advisory Committee; Kaplan College HIT Program Advisory Committee; San Diego Health Information Association; American Health Information Management Association; American Academy of Nursing; Journal for Nursing Care Quality Editorial Board; Impact Young Adults Advisory Committee; American Foundation for Suicide Prevention; Albert Einstein Academies; Jewish Federation of San Diego County - Jewish Senior Services Council; Jewish Family Services Strategic Planning Committee; Senior Community Centers of San Diego; ACHE; Association of Ambulatory Behavioral Healthcare; California Board of Behavioral Sciences; California Hospital Association Center for Behavioral Health; CHIP Behavioral Health Work Team; CHIP Suicide Prevention Work Team; CHIP ILA Advisory Board and Peer Review Advisory Team; A New PATH; Residential Care Council; San Diego Council on Suicide Prevention; San Diego Military Family Collaborative; and Schizophrenics in Transition.

FY 2014 Plan

SMV and SMC will do the following:

- Offer internship programs in psychology, social work, MFT, and pharmacy
- Serve as a placement site for medical and nursing students
- Provide educational offerings for behavioral health care professionals, community groups and community members
- Actively participate on boards, committees, and advisory and work groups to address behavioral health issues

- Continue the mental health careers curriculum within the HSHMC program, and provide students with experience in a broad range of programs including therapeutic activities services, environmental services, and health information services

SMV and SMC Program and Service Highlights

Sharp Mesa Vista Hospital:

- Child and adolescent psychiatric services
- Clinical supervision site for graduate psychology doctorate interns
- Cognitive behavioral therapy program
- Eating disorders outpatient and partial hospitalization programs
- Geriatric inpatient and specialized outpatient program
- Inpatient psychiatric treatment services
- Intensive outpatient programs including trauma, chronic pain and dual diagnosis
- Medication research studies
- On- and off-campus outpatient programs
- Outreach to military members and their families
- Psychosocial rehabilitation services
- Transportation services
- Adult and older adult mental health services
- Chemical dependency and substance abuse treatment
- Opiate dependence program

Sharp McDonald Center at Sharp HealthCare:

- Chemical dependency and substance abuse treatment services for adults and seniors
- Dual-diagnosis outpatient treatment services for adults and seniors
- Family and aftercare programs
- Inpatient and outpatient treatment for chemically dependent teens, adults and seniors
- Inpatient detoxification services
- Sober living and substance abuse education programs

Sharp Mesa Vista Mid-City Outpatient Program:

- Caring for adults with severe and persistent mental health issues
- Individualized treatment planning and medication management
- Group, family and expressive therapies
- Psychiatric rehabilitation services
- Transitional Age Youth programs

Sharp Mesa Vista El Cajon Outpatient Program:

- Adult and adolescent programs
- Caring for adults with severe and persistent mental health issues
- Group and expressive therapies
- Individualized treatment planning and medication management
- Psychiatric rehabilitation services



Putting San Diego First

~ SHARP HEALTH PLAN ~

Sharp Health Plan is the only commercial health plan based in San Diego. It operates as a not-for-profit health care service plan, and is committed to improving the health and well-being of the San Diego community. Sharp Health Plan provides support to a variety of community programs through financial contributions and leadership on various community boards and committees.

Sharp Health Plan assisted numerous organizations in fiscal year 2013, including 2-1-1 San Diego; the American Heart Association; Arc of San Diego; Asian Business Association; Boy Scouts of America;

Chicano Federation of San Diego County; Elder Help of San Diego; Girl Scouts San Diego; Helen Woodward Animal Center; Helix Charter High School; Jewish Community Foundation; National Asian American Coalition; North County Health Services; Pacific Arts Movement; San Diego Humane Society; San Diego Rescue Mission; SAY San Diego; Second Chance; St. Paul's Retirement Homes Foundation; Union of Pan Asian Communities; United Service Organizations Council of San Diego; Walk San Diego; and the YMCA.

Section

12 Sharp Health Plan

We believe one of the greatest measures of our success is how we take care of our community. At Sharp Health Plan, giving back means listening to our neighbors, treating them like family and making a meaningful difference in the quality of life for our community. – Stephen Chin, Senior Account Manager, Sharp Health Plan

Sharp Health Plan (SHP) is located at 8520 Tech Way, Suite 200 in San Diego, ZIP code 92123. SHP is not required to develop a community benefits plan as part of Senate Bill 697, nor are they required to participate in a community health needs assessment. However, SHP partnered with and provided support to a variety of organizations in the San Diego community during Fiscal Year (FY) 2013, a selection of which are highlighted in this section. SHP services include health plans for both large and small employers.

FY 2013 Community Benefits Program Highlights

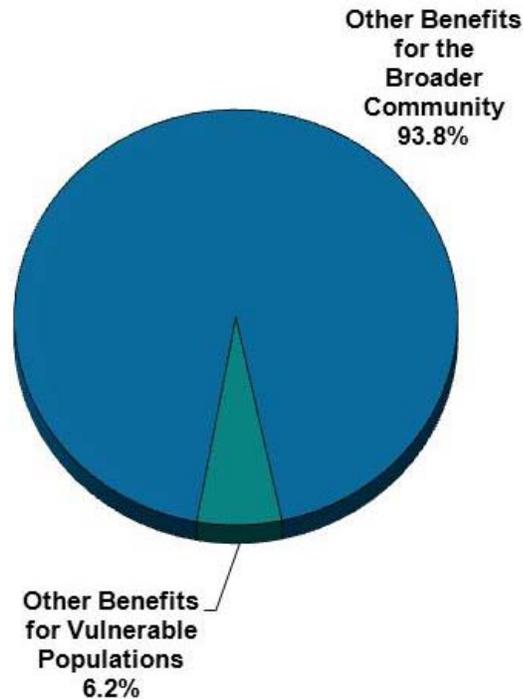
SHP provided a total of **\$111,481** in community benefits in FY 2013. See **Table 1** in this section for a summary of unreimbursed costs for SHP based on the categories identified in SB 697, and **Figure 1** for the distribution of SHP’s community benefits among those categories.

Table 1: Economic Value of Community Benefits Provided
Sharp Health Plan – FY 2013

Senate Bill 697 Category	Programs and Services Included in Senate Bill 697 Category	Estimated FY 2013 Unreimbursed Costs
Other Benefits for Vulnerable Populations	Donations to community health centers and other agencies serving the needy, and contribution of time to Stand Down for Homeless Veterans and the San Diego Food Bank ¹	\$6,884
Other Benefits for the Broader Community	Health education programs, donations to community organizations and participation in community organizations ¹	104,597
Health Research, Education and Training Programs	Support of education and training programs for students, interns and health care professionals ¹	-
TOTAL		\$111,481

¹ Unreimbursed costs may include an hourly rate for labor and benefits and costs for supplies, materials and other purchased services. Any offsetting revenue (such as fees, grants, and/or external donations) is deducted from the costs of providing services. Unreimbursed costs were estimated by each department responsible for providing the program or service.

Figure 1: Percentage of Community Benefits by SB 697 Category
Sharp Health Plan – FY 2013



Key highlights:

- **Other Benefits for Vulnerable Populations** included donations to community health centers and other agencies to support low-income and underserved populations and other assistance for the needy.
- **Other Benefits for the Broader Community** included health education, donations to community organizations, and participation by senior leadership and other staff on community boards, committees and civic organizations such as 2-1-1 San Diego, Family Health Centers of San Diego (FHCS), Girl Scouts San Diego, Health Sciences High and Middle College (HSHMC), Pacific Arts Movement (Pac-Arts) and Second Chance. See **Appendix A** for a listing of Sharp's community involvement.
- **Health Research, Education and Training Programs** included education and training of health care professionals, and student and intern supervision.

Identified Community Need: Support of Community Nonprofit Health Organizations

Rationale

Support of community nonprofit health organizations is an effective means to: raise awareness of various health and social issues, such as behavioral health and the disabled; collaborate to maximize community efforts without duplication of resources; and continue to share experiences and leadership capacity with others that have similar goals. To this end, SHP participates in community-sponsored events, assists with coordination, provides financial support or fundraises for health- and social-related causes, and contributes time to community boards and committees.

Measurable Objective

- Participate in community-sponsored events and support nonprofit health organizations through financial donations, board service and other contributions

FY 2013 Report of Activities

Throughout FY 2013, SHP provided financial support to, as well as participated in, numerous community-sponsored events and community boards and committees. Among the many community organizations supported by SHP in FY 2013, several were devoted to San Diego's most vulnerable populations, including the disabled, homeless and other high-risk members of the community.

2-1-1 San Diego connects people with community, health and disaster services through a free, 24/7, stigma-free, confidential phone service and searchable online database. To ensure this critical access for the San Diego community, SHP continued its established partnership with 2-1-1 throughout 2013, which included financial support of the annual 2-1-1 Connections Luncheon. This important gathering of San Diego's leaders celebrates our community's commitment to provide critical health, social and disaster services for San Diego. Additionally, SHP's Chief Executive Officer continued to serve on the organization's Board of Directors.

With cardiovascular disease as the second leading cause of death for San Diego County residents, SHP also continued its commitment to the heart health of its community members through support of the American Heart Association (AHA) in a number of ways. In FY 2013, SHP employees continued to participate in the annual AHA Heart & Stroke Walk, which promotes physical activity and a heart-healthy lifestyle. In addition, SHP provided financial support for the Teaching Gardens at Tiffany Elementary School, one of several gardens established by the AHA to support better health for Chula Vista's education communities. By providing a hands-on learning experience for students and their families, this innovative, evidence-based Teaching Gardens program shapes positive attitudes towards fruits and vegetables for a lifetime.

To further support the AHA's vision and direction, SHC leaders also serve on the organization's Board of Directors.

The mission of the Girl Scouts is to “build girls of courage, confidence, and character, who make the world a better place.”¹ To support San Diego youth, in 2013 SHP continued its established partnership with this mainstay of San Diego.

Throughout the year, SHP provided ongoing support to the Girl Scouts San Diego with board service as well as financial contributions for key community initiatives, including the New Day 5K, an all-ages walk and run event, and the Urban Campout, the Girl Scouts' signature fundraising gala.

FY 2014 Plan

SHP will do the following:

- Participate in community-sponsored events to provide health information and education as requested by community partners
- Provide coordination, financial support and fundraising-related activities for local nonprofit organizations
- Continue to serve on various community boards throughout San Diego

¹ http://www.girlscouts.org/who_we_are/facts/

Appendices

**APPENDIX A:
SHARP HEALTHCARE INVOLVEMENT IN COMMUNITY ORGANIZATIONS**

Community boards, committees and civic organizations where Sharp HealthCare executive leadership and staff participated on the organization's behalf.

**APPENDIX B:
MAP OF SHARP HEALTHCARE LOCATIONS**

**APPENDIX C:
MAP OF THE COUNTY OF SAN DIEGO**

A map of San Diego County communities and regions served by Sharp HealthCare.

Commitment

Appendix

A Sharp HealthCare Involvement in Community Organizations

The list below shows the involvement of Sharp executive leadership and other staff in community organizations and coalitions in Fiscal Year 2013. Community organizations are listed alphabetically.

- 2-1-1 San Diego Board
- A New PATH (Parents for Addiction, Treatment and Healing)
- Access to Independence
- Adult Protective Services
- Aging and Independence Services (AIS)
- Alzheimer's Association
- American Association of Critical Care Nurses, San Diego Chapter
- American Cancer Society (ACS)
- American College of Cardiology
- American College of Healthcare Executives (ACHE)
- American Diabetes Association (ADA)
- American Foundation for Suicide Prevention
- American Health Information Management Association
- American Heart Association (AHA)
- American Hospital Association (AhA)
- American Lung Association
- American Liver Foundation
- American Parkinson Disease Association, Inc.
- American Psychiatric Nurses Association
- American Red Cross of San Diego
- Arc of San Diego
- Arthritis Foundation
- Asian Business Association
- Association for Ambulatory Behavioral Health Care (National)
- Association for Ambulatory Behavioral Health Care of Southern California
- Association for Clinical Pastoral Education (ACPE)
- Association of California Nurse Leaders (ACNL)
- Association of periOperative Registered Nurses (AORN)
- Association of Practical and Professional Ethics
- Association of Rehabilitation Nurses
- Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN)
- Azusa Pacific University (APU)
- Bankers Hill Park West Community Development Corporation
- Beacon Council Patient Safety Collaborative
- Boys and Girls Club of San Diego
- Bonita Business and Professional Organization
- California Association of Health Plans

- California Association of Hospitals and Health Systems
- California Association of Marriage and Family Therapists
- California Association of Physician Groups
- California Board of Behavioral Health Sciences
- California College, San Diego
- California Council for Excellence
- California Department for Public Health
- California Dietetic Association, Executive Board
- California HealthCare Foundation
- California Health Information Association
- California Hospice and Palliative Care Association
- California Hospital Association Center for Behavioral Health
- California Library Association
- California Nursing Student Association
- California State Bar, Health Subcommittee
- California State University San Marcos
- California Teratogen Information Service
- California Women Lead
- Caregiver Coalition of San Diego
- Caring Hearts Medical Clinic
- Chelsea's Light Foundation
- Chicano Federation of San Diego County
- Community Health Improvement Partners (CHIP) Behavioral Health Work Team
- CHIP Board
- CHIP Health Literacy Task Force
- CHIP Suicide Prevention Work Team
- CHIP Independent Living Association (ILA) Advisory Board and Peer Review Advisory Team
- Chula Vista Chamber of Commerce
- Chula Vista Community Collaborative
- Chula Vista Family Health Center
- Chula Vista Rotary
- City of Chula Vista Wellness Program
- Coalition to Transform Advanced Care (CTAC)
- Combined Health Agencies
- Community Emergency Response Team (CERT)
- Consortium for Nursing Excellence, San Diego
- Coronado Chapter of Rotary International
- Coronado Christmas Parade
- Coronado Fire Department
- Creative Arts Consortium
- Council of Women's and Infants' Specialty Hospitals (CWISH)
- Cycle EastLake
- Behavioral Diabetes Institute
- Disabled Services Advisory Board
- Downtown San Diego Partnership

- East County Senior Service Providers
- El Cajon Community Collaborative Council
- El Cajon Fire Department
- El Cajon Rotary
- Elderhelp of San Diego
- Emergency Nurses Association, San Diego Chapter
- Employee Assistance Professionals Association
- EMSTA College
- Facing Futures
- Family Health Centers of San Diego (FHCSO)
- Gardner Group
- Gary and Mary West Senior Wellness Center
- Girl Scouts of San Diego Imperial Council, Inc.
- Grossmont College (GC)
- Grossmont Healthcare District
- Grossmont Union High School District (GUHD)
- Health Care Communicators Board
- Health Insurance Counseling and Advocacy Program (HICAP)
- Helen Woodward Animal Center
- Helix Charter High School
- Helping Older People Equally (HOPE)
- Home of Guiding Hands
- Hospital Association of San Diego and Imperial Counties (HASD&IC)
- HASD&IC Community Health Needs Assessment Advisory Group
- Health Sciences High and Middle College (HSHMC) Board
- I Love a Clean San Diego
- International Association of Eating Disorders Professionals (IAEDP)
- International Lactation Consultants Association (ILCA)
- Jewish Family Services of San Diego
- Jewish Federation of San Diego County – Jewish Senior Services Council
- John Brockington Foundation
- Journal for Nursing Care Quality Editorial Board
- Kaplan College Advisory Board
- Kiwanis Club of Chula Vista
- Komen Latina Advisory Council
- Komen Race for the Cure Committee
- La Maestra Family Clinics
- La Mesa Lion's Club
- La Mesa Park and Recreation Foundation Board
- Las Hermanas
- LEAD, San Diego, Inc.
- Leukemia & Lymphoma Society
- Liberty Charter High School
- Mama's Kitchen
- March of Dimes
- Meals-on-Wheels

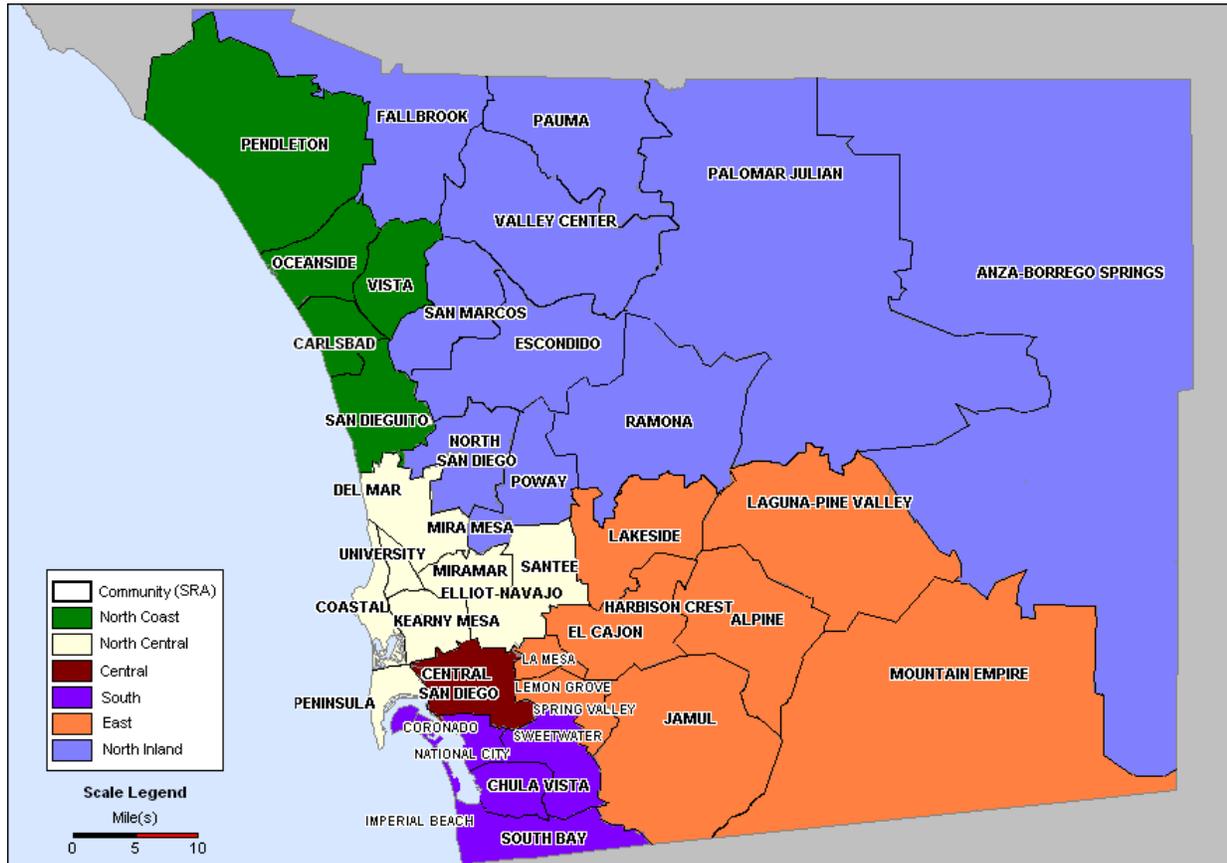
- Medical Library Group of Southern California and Arizona
- Mended Hearts
- Mental Health America Board
- Mental Health Coalition
- Mesa College HEIT Program Advisory Board
- Miracle Babies
- MRI Joint Venture Board
- National Alliance on Mental Illness (NAMI)
- National Association of Neonatal Nurses (NANN)
- National Association of Hispanic Nurses (NAHN), San Diego Chapter
- National Association of Psychiatric Healthcare Systems
- National Council on Alcoholism and Drug Dependence (NCADD)
- National Hospice and Palliative Care Association
- National Initiative for Children's Healthcare Quality
- National Kidney Foundation
- National Perinatal Information Center
- National University
- Neighborhood Healthcare Community Clinic Board of Directors
- North County Health Project
- *NurseWeek*
- Orchard Apartments
- Pacific Arts Movement (Pac-Arts, formerly the San Diego Asian Film Foundation)
- Palliative Care Action Community
- Partnership for Philanthropic Planning of San Diego (formerly San Diego Planned Giving Roundtable)
- Partnership for Smoke-Free Families
- Peninsula Shepherd Senior Center
- Perinatal Safety Collaborative
- Perinatal Social Work Cluster
- Planetree Board of Directors
- Professional Oncology Network (PON)
- Project CARE Council
- Public Health Nurse Advisory Board
- Recovery Innovations of California (RICA)
- Regional Home Care Council
- Regional Perinatal System (RPS)
- Residential Care Council
- Safety Net Connect
- San Diego Community Action Network (SanDi-CAN)
- San Diegans for Healthcare Coverage
- San Diego Association of Diabetes Educators
- San Diego Association of Directors of Volunteer Services
- San Diego Association for Healthcare Recruitment
- San Diego Black Nurses Association
- San Diego Blood Bank
- San Diego Brain Injury Foundation

- San Diego Care Transitions Partnership (SDCTP)
- San Diego City College
- San Diego City Parks and Recreation
- San Diego Committee on Employment of People with Disabilities
- San Diego Council on Suicide Prevention
- San Diego County Breastfeeding Coalition
- San Diego County Council on Aging (SDCCOA)
- San Diego County Perinatal Care Network
- San Diego County Taxpayers Association
- San Diego Diabetes Coalition
- San Diego Dietetic Association Board
- San Diego East County Chamber of Commerce Board
- San Diego Emergency Medical Care Committee
- San Diego Eye Bank Nurses Advisory Board
- San Diego Food Bank
- San Diego Foundation
- San Diego Health and Human Services Agency, Live Well San Diego
- San Diego Health Information Association
- San Diego Healthcare Disaster Council
- San Diego Housing Commission (SDHC)
- San Diego Immunization Coalition
- San Diego Imperial Council of Hospital Volunteers
- San Diego Lesbian, Gay, Bisexual, and Transgender Community Center, Inc. (The Center)
- San Diego Mental Health Coalition
- San Diego Mesa College
- San Diego Military Family Collaborative
- San Diego North Chamber of Commerce
- San Diego Nutrition Council
- San Diego Older Adult Council
- San Diego Organization of Healthcare Leaders (SOHL), a local ACHE Chapter
- San Diego Patient Safety Consortium
- San Diego Physician Orders for Life Sustaining Treatment (POLST) Coalition
- San Diego Regional Energy Office
- San Diego Regional Homecare Council
- San Diego Rescue Mission
- San Diego Restorative Justice Mediation Program
- San Diego Stroke Consortium
- San Diego Urban League
- San Diego-Imperial Council of Hospital Volunteers
- San Diego Regional Chamber of Commerce
- San Diego Science Alliance
- San Ysidro High School
- San Ysidro Middle School
- Santee Chamber of Commerce
- SAY San Diego

- Schizophrenics in Transition
- San Diego State University (SDSU)
- Senior Community Centers of San Diego
- Sigma Theta Tau International Honor Society of Nursing
- Society of Trauma Nurses
- South Bay Community Services
- South County Economic Development Council
- Southern California Association of Neonatal Nurses
- Southern Caregiver Resource Center
- St. Paul's Retirement Homes Foundation
- St. Vincent de Paul Village
- Susan G. Komen Breast Cancer Foundation
- Sustainable San Diego
- Sweetwater Union High School District (SUHSD)
- The Meeting Place
- Third Avenue Charitable Organization (TACO)
- Trauma Center Association of America
- United Service Organizations Council of San Diego
- United Way of San Diego County
- University of California, San Diego (UCSD)
- University of San Diego (USD)
- VA San Diego Healthcare System
- Veterans Home of Chula Vista
- Veterans Village of San Diego
- Vista Hill ParentCare
- Walk San Diego
- Women, Infants and Children Program (WIC)
- YMCA
- YWCA Becky's House®
- YWCA Board of Directors
- YWCA Executive Committee
- YWCA In the Company of Women Event

Appendix

C Map of Community and Region Boundaries in San Diego County



Map created by Sharp Strategic Planning Department, January 2010.

SHARP
San Diego's Health Care Leader
1-800-82-SHARP www.sharp.com



~ A Health Care Organization Designed Not For Profit, But For People ~